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: 05-30-2012 TIME: 15:22_____
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 PARKVIEW HOSPITAL (15-0021) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDE 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	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		402,681	-11,424			1
2	SUBPROVIDER - IPF		178,748				2
3	SUBPROVIDER - IRF		-3,531				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		4,466				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		582,364	-11,424			200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1	STREET: 2200 RANDALLIA DRIVE	P.O.BOX:		1
2	CITY: FORT WAYNE STATE: IN	ZIP CODE: 46805	COUNTY: ALLEN	2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N) V 6	XVIII 7	XIX 8	
3	HOSPITAL	PARKVIEW HOSPITAL	15-0021	23060	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF	PARKVIEW PSYCHIATRIC UNIT	15-S021	23060	4	01/01/1984	N	P	P	4
5	SUBPROVIDER - IRF	PARKVIEW REHABILITATION UNIT	15-T021	23060	5	01/01/1984	N	P	P	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	PARKVIEW CONTINUING CARE CENT	15-5516	23060		04/06/1994	N	P	N	9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	PARKVIEW HOME HEALTH SERVICES	15-7423	23060		04/25/1995	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	PARKVIEW HOME HEALTH & HOSPIC	15-1552	23060		06/27/1996				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: 01/01/2011	TO: 12/31/2011							20
21	TYPE OF CONTROL		2							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.	Y	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 DAYS 2	OUT-OF STATE MEDICAID PAID DAYS 3	OUT-OF STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	10,068	4,061	592	293	12,193		24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	760	291	42	7	34		25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

	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	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

TEACHING HOSPITALS

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			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)	Y			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)	Y	63

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.

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	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)				64

ENTER IN LINES 65-65.49, 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	
65	FORT WAYNE MEDICAL EDUCATON PROGRAM	1350	0.22	11.66	0.018519	65

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

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
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	
67	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	0.33	13.32	0.024176	67

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. — Y — 70

71 IF LINE 70 YES: — N — 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. — Y — 75

76 IF LINE 75 YES: — N — 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

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

RURAL PROVIDERS

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

		1	2	
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.	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
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	250,000	7,500,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? 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.	Y	15H032	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: PARKVIEW HEALTH SYSTEM, INC.	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 8	141
142	STREET: 10501 CORPORATE DRIVE	P.O. BOX: 5600		142
143	CITY: FORT WAYNE	STATE: IN	ZIP CODE: 46895-5600	143

144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
SEE 42 CFR §413.13)

		PART A 1	PART B 2	
155	HOSPITAL	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	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	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.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

COMPLETED BY ALL HOSPITALS

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

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

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

		Y/N 1	Y/N 2	
	APPROVED EDUCATIONAL ACTIVITIES			
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		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 1	DATE 2	Y/N 3	DATE 4	
	PS&R REPORT DATA					
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)	N		N		17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

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

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

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

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

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

INTEREST EXPENSE

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

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

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

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

PURCHASED SERVICES

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

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

PROVIDER-BASED PHYSICIANS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO. 1	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS TITLE V 5	TITLE XVIII 6	TITLE XIX 7	TOTAL ALL PATIENTS 8	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	388	141,620			29,169	7,159	88,996	1
2	HMO						19,446	17,327		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.)		388	141,620			29,169	7,159	88,996	7
8	INTENSIVE CARE UNIT	31	30	10,950			5,491	864	7,859	8
8.01	PEDIATRIC ICU	31.01	6	2,190					866	8
8.02	NEONATAL ICU	31.02	31	11,315					4,559	8
9	CORONARY CARE UNIT	32	31	11,315			269	588	7,809	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						879	5,406	13
14	TOTAL (SEE INSTRUCTIONS)		486	177,390			34,929	9,490	115,495	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	69	25,185			4,769	3,414	16,955	16
17	SUBPROVIDER - IRF	41	29	10,585			1,548	1,134	5,304	17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	28	10,220			5,490	5	9,556	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					1,504	2,637	61,942	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)		612							27
28	OBSERVATION BED DAYS							947	12,210	28
28.01	OBSERVATION BED DAYS-SUB IPF							1	48	28.01
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								2,512	30
31	EMPLOYEE DISCOUNT DAYS-IRF								129	31
32	LABOR & DELIVERY DAYS (SEE INSTR.)							390	738	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. 1	--- FULL TIME EQUIVALENTS --- TOTAL INTERNS & RESIDENTS 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	---------- DISCHARGES ---------- TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30					6,430	1,406	22,250	1
2	HMO						3,539			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
8.01	PEDIATRIC ICU	31.01								8
8.02	NEONATAL ICU	31.02								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)		12.57	3,089.39			6,430	1,406	22,250	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40		103.41			608	500	3,194	16
17	SUBPROVIDER - IRF	41	0.75	29.49			103	21	361	17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44		43.20						19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101		125.07						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)		13.32	3,390.56						27
28	OBSERVATION BED DAYS									28
28.01	OBSERVATION BED DAYS-SUB IPF									28.01
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 1	AMOUNT REPORTED 2	RECLASS OF SALARIES (FROM WKST A-6) 3	ADJUSTED SALARIES (COL. 2 + COL. 3) 4	PAID HOURS RELATED TO SALARIES IN COL. 4 5	AVERAGE HOURLY WAGE (COL. 4 + COL. 5) 6	
	SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	227,658,138	-38,103,202	189,554,936	7,052,369.00	26.88	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A		549,816		549,816	3,247.00	169.33	4
4.01	PHYSICIANS-PART A - DIRECT 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 APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL		78,107,609	-38,103,202	40,004,407	1,002,408.00	39.91	8
9	SNF	44	1,722,614	266,389	1,989,003	89,855.00	22.14	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		19,633,059	-495,003	19,138,056	823,386.00	23.24	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,249,136		1,249,136	20,285.05	61.58	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A		414,227		414,227	2,056.00	201.47	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		78,107,609	-38,103,202	40,004,407	1,002,408.00	39.91	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		59,154,216		59,154,216			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		8,448,689		8,448,689			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A		78,344		78,344			22
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		17,551,947	-14,320,093	3,231,854	21,971.00	147.10	26
27	ADMINISTRATIVE & GENERAL		81,780,855	-39,574,086	42,206,769	1,048,709.00	40.25	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)							28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,976,498	399,079	3,375,577	151,566.00	22.27	30
31	LAUNDRY & LINEN SERVICE		154,994	20,554	175,548	13,300.00	13.20	31
32	HOUSEKEEPING		2,501,552	332,628	2,834,180	238,481.00	11.88	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		2,988,171	397,800	3,385,971	234,341.00	14.45	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		2,069,358	276,600	2,345,958	62,054.00	37.81	38
39	CENTRAL SERVICES AND SUPPLY		1,858	246	2,104	34.00	61.88	39
40	PHARMACY		8,039,555	407,820	8,447,375	231,253.00	36.53	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY			2,097,641	2,097,641	114,770.00	18.28	41
42	SOCIAL SERVICE		2,373,103	316,297	2,689,400	95,136.00	28.27	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	149,550,529		149,550,529	6,049,961.0	24.72	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	21,355,673	-228,614	21,127,059	913,241.00	23.13	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	128,194,856	228,614	128,423,470	5,136,720.0	25.00	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	79,770,972	-38,103,202	41,667,770	1,024,749.0	40.66	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	59,232,560		59,232,560		46.12%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	267,198,388	-37,874,588	229,323,800	6,161,469.0	37.22	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	120,437,891	-49,645,514	70,792,377	2,211,615.0	32.01	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	4,194,210	2
3	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	12,455,487	3
4	PRIOR YEAR PENSION SERVICE COST		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	518,950	7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	32,787,339	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	296,842	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	662,317	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	446,931	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	14,553,903	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION	374,651	21
22	DAY CARE COSTS AND ALLOWANCES	371,877	22
23	TUITION REIMBURSEMENT		23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	66,662,507	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 0	CONTRACT LABOR 1	BENEFIT COST 2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	1,249,136		1
2	HOSPITAL	1,249,136		2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA HHA NO.: 15-7423 WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA COUNTY: ALLEN

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		11,497		3,151	14,648	1
2	UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		1,504.00		2,637.00		2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00

		------- NUMBER OF EMPLOYEES ------- (FULL TIME EQUIVALENT) STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	14.04		14.04	4
5	OTHER ADMINISTRATIVE PERSONNEL	27.45		27.45	5
6	DIRECT NURSING SERVICE	50.55		50.55	6
7	NURSING SUPERVISOR	11.32		11.32	7
8	PHYSICAL THERAPY SERVICE	8.91		8.91	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	6.15		6.15	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE	1.93		1.93	12
13	SPEECH PATHOLOGY SUPERVISOR	1.04		1.04	13
14	MEDICAL SOCIAL SERVICE	1.04		1.04	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	17.75		17.75	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)	56.05		56.05	18

HOME HEALTH AGENCY CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	3	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	21140	20
20.01		23060	20.01
20.02		99915	20.02

PPS ACTIVITY

		FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
21	SKILLED NURSING VISITS	12,321	2,196	429	164	15,110	21
22	SKILLED NURSING VISIT CHARGES	1,997,802	350,581	72,136	26,872	2,447,391	22
23	PHYSICAL THERAPY VISITS	3,433	86	36	39	3,594	23
24	PHYSICAL THERAPY VISIT CHARGES	602,200	15,230	6,105	8,602	632,137	24
25	OCCUPATIONAL THERAPY VISITS	1,443	40	8	39	1,530	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	256,935	7,145	1,255	6,960	272,295	26
27	SPEECH PATHOLOGY VISITS	337				337	27
28	SPEECH PATHOLOGY VISIT CHARGES	59,500				59,500	28
29	MEDICAL SOCIAL SERVICE VISITS	315	23	11	6	355	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	64,716	4,328	2,305	1,255	72,604	30
31	HOME HEALTH AIDE VISITS	5,279	1,160	2	68	6,509	31
32	HOME HEALTH AIDE VISIT CHARGES	419,179	92,329	157	5,368	517,033	32
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	23,128	3,505	486	316	27,435	33
34	OTHER CHARGES	189,947	24,144	10,566	2,685	227,342	34
35	TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,590,279	493,757	92,524	51,742	4,228,302	35
36	TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,351		172	25	1,548	36
37	TOTAL NUMBER OF OUTLIER EPISODES		52			52	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

PROSPECTIVE PAYMENT FOR SNF WORKSHEET S-7
STATISTICAL DATA

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

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4	
3	RUX				3
4	RUL				4
5	RVX	8		8	5
6	RVL				6
7	RHX	43		43	7
8	RHL	233		233	8
9	RMX				9
10	RML	26		26	10
11	RLX				11
12	RUC				12
13	RUB	7		7	13
14	RUA	21		21	14
15	RVC	190		190	15
16	RVB	222		222	16
17	RVA	527		527	17
18	RHC	385		385	18
19	RHB	756		756	19
20	RHA	1,855		1,855	20
21	RMC	69		69	21
22	RMB	210		210	22
23	RMA	526		526	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2	22		22	29
30	HE1				30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1	10		10	34
35	HB2	51		51	35
36	HB1	111		111	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2	7		7	41
42	LC1	1		1	42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1				48
49	CC2	7		7	49
50	CC1	33		33	50
51	CB2				51
52	CB1	58		58	52
53	CA2	35		35	53
54	CA1	73		73	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	2		2	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	2		2	72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1				76
77	PA2				77
78	PA1				78
199	AAA				199
200	TOTAL	5,490		5,490	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).	23060	23060	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)	5,639,920			207

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 15-1552

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		UNDUPLICATED DAYS					
		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	36,322	1,553		4,824	2,198	40,073	2
3	INPATIENT RESPITE CARE	54				7	61	3
4	GENERAL INPATIENT CARE	1,393	47			136	1,576	4
5	TOTAL HOSPICE DAYS	37,769	1,600		4,824	2,341	41,710	5

PART II - CENSUS DATA

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE							6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)							8
9	UNDUPLICATED CENSUS COUNT	920	44		92	116	1,080	9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

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 200, COL. 3 DIVIDED BY LINE 200, COL. 8)	0.305376	1
	MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)		
2	NET REVENUE FROM MEDICAID	29,141,412	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	191,266,654	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)	58,408,256	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)	29,266,844	8
	STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)		
9	NET REVENUE FROM STAND-ALONE SCHIP	454,943	9
10	STAND-ALONE SCHIP CHARGES	1,632,785	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)	498,613	11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)	43,670	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)		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)	29,310,515	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 FAMILY	16,438,346	8,288,973	24,727,319	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,019,877	2,531,254	7,551,131	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	51,834	53,202	105,036	22
23	COST OF CHARITY CARE	4,968,043	2,478,052	7,446,095	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)	55,265,312	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V	1,588,123	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)	53,677,189	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)	16,391,728	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)	23,837,823	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)	53,148,338	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		21,432,920	21,432,920	-12,856,982	1
2	00200	CAP REL COSTS-MVBLE EQUIP				13,260,474	2
3	00300	OTHER CAPITAL RELATED COSTS					3
4	00400	EMPLOYEE BENEFITS	17,551,947	44,511,425	62,063,372	-14,335,122	4
5.01	01160	COMMUNICATIONS				1,805,945	5.01
5.02	00550	DATA PROCESSIN					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES	997,140	309,707	1,306,847	132,898	5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	01850	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G	80,783,715	37,988,452	118,772,167	-1,330,071	5.07
5.08	01851	CAREW MEDICAL PARK ADMIN		360,825	360,825		5.08
5.09	01852	CRITICAL CARE ADMIN					5.09
6	00600	MAINTENANCE & REPAIRS					6
7	00700	OPERATION OF PLANT	253,960	4,034,957	4,288,917	72,061	7
7.01	00701	FACILITY ENGINEERING	2,722,538	448,985	3,171,523	358,910	7.01
8	00800	LAUNDRY & LINEN SERVICE	154,994	1,214,578	1,369,572	20,554	8
9	00900	HOUSEKEEPING	2,501,552	1,148,894	3,650,446	330,421	9
10	01000	DIETARY	2,988,171	2,528,173	5,516,344	-1,109,038	10
10.01	01001	KITCHEN-NO CONNECT W/CAFE				1,505,727	10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11	01100	CAFETERIA					11
12	01200	MAINTENANCE OF PERSONNEL					12
13	01300	NURSING ADMINISTRATION	2,069,358	398,021	2,467,379	273,696	13
14	01400	CENTRAL SERVICES & SUPPLY	1,858	164,402	166,260	-45	14
15	01500	PHARMACY	6,769,080	20,698,280	27,467,360	-19,799,697	15
15.01	01501	OUTPATIENT PHARMACY	493,462	8,445,397	8,938,859	65,964	15.01
15.02	01502	IV SOLUTIONS	777,013	718,871	1,495,884	687,990	15.02
15.03	01503	MED SURG SUPPLY		-898,275	-898,275	43,973,021	15.03
16	01600	MEDICAL RECORDS & LIBRARY				-265,744	16
17	01700	SOCIAL SERVICE	1,942,460	516,952	2,459,412	255,662	17
17.01	01701	REHAB ADMIN	430,643	75,868	506,511	57,157	17.01
19	01900	NONPHYSICIAN ANESTHETISTS					19
20	02000	NURSING SCHOOL					20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD		2,602,578	2,602,578		21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	02300	PARAMED ED PRGM-(SPECIFY)				66,005	23
23.01	02301	PARAMED ED RADIOLOGY					23.01
23.02	02302	PARAMED ED PHARMACY				157,236	23.02
		INPATIENT ROUTINE SERV COST CENTERS					
30	03000	ADULTS & PEDIATRICS	25,410,331	5,118,223	30,528,554	2,530,833	30
31	03100	INTENSIVE CARE UNIT	4,784,875	1,501,390	6,286,265	489,279	31
31.01	03101	PEDIATRIC ICU	691,720	230,085	921,805	100,702	31.01
31.02	03102	NEONATAL ICU	1,816,087	143,718	1,959,805	239,351	31.02
32	03200	CORONARY CARE UNIT	5,402,720	890,393	6,293,113	445,635	32
34	03400	SURGICAL INTENSIVE CARE UNIT					34
40	04000	SUBPROVIDER - IPF	4,670,477	736,140	5,406,617	145,694	40
41	04100	SUBPROVIDER - IRF	1,266,866	126,710	1,393,576	164,336	41
43	04300	NURSERY				1,678,518	43
44	04400	SKILLED NURSING FACILITY	1,722,614	132,253	1,854,867	242,872	44
		ANCILLARY SERVICE COST CENTERS					
50	05000	OPERATING ROOM	6,499,272	23,894,270	30,393,542	-18,150,364	50
50.01	05001	CAREW MEDICAL PARK SURG	424,683	419,194	843,877	-70,013	50.01
51	05100	RECOVERY ROOM	1,784,225	320,485	2,104,710	779,827	51
52	05200	DELIVERY ROOM & LABOR ROOM	245,004	79,090	324,094	-291,905	52
53	05300	ANESTHESIOLOGY		3,568,697	3,568,697	-198,596	53
54	05400	RADIOLOGY-DIAGNOSTIC	5,320,474	6,178,233	11,498,707	-2,447,587	54
54.01	05401	RADIOLOGY - WABASH					54.01
54.02	05402	RADIOLOGY - MANCHESTER					54.02
54.03	05403	RADIOLOGY - EAST STATE					54.03
54.04	05404	RADIOLOGY - JEFFERSON					54.04
54.05	05405	RADIOLOGY - NHMP	145,515	42,449	187,964	19,296	54.05
54.06	05406	RADIOLOGY - CMP	248,355	273,050	521,405	14,755	54.06
54.07	05407	RADIOLOGY - WP	101,929	114,420	216,349	13,517	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	58,019	33,699	91,718	7,694	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL					54.09
55	05500	RADIOLOGY-THERAPEUTIC	1,933,783	2,801,283	4,735,066	181,633	55
56	05600	RADIOISOTOPE	307,088	652,912	960,000	-526,113	56
60	06000	LABORATORY	11,172,547	13,040,554	24,213,101	-351,374	60
60.01	06001	ANATOMICAL PATHOLOGY	365,735	658,234	1,023,969	411,105	60.01
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		2,365,389	2,365,389	746,631	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	06400	INTRAVENOUS THERAPY					64
65	06500	RESPIRATORY THERAPY	3,962,547	1,008,861	4,971,408	-29,231	65
65.01	03950	WOUND CARE	244,830	1,012,934	1,257,764	-67,644	65.01

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	
65.02	03951	DIALYSIS	39,318	1,182,541	1,221,859	-2,812	65.02
65.03	03330	ENDOSCOPY	807,978	1,166,134	1,974,112	-364,945	65.03
66	06600	PHYSICAL THERAPY	2,158,738	207,847	2,366,585	183,729	66
66.01	03952	TRANSITIONAL THERAPY		2,457	2,457		66.01
66.02	03650	PV REHAB OUTREACH					66.02
67	06700	OCCUPATIONAL THERAPY	974,270	14,095	988,365	129,087	67
68	06800	SPEECH PATHOLOGY	426,664	22,407	449,071	67,666	68
68.01	03953	NEURO REHAB	473,718	175,089	648,807	49,728	68.01
69	06900	ELECTROCARDIOLOGY	251,845	91,738	343,583	213,764	69
70	07000	ELECTROENCEPHALOGRAPHY	144,356	27,807	172,163	22,762	70
70.01	03954	NUTRITION SUPPORT	358,673	78,691	437,364	43,015	70.01
70.02	03140	MRI	399,656	438,868	838,524	-53,409	70.02
70.03	03141	CARDIAC CATH LAB	2,997,385	20,623,881	23,621,266	-18,127,152	70.03
70.04	03142	CARDIAC REHAB SERVICES	73,047	8,126	81,173	9,624	70.04
71	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS					71
71.01	07101	COST OF SOLUTIONS					71.01
72	07200	IMPL. DEV. CHARGED TO PATIENT					72
73	07300	DRUGS CHARGED TO PATIENTS				19,546,852	73
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		591,864	591,864	-303,027	90
90.01	09001	ANTICOAG CLINIC	454,860	82,781	537,641	332,020	90.01
91	09100	EMERGENCY	5,384,327	5,533,586	10,917,913	362,516	91
91.01	04950	PARTIAL HOSPITALIZATION					91.01
92	09200	OBSERVATION BEDS					92
		OTHER REIMBURSABLE COST CENTERS					
95	09500	AMBULANCE SERVICES	2,021,659	6,123,290	8,144,949	258,078	95
99.10	09910	CORF					99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					99.40
101	10100	HOME HEALTH AGENCY	8,319,961	7,601,112	15,921,073	-8,028,306	101
		SPECIAL PURPOSE COST CENTERS					
116	11600	HOSPICE				6,103,069	116
118		SUBTOTALS (SUM OF LINES 1-117)	224,304,042	256,015,990	480,320,032	-151,868	118
		NONREIMBURSABLE COST CENTERS					
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,236	391,054	498,290	-31,008	190
194	07950	NON ALLOWABLE					194
194.01	07951	TELEVISION	35,411	66,627	102,038	4,614	194.01
194.02	07952	PHYSICIAN PRACTICES					194.02
194.03	07953	OP CLINIC		690,695	690,695		194.03
194.04	07954	PHYS. ANSWERING SERVICE					194.04
194.05	07955	EDUCARE CTR	53,123	722,101	775,224	-32,076	194.05
194.06	07956	STUCKY RESEARCH CTR	610,051	303,541	913,592	1,589	194.06
194.07	07957	OCCUPATIONAL HEALTH		-286,748	-286,748	286,748	194.07
194.08	07958	FOUNDATION					194.08
194.09	07959	LV HEALTH PLAN					194.09
194.10	07960	PV RESPIRATORY OUTREACH					194.10
194.11	07961	OUTREACH TRANSCRIPTION					194.11
194.12	07962	GUEST SERVICES					194.12
194.13	07963	HUNTINGTON ARC					194.13
194.14	07964	SENIOR HEALTH SERVICES		42,128	42,128		194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	875,843	1,139,134	2,014,977	-262,852	194.15
194.16	07966	FITNESS				146,686	194.16
194.17	07967	NONALLOWABLE ADVERTISING					194.17
194.18	07968	BREAST DIAGNOSTIC CTR	348	4,685	5,033	-1,084	194.18
194.19	07969	REGIONAL PAIN CLINIC					194.19
194.20	07970	START-UP COSTS NORTH					194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM		3,376	3,376		194.21
194.22	07972	EBT	89,199	452,303	541,502	8,226	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	190,885	377,322	568,207	25,311	194.23
194.24	07974	START-UP COSTS ORTHO					194.24
194.25	07975	PREMIER SURGERY CENTER	1,392,000	11,752,004	13,144,004		194.25
194.26	07976	ISH		29	29		194.26
194.27	07977	MCHA BRYAN HOPD				5,714	194.27
200		TOTAL (SUM OF LINES 118-199)	227,658,138	271,674,241	499,332,379		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	8,575,938	1,865,023	10,440,961	1
2	00200	CAP REL COSTS-MVBLE EQUIP	13,260,474	11,276,751	24,537,225	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	47,728,250	-6,754,968	40,973,282	4
5.01	01160	COMMUNICATIONS	1,805,945	-86,046	1,719,899	5.01
5.02	00550	DATA PROCESSIN				5.02
5.03	00560	MATERIALS MANAGEMENT		2,136,679	2,136,679	5.03
5.04	00570	PATIENT SERVICES	1,439,745		1,439,745	5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	01850	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G	117,442,096	-39,386,709	78,055,387	5.07
5.08	01851	CAREW MEDICAL PARK ADMIN	360,825		360,825	5.08
5.09	01852	CRITICAL CARE ADMIN				5.09
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	4,360,978	-5,643	4,355,335	7
7.01	00701	FACILITY ENGINEERING	3,530,433	-166,775	3,363,658	7.01
8	00800	LAUNDRY & LINEN SERVICE	1,390,126	245,938	1,636,064	8
9	00900	HOUSEKEEPING	3,980,867		3,980,867	9
10	01000	DIETARY	4,407,306	-3,528,375	878,931	10
10.01	01001	KITCHEN-NO CONNECT W/CAFE	1,505,727		1,505,727	10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS AND ER				10.03
11	01100	CAFETERIA				11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,741,075		2,741,075	13
14	01400	CENTRAL SERVICES & SUPPLY	166,215		166,215	14
15	01500	PHARMACY	7,667,663	-13,779	7,653,884	15
15.01	01501	OUTPATIENT PHARMACY	9,004,823	-564,134	8,440,689	15.01
15.02	01502	IV SOLUTIONS	2,183,874		2,183,874	15.02
15.03	01503	MED SURG SUPPLY	43,074,746		43,074,746	15.03
16	01600	MEDICAL RECORDS & LIBRARY	-265,744	3,308,052	3,042,308	16
17	01700	SOCIAL SERVICE	2,715,074		2,715,074	17
17.01	01701	REHAB ADMIN	563,668		563,668	17.01
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	2,602,578		2,602,578	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)	66,005		66,005	23
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY	157,236		157,236	23.02
		INPATIENT ROUTINE SERV COST CENTERS				
30	03000	ADULTS & PEDIATRICS	33,059,387		33,059,387	30
31	03100	INTENSIVE CARE UNIT	6,775,544	-43,962	6,731,582	31
31.01	03101	PEDIATRIC ICU	1,022,507	-65,133	957,374	31.01
31.02	03102	NEONATAL ICU	2,199,156		2,199,156	31.02
32	03200	CORONARY CARE UNIT	6,738,748		6,738,748	32
34	03400	SURGICAL INTENSIVE CARE UNIT				34
40	04000	SUBPROVIDER - IPF	5,552,311		5,552,311	40
41	04100	SUBPROVIDER - IRF	1,557,912	-25,860	1,532,052	41
43	04300	NURSERY	1,678,518		1,678,518	43
44	04400	SKILLED NURSING FACILITY	2,097,739		2,097,739	44
		ANCILLARY SERVICE COST CENTERS				
50	05000	OPERATING ROOM	12,243,178	-30	12,243,148	50
50.01	05001	CAREW MEDICAL PARK SURG	773,864		773,864	50.01
51	05100	RECOVERY ROOM	2,884,537		2,884,537	51
52	05200	DELIVERY ROOM & LABOR ROOM	32,189		32,189	52
53	05300	ANESTHESIOLOGY	3,370,101	-3,167,135	202,966	53
54	05400	RADIOLOGY-DIAGNOSTIC	9,051,120	-194,414	8,856,706	54
54.01	05401	RADIOLOGY - WABASH				54.01
54.02	05402	RADIOLOGY - MANCHESTER				54.02
54.03	05403	RADIOLOGY - EAST STATE				54.03
54.04	05404	RADIOLOGY - JEFFERSON				54.04
54.05	05405	RADIOLOGY - NHMP	207,260	-34,284	172,976	54.05
54.06	05406	RADIOLOGY - CMP	536,160		536,160	54.06
54.07	05407	RADIOLOGY - WP	229,866	-85,004	144,862	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	99,412	-7,049	92,363	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL				54.09
55	05500	RADIOLOGY-THERAPEUTIC	4,916,699	-75,170	4,841,529	55
56	05600	RADIOISOTOPE	433,887		433,887	56
60	06000	LABORATORY	23,861,727	-17,204,863	6,656,864	60
60.01	06001	ANATOMICAL PATHOLOGY	1,435,074	-62	1,435,012	60.01
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,112,020	-15,795	3,096,225	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	06400	INTRAVENOUS THERAPY				64
65	06500	RESPIRATORY THERAPY	4,942,177	-23,423	4,918,754	65
65.01	03950	WOUND CARE	1,190,120		1,190,120	65.01

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	
65.02	03951	DIALYSIS	1,219,047		1,219,047	65.02
65.03	03330	ENDOSCOPY	1,609,167		1,609,167	65.03
66	06600	PHYSICAL THERAPY	2,550,314	-49,511	2,500,803	66
66.01	03952	TRANSITIONAL THERAPY	2,457		2,457	66.01
66.02	03650	PV REHAB OUTREACH				66.02
67	06700	OCCUPATIONAL THERAPY	1,117,452		1,117,452	67
68	06800	SPEECH PATHOLOGY	516,737		516,737	68
68.01	03953	NEURO REHAB	698,535	-378	698,157	68.01
69	06900	ELECTROCARDIOLOGY	557,347		557,347	69
70	07000	ELECTROENCEPHALOGRAPHY	194,925		194,925	70
70.01	03954	NUTRITION SUPPORT	480,379	-8,935	471,444	70.01
70.02	03140	MRI	785,115	-69,744	715,371	70.02
70.03	03141	CARDIAC CATH LAB	5,494,114	-145,675	5,348,439	70.03
70.04	03142	CARDIAC REHAB SERVICES	90,797	-12,869	77,928	70.04
71	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS				71
71.01	07101	COST OF SOLUTIONS				71.01
72	07200	IMPL. DEV. CHARGED TO PATIENT				72
73	07300	DRUGS CHARGED TO PATIENTS	19,546,852		19,546,852	73
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	288,837	-45	288,792	90
90.01	09001	ANTICOAG CLINIC	869,661		869,661	90.01
91	09100	EMERGENCY	11,280,429	-2,007,925	9,272,504	91
91.01	04950	PARTIAL HOSPITALIZATION				91.01
92	09200	OBSERVATION BEDS				92
		OTHER REIMBURSABLE COST CENTERS				
95	09500	AMBULANCE SERVICES	8,403,027		8,403,027	95
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	7,892,767	-229,003	7,663,764	101
		SPECIAL PURPOSE COST CENTERS				
116	11600	HOSPICE	6,103,069		6,103,069	116
118		SUBTOTALS (SUM OF LINES 1-117)	480,168,164	-55,140,255	425,027,909	118
		NONREIMBURSABLE COST CENTERS				
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	467,282		467,282	190
194	07950	NON ALLOWABLE				194
194.01	07951	TELEVISION	106,652		106,652	194.01
194.02	07952	PHYSICIAN PRACTICES				194.02
194.03	07953	OP CLINIC	690,695		690,695	194.03
194.04	07954	PHYS. ANSWERING SERVICE				194.04
194.05	07955	EDUCARE CTR	743,148		743,148	194.05
194.06	07956	STUCKY RESEARCH CTR	915,181	-49,864	865,317	194.06
194.07	07957	OCCUPATIONAL HEALTH				194.07
194.08	07958	FOUNDATION				194.08
194.09	07959	LV HEALTH PLAN				194.09
194.10	07960	PV RESPIRATORY OUTREACH				194.10
194.11	07961	OUTREACH TRANSCRIPTION				194.11
194.12	07962	GUEST SERVICES				194.12
194.13	07963	HUNTINGTON ARC				194.13
194.14	07964	SENIOR HEALTH SERVICES	42,128		42,128	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,752,125	-30,969	1,721,156	194.15
194.16	07966	FITNESS	146,686		146,686	194.16
194.17	07967	NONALLOWABLE ADVERTISING				194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,949	7,351	11,300	194.18
194.19	07969	REGIONAL PAIN CLINIC				194.19
194.20	07970	START-UP COSTS NORTH				194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	3,376		3,376	194.21
194.22	07972	EBT	549,728		549,728	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	593,518	246,614	840,132	194.23
194.24	07974	START-UP COSTS ORTHO				194.24
194.25	07975	PREMIER SURGERY CENTER	13,144,004		13,144,004	194.25
194.26	07976	ISH	29		29	194.26
194.27	07977	MCHA BRYAN HOPD	5,714		5,714	194.27
200		TOTAL (SUM OF LINES 118-199)	499,332,379	-54,967,123	444,365,256	200

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DIETARY PERSONNEL	A	KITCHEN-NO CONNECT W/CAFE	10.01	1,505,727		1
500	TOTAL RECLASSIFICATIONS				1,505,727		500
	CODE LETTER - A						
1	PHARMACY SALARIES AND SOLUTIONS	B	IV SOLUTIONS	15.02	128,542		1
500	TOTAL RECLASSIFICATIONS				128,542		500
	CODE LETTER - B						
1	OTHER A&G	C	OTHER A&G	5.07	36,260		1
500	TOTAL RECLASSIFICATIONS				36,260		500
	CODE LETTER - C						
1	BLOOD BANK	D	ANTICOAG CLINIC	90.01	129,273	138,166	1
2			WHOLE BLOOD & PACKED RED BLOO	62	455,264	134,541	2
500	TOTAL RECLASSIFICATIONS				584,537	272,707	500
	CODE LETTER - D						
1	BLOOD BANK LAB ADMIN	F	ANATOMICAL PATHOLOGY	60.01	70,952	19,171	1
2			WHOLE BLOOD & PACKED RED BLOO	62	67,517	89,309	2
500	TOTAL RECLASSIFICATIONS				138,469	108,480	500
	CODE LETTER - F						
1	MEDICAL RECORDS TRANSCRIPTION COSTS	G	OPERATING ROOM	50		126,757	1
2			EMERGENCY	91		138,987	2
500	TOTAL RECLASSIFICATIONS					265,744	500
	CODE LETTER - G						
1	DEPR-LEY ROAD LEASEHOLD IMPROV	H	LABORATORY	60		48	1
2			ANATOMICAL PATHOLOGY	60.01		8	2
500	TOTAL RECLASSIFICATIONS					56	500
	CODE LETTER - H						
1	EQUIPMENT DEPRECIATION	I	CAP REL COSTS-MVBLE EQUIP	2		13,159,738	1
2							2
500	TOTAL RECLASSIFICATIONS					13,159,738	500
	CODE LETTER - I						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MED SURG/IV SUPPLIES	J	IV SOLUTIONS	15.02		1,546,087	1
2			MED SURG SUPPLY	15.03		43,973,021	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
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37							37
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39							39
40							40
41							41
42							42
43							43
500	TOTAL RECLASSIFICATIONS					45,519,108	500
	CODE LETTER - J						
1	OPERATION OF PLANT	K	OPERATION OF PLANT	7		38,135	1
500	TOTAL RECLASSIFICATIONS					38,135	500
	CODE LETTER - K						
1	IV SALARIES	L	ADULTS & PEDIATRICS	30	401,210		1
2			INTENSIVE CARE UNIT	31	15,837		2
3			PEDIATRIC ICU	31.01	15,837		3
4			NEONATAL ICU	31.02	10,558		4
5			CORONARY CARE UNIT	32	26,395		5
6			SUBPROVIDER - IRF	41	5,279		6
7			SKILLED NURSING FACILITY	44	10,558		7
8			EMERGENCY	91	42,233		8
500	TOTAL RECLASSIFICATIONS				527,907		500
	CODE LETTER - L						
1	COST OF DRUGS SOLD	M	DRUGS CHARGED TO PATIENTS	73		19,546,852	1
500	TOTAL RECLASSIFICATIONS					19,546,852	500
	CODE LETTER - M						
1	PBH ADMIN COSTS	N	ADULTS & PEDIATRICS	30	202,360	163,797	1
500	TOTAL RECLASSIFICATIONS				202,360	163,797	500
	CODE LETTER - N						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	FITNESS CENTER	O	FITNESS	194.16	131,695	14,991	1
500	TOTAL RECLASSIFICATIONS				131,695	14,991	500
	CODE LETTER - O						
1	TRAUMA DIRECTOR	P	INTENSIVE CARE UNIT	31		82,033	1
500	TOTAL RECLASSIFICATIONS					82,033	500
	CODE LETTER - P						
1	CAPITAL INSURANCE	S	CAP REL COSTS-BLDG & FIXT	1		260,475	1
2			CAP REL COSTS-MVBLE EQUIP	2		100,736	2
500	TOTAL RECLASSIFICATIONS					361,211	500
	CODE LETTER - S						
1	HOSPICE RECLASS	T	HOSPICE	116	2,570,579	2,321,223	1
500	TOTAL RECLASSIFICATIONS				2,570,579	2,321,223	500
	CODE LETTER - T						
1	ALLOC A&G OVERHEAD TO HHA & HOSPICE	U	HOSPICE	116	435,579	775,688	1
500	TOTAL RECLASSIFICATIONS				435,579	775,688	500
	CODE LETTER - U						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS PTO DOLLARS	W	PATIENT SERVICES	5.04	15,459		1
2			OTHER A&G	5.07	77,591		2
3			FACILITY ENGINEERING	7.01	53,398		3
4			LAUNDRY & LINEN SERVICE	8	3,128		4
5			HOUSEKEEPING	9	37,501		5
6			DIETARY	10	42,092		6
7			NURSING ADMINISTRATION	13	34,795		7
8			CENTRAL SERVICES & SUPPLY	14	37		8
9			PHARMACY	15	120,926		9
10			OUTPATIENT PHARMACY	15.01	6,636		10
11			IV SOLUTIONS	15.02	15,489		11
12			SOCIAL SERVICE	17	36,917		12
13			REHAB ADMIN	17.01	8,690		13
14			ADULTS & PEDIATRICS	30	383,369		14
15			INTENSIVE CARE UNIT	31	96,553		15
16			PEDIATRIC ICU	31.01	13,958		16
17			CORONARY CARE UNIT	32	108,909		17
18			SUBPROVIDER - IRF	41	25,564		18
19			SKILLED NURSING FACILITY	44	34,760		19
20			OPERATING ROOM	50	91,152		20
21			CAREW MEDICAL PARK SURG	50.01	8,570		21
22			RECOVERY ROOM	51	36,004		22
23			RADIOLOGY-DIAGNOSTIC	54	74,852		23
24			RADIOLOGY - NHMP	54.05	2,936		24
25			RADIOLOGY - CMP	54.06	5,012		25
26			RADIOLOGY - WP	54.07	2,057		26
27			RADIOLOGY - PULM CLINIC	54.08	1,171		27
28			RADIOISOTOPE	56	6,197		28
29			LABORATORY	60	225,966		29
30			ANATOMICAL PATHOLOGY	60.01	7,380		30
31			RESPIRATORY THERAPY	65	69,599		31
32			WOUND CARE	65.01	4,778		32
33			DIALYSIS	65.02	793		33
34			ENDOSCOPY	65.03	16,304		34
35			PHYSICAL THERAPY	66	42,198		35
36			OCCUPATIONAL THERAPY	67	14,417		36
37			SPEECH PATHOLOGY	68	8,610		37
38			NEURO REHAB	68.01	9,559		38
39			ELECTROCARDIOLOGY	69	5,082		39
40			ELECTROENCEPHALOGRAPHY	70	2,913		40
41			NUTRITION SUPPORT	70.01	7,238		41
42			MRI	70.02	8,065		42
43			CARDIAC CATH LAB	70.03	60,484		43
44			CARDIAC REHAB SERVICES	70.04	1,474		44
45			ANTICOAG CLINIC	90.01	9,827		45
46			EMERGENCY	91	86,709		46
47			AMBULANCE SERVICES	95	40,068		47
48			GIFT, FLOWER, COFFEE SHOP & C	190	1,479		48
49			TELEVISION	194.01	715		49
50			EDUCARE CTR	194.05	1,072		50
51			STUCKY RESEARCH CTR	194.06	12,310		51
52			SCHOOL NURSE/COMMUNITY OUTREA	194.15	17,674		52
53			BREAST DIAGNOSTIC CTR	194.18	7		53
54			EBT	194.22	1,800		54
55			MEDICAL OFFICE BUILDINGS	194.23	3,850		55
500	TOTAL RECLASSIFICATIONS				2,004,094		500

CODE LETTER - W

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	EMPLOYEE BENEFIT RECLASS	Y	EMPLOYEE BENEFITS	4	2,863,708		1
2			PATIENT SERVICES	5.04	332		2
3			OTHER A&G	5.07	1,388		3
4			FACILITY ENGINEERING	7.01	3,853		4
5			HOUSEKEEPING	9	9		5
6			DIETARY	10	6		6
7			NURSING ADMINISTRATION	13	1,082		7
8			PHARMACY	15	10,370		8
9			IV SOLUTIONS	15.02	96		9
10			SOCIAL SERVICE	17	401		10
11			REHAB ADMIN	17.01	844		11
12			ADULTS & PEDIATRICS	30	3,123		12
13			INTENSIVE CARE UNIT	31	588		13
14			PEDIATRIC ICU	31.01	142		14
15			NEONATAL ICU	31.02	316		15
16			CORONARY CARE UNIT	32	209		16
17			SUBPROVIDER - IRF	41	422		17
18			SUBPROVIDER - IPF	40	574		18
19			SKILLED NURSING FACILITY	44	27,400		19
20			OPERATING ROOM	50	542		20
21			RECOVERY ROOM	51	24		21
22			RADIOLOGY-DIAGNOSTIC	54	43		22
23			LABORATORY	60	241		23
24			RESPIRATORY THERAPY	65	440		24
25			WOUND CARE	65.01	76		25
26			ENDOSCOPY	65.03	14		26
27			PHYSICAL THERAPY	66	204		27
28			NEURO REHAB	68.01	479		28
29			NUTRITION SUPPORT	70.01	90		29
30			CARDIAC CATH LAB	70.03	11,822		30
31			EMERGENCY	91	697		31
32			AMBULANCE SERVICES	95	13		32
33			STUCKY RESEARCH CTR	194.06	45		33
500	TOTAL RECLASSIFICATIONS				2,929,593		500

CODE LETTER - Y

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	PTO ACCRUAL RECLASS PVHOS	Z	PATIENT SERVICES	5.04	112,107		1
2			OTHER A&G	5.07	457,486		2
3			OPERATION OF PLANT	7	28,552		3
4			FACILITY ENGINEERING	7.01	298,240		4
5			LAUNDRY & LINEN SERVICE	8	17,426		5
6			HOUSEKEEPING	9	264,191		6
7			DIETARY	10	316,222		7
8			NURSING ADMINISTRATION	13	232,655		8
9			CENTRAL SERVICES & SUPPLY	14	209		9
10			PHARMACY	15	772,087		10
11			OUTPATIENT PHARMACY	15.01	55,479		11
12			IV SOLUTIONS	15.02	87,358		12
13			SOCIAL SERVICE	17	218,388		13
14			REHAB ADMIN	17.01	48,416		14
15			ADULTS & PEDIATRICS	30	2,718,419		15
16			INTENSIVE CARE UNIT	31	537,956		16
17			PEDIATRIC ICU	31.01	77,769		17
18			NEONATAL ICU	31.02	204,180		18
19			CORONARY CARE UNIT	32	607,419		19
20			SUBPROVIDER - IRF	41	142,432		20
21			SKILLED NURSING FACILITY	44	193,671		21
22			OPERATING ROOM	50	730,703		22
23			CAREW MEDICAL PARK SURG	50.01	47,746		23
24			RECOVERY ROOM	51	200,598		24
25			DELIVERY ROOM & LABOR ROOM	52	27,545		25
26			RADIOLOGY-DIAGNOSTIC	54	598,172		26
27			RADIOLOGY - NHMP	54.05	16,360		27
28			RADIOLOGY - CMP	54.06	27,922		28
29			RADIOLOGY - WP	54.07	11,460		29
30			RADIOLOGY - PULM CLINIC	54.08	6,523		30
31			RADIOLOGY-THERAPEUTIC	55	217,412		31
32			RADIOISOTOPE	56	34,525		32
33			LABORATORY	60	882,421		33
34			ANATOMICAL PATHOLOGY	60.01	41,119		34
35			RESPIRATORY THERAPY	65	445,503		35
36			WOUND CARE	65.01	27,526		36
37			DIALYSIS	65.02	4,420		37
38			ENDOSCOPY	65.03	90,840		38
39			PHYSICAL THERAPY	66	242,703		39
40			OCCUPATIONAL THERAPY	67	80,326		40
41			SPEECH PATHOLOGY	68	47,969		41
42			NEURO REHAB	68.01	53,259		42
43			ELECTROCARDIOLOGY	69	28,315		43
44			ELECTROENCEPHALOGRAPHY	70	16,230		44
45			NUTRITION SUPPORT	70.01	40,325		45
46			MRI	70.02	44,933		46
47			CARDIAC CATH LAB	70.03	336,991		47
48			CARDIAC REHAB SERVICES	70.04	8,213		48
49			ANTICOAG CLINIC	90.01	54,754		49
50			EMERGENCY	91	605,695		50
51			AMBULANCE SERVICES	95	227,292		51
52			GIFT, FLOWER, COFFEE SHOP & C	190	822		52
53			TELEVISION	194.01	3,981		53
54			EDUCARE CTR	194.05	5,973		54
55			SCHOOL NURSE/COMMUNITY OUTREA	194.15	4,268		55
56							56
57							57
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90							90

247	BREAST DIAGNOSTIC CTR	194.18	39	247
248	EBT	194.22	10,026	248
249	MEDICAL OFFICE BUILDINGS	194.23	21,461	249
500 TOTAL RECLASSIFICATIONS			12,635,032	500
CODE LETTER - Z				

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	PTO RECLASS PVN	AA	PATIENT SERVICES	5.04	5,402		1
2			OTHER A&G	5.07	5,237		2
3			OPERATION OF PLANT	7	5,938		3
4			FACILITY ENGINEERING	7.01	151		4
5			HOUSEKEEPING	9	11,491		5
6			DIETARY	10	16,992		6
7			NURSING ADMINISTRATION	13	8,068		7
8			PHARMACY	15	20,452		8
9			OUTPATIENT PHARMACY	15.01	3,849		9
10			IV SOLUTIONS	15.02	221		10
11			SOCIAL SERVICE	17	2,641		11
12			ADULTS & PEDIATRICS	30	121,134		12
13			NEONATAL ICU	31.02	42,464		13
14			CORONARY CARE UNIT	32	130		14
15			OPERATING ROOM	50	46,346		15
16			DELIVERY ROOM & LABOR ROOM	52	5,729		16
17			RADIOLOGY-DIAGNOSTIC	54	37,670		17
18			RADIOLOGY-THERAPEUTIC	55	45,216		18
19			RESPIRATORY THERAPY	65	12,005		19
20			WOUND CARE	65.01	188		20
21			PHYSICAL THERAPY	66	1,579		21
22			EMERGENCY	91	25,495		22
23			AMBULANCE SERVICES	95	842		23
24			GIFT, FLOWER, COFFEE SHOP & C	190	792		24
500	TOTAL RECLASSIFICATIONS				420,032		500
	CODE LETTER - AA						
1	PTO RECLASS PBH	AB	FACILITY ENGINEERING	7.01	1,377		1
2			HOUSEKEEPING	9	2,991		2
3			DIETARY	10	3,461		3
4			ADULTS & PEDIATRICS	30	24,280		4
5			SUBPROVIDER - IPF	40	92,102		5
6			OCCUPATIONAL THERAPY	67	5,123		6
500	TOTAL RECLASSIFICATIONS				129,334		500
	CODE LETTER - AB						
1	PTO ACCRUAL RECLASS PBH	AC	FACILITY ENGINEERING	7.01	7,570		1
2			HOUSEKEEPING	9	16,445		2
3			DIETARY	10	19,027		3
4			ADULTS & PEDIATRICS	30	133,472		4
5			SUBPROVIDER - IPF	40	506,311		5
6			OCCUPATIONAL THERAPY	67	28,163		6
500	TOTAL RECLASSIFICATIONS				710,988		500
	CODE LETTER - AC						
1	PTO RECLASS HOME HEALTH	AD	HOME HEALTH AGENCY	101	97,708		1
500	TOTAL RECLASSIFICATIONS				97,708		500
	CODE LETTER - AD						
1	PTO ACCRUAL RECLASS HOME HEALTH	AE	HOME HEALTH AGENCY	101	1,061,617		1
500	TOTAL RECLASSIFICATIONS				1,061,617		500
	CODE LETTER - AE						
1	PARAMEDICAL EDUCATION	AF	PARAMED ED PRGM-(SPECIFY)	23	63,835	2,170	1
2			PARAMED ED PHARMACY	23.02	157,236		2
500	TOTAL RECLASSIFICATIONS				221,071	2,170	500
	CODE LETTER - AF						
1	DIABETES CLINIC RECLASS	AG	ADULTS & PEDIATRICS	30		302,653	1
500	TOTAL RECLASSIFICATIONS					302,653	500
	CODE LETTER - AG						
1	CORPORATE ALLOCATION RECLASS	AH	MATERIALS MANAGEMENT	5.03	1,436,062		1
2			OTHER A&G	5.07		41,636,905	2
3			MEDICAL RECORDS & LIBRARY	16	2,097,641		3
500	TOTAL RECLASSIFICATIONS				3,533,703	41,636,905	500
	CODE LETTER - AH						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	INTERNAL MEDICINE PHYSCIAN RECLASS	AI	ADULTS & PEDIATRICS	30	80,160		1
500	TOTAL RECLASSIFICATIONS				80,160		500
	CODE LETTER - AI						
1	TELEPHONE EXPENSE RECLASS	AK	COMMUNICATIONS	5.01		1,805,945	1
2							2
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500	TOTAL RECLASSIFICATIONS					1,805,945	500
	CODE LETTER - AK						
1	NEW LIFE CENTER NURSING ADMIN	AM	ADULTS & PEDIATRICS	30	161,521	52,141	1
2			NURSERY	43	83,483	26,949	2
500	TOTAL RECLASSIFICATIONS				245,004	79,090	500
	CODE LETTER - AM						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	OCCUPATIONAL HEALTH	AN	OCCUPATIONAL HEALTH	194.07		286,748	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
500	TOTAL RECLASSIFICATIONS					286,748	500
	CODE LETTER - AN						
1	CONVERSION TABLE RECLASS	AO	RECOVERY ROOM	51	111,361	244,481	1
2			OCCUPATIONAL THERAPY	67	3,023	24	2
3			SPEECH PATHOLOGY	68	16,680	132	3
4			ANATOMICAL PATHOLOGY	60.01		276,118	4
5			ELECTROCARDIOLOGY	69	142,551	39,982	5
6			ELECTROENCEPHALOGRAPHY	70	3,550	996	6
7			RECOVERY ROOM	51	93,799	205,927	7
8			ENDOSCOPY	65.03	5,091	11,176	8
500	TOTAL RECLASSIFICATIONS				376,055	778,836	500
	CODE LETTER - AO						
1	NURSERY RECLASS NORTH	AP	NURSERY	43	1,203,339		1
500	TOTAL RECLASSIFICATIONS				1,203,339		500
	CODE LETTER - AP						
1	NURSERY RECLASS PVHOS	AQ	NURSERY	43	364,747		1
500	TOTAL RECLASSIFICATIONS				364,747		500
	CODE LETTER - AQ						
1	MCHA BRYAN HOPD PLAN EXPENSE	AR	MCHA BRYAN HOPD	194.27	4,345	1,369	1
500	TOTAL RECLASSIFICATIONS				4,345	1,369	500
	CODE LETTER - AR						
	GRAND TOTAL (INCREASES)				32,278,477	127,523,479	

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	DIETARY PERSONNEL	A	DIETARY	10	1,505,727		1
500	TOTAL RECLASSIFICATIONS				1,505,727		500
	CODE LETTER - A						
1	PHARMACY SALARIES AND SOLUTIONS	B	PHARMACY	15	128,542		1
500	TOTAL RECLASSIFICATIONS				128,542		500
	CODE LETTER - B						
1	OTHER A&G	C	EMERGENCY	91	36,260		1
500	TOTAL RECLASSIFICATIONS				36,260		500
	CODE LETTER - C						
1	BLOOD BANK	D	LABORATORY	60	584,537	272,707	1
2							2
500	TOTAL RECLASSIFICATIONS				584,537	272,707	500
	CODE LETTER - D						
1	BLOOD BANK LAB ADMIN	F	LABORATORY	60	138,469	108,480	1
2							2
500	TOTAL RECLASSIFICATIONS				138,469	108,480	500
	CODE LETTER - F						
1	MEDICAL RECORDS TRANSCRIPTION COSTS	G	MEDICAL RECORDS & LIBRARY	16		265,744	1
2							2
500	TOTAL RECLASSIFICATIONS					265,744	500
	CODE LETTER - G						
1	DEPR-LEY ROAD LEASEHOLD IMPROV	H	CAP REL COSTS-BLDG & FIXT	1		56	9 1
2							2
500	TOTAL RECLASSIFICATIONS					56	500
	CODE LETTER - H						
1	EQUIPMENT DEPRECIATION	I	CAP REL COSTS-BLDG & FIXT	1		13,117,401	9 1
2			OTHER A&G	5.07		42,337	9 2
500	TOTAL RECLASSIFICATIONS					13,159,738	500
	CODE LETTER - I						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	MED SURG/IV SUPPLIES	J	EMPLOYEE BENEFITS	4		38	1
2			PATIENT SERVICES	5.04		114	2
3			FACILITY ENGINEERING	7.01		219	3
4			NURSING ADMINISTRATION	13		460	4
5			CENTRAL SERVICES & SUPPLY	14		124	5
6			PHARMACY	15		876,804	6
7			IV SOLUTIONS	15.02		561,896	7
8			ADULTS & PEDIATRICS	30		645,396	8
9			INTENSIVE CARE UNIT	31		243,441	9
10			PEDIATRIC ICU	31.01		6,870	10
11			NEONATAL ICU	31.02		17,996	11
12			CORONARY CARE UNIT	32		296,889	12
13			SUBPROVIDER - IRF	41		9,149	13
14			SUBPROVIDER - IPF	40		714	14
15			SKILLED NURSING FACILITY	44		22,198	15
16			OPERATING ROOM	50		18,466,934	16
17			CAREW MEDICAL PARK SURG	50.01		126,107	17
18			RECOVERY ROOM	51		112,272	18
19			ANESTHESIOLOGY	53		198,437	19
20			RADIOLOGY-DIAGNOSTIC	54		3,074,521	20
21			RADIOLOGY - CMP	54.06		16,746	21
22			RADIOLOGY-THERAPEUTIC	55		79,384	22
23			RADIOISOTOPE	56		566,486	23
24			LABORATORY	60		707	24
25			ANATOMICAL PATHOLOGY	60.01		3,206	25
26			RESPIRATORY THERAPY	65		366,904	26
27			WOUND CARE	65.01		98,867	27
28			DIALYSIS	65.02		7,834	28
29			ENDOSCOPY	65.03		486,983	29
30			PHYSICAL THERAPY	66		27,961	30
31			OCCUPATIONAL THERAPY	67		518	31
32			SPEECH PATHOLOGY	68		4,629	32
33			NEURO REHAB	68.01		3,350	33
34			NUTRITION SUPPORT	70.01		4,254	34
35			MRI	70.02		90,230	35
36			CARDIAC CATH LAB	70.03		18,531,670	36
37			CARDIAC REHAB SERVICES	70.04		7	37
38			CLINIC	90		96	38
39			EMERGENCY	91		317,931	39
40			AMBULANCE SERVICES	95		4,826	40
41			HOME HEALTH AGENCY	101		245,544	41
42			EDUCARE CTR	194.05		114	42
43			SCHOOL NURSE/COMMUNITY OUTREA	194.15		282	43
500	TOTAL RECLASSIFICATIONS					45,519,108	500
	CODE LETTER - J						
1	OPERATION OF PLANT	K	EDUCARE CTR	194.05		38,135	1
500	TOTAL RECLASSIFICATIONS					38,135	500
	CODE LETTER - K						
1	IV SALARIES	L	IV SOLUTIONS	15.02	527,907		1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
500	TOTAL RECLASSIFICATIONS				527,907		500
	CODE LETTER - L						
1	COST OF DRUGS SOLD	M	PHARMACY	15		19,546,852	1
500	TOTAL RECLASSIFICATIONS					19,546,852	500
	CODE LETTER - M						
1	PBH ADMIN COSTS	N	SUBPROVIDER - IPF	40	202,360	163,797	1
500	TOTAL RECLASSIFICATIONS				202,360	163,797	500
	CODE LETTER - N						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	FITNESS CENTER	O	EMPLOYEE BENEFITS	4	131,695	14,991	1
500	TOTAL RECLASSIFICATIONS				131,695	14,991	500
	CODE LETTER - O						
1	TRAUMA DIRECTOR	P	EMERGENCY	91		82,033	1
500	TOTAL RECLASSIFICATIONS					82,033	500
	CODE LETTER - P						
1	CAPITAL INSURANCE	S	OTHER A&G	5.07		361,211	12 1
2							12 2
500	TOTAL RECLASSIFICATIONS					361,211	500
	CODE LETTER - S						
1	HOSPICE RECLASS	T	HOME HEALTH AGENCY	101	2,570,579	2,321,223	1
500	TOTAL RECLASSIFICATIONS				2,570,579	2,321,223	500
	CODE LETTER - T						
1	ALLOC A&G OVERHEAD TO HHA & HOSPICE	U	HOME HEALTH AGENCY	101	435,579	775,688	1
500	TOTAL RECLASSIFICATIONS				435,579	775,688	500
	CODE LETTER - U						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	RECLASS PTO DOLLARS	W	EMPLOYEE BENEFITS	4	2,004,094		1
500	TOTAL RECLASSIFICATIONS				2,004,094		500

CODE LETTER - W

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	EMPLOYEE BENEFIT RECLASS	Y	HOME HEALTH AGENCY	101	2,616,974		1
2			GIFT, FLOWER, COFFEE SHOP & C	190	34,101		2
3			SCHOOL NURSE/COMMUNITY OUTREA	194.15	278,518		3
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5							5
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10							10
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28							28
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30							30
31							31
32							32
33							33
500	TOTAL RECLASSIFICATIONS				2,929,593		500

CODE LETTER - Y

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	PTO ACCRUAL RECLASS PVHOS	Z	EMPLOYEE BENEFITS	4	12,628,333		1
2			STUCKY RESEARCH CTR	194.06	6,699		2
3							3
4							4
5							5
6							6
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500	TOTAL RECLASSIFICATIONS	12,635,032	500
	CODE LETTER - Z		

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	PTO RECLASS PVN	AA	EMPLOYEE BENEFITS	4	420,032		1
2							2
3							3
4							4
5							5
6							6
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21							21
22							22
23							23
24							24
500	TOTAL RECLASSIFICATIONS				420,032		500
	CODE LETTER - AA						
1	PTO RECLASS PBH	AB	EMPLOYEE BENEFITS	4	129,334		1
2							2
3							3
4							4
5							5
6							6
500	TOTAL RECLASSIFICATIONS				129,334		500
	CODE LETTER - AB						
1	PTO ACCRUAL RECLASS PBH	AC	EMPLOYEE BENEFITS	4	710,988		1
2							2
3							3
4							4
5							5
6							6
500	TOTAL RECLASSIFICATIONS				710,988		500
	CODE LETTER - AC						
1	PTO RECLASS HOME HEALTH	AD	EMPLOYEE BENEFITS	4	97,708		1
500	TOTAL RECLASSIFICATIONS				97,708		500
	CODE LETTER - AD						
1	PTO ACCRUAL RECLASS HOME HEALTH	AE	EMPLOYEE BENEFITS	4	1,061,617		1
500	TOTAL RECLASSIFICATIONS				1,061,617		500
	CODE LETTER - AE						
1	PARAMEDICAL EDUCATION	AF	LABORATORY	60	63,835	2,170	1
2			PHARMACY	15	157,236		2
500	TOTAL RECLASSIFICATIONS				221,071	2,170	500
	CODE LETTER - AF						
1	DIABETES CLINIC RECLASS	AG	CLINIC	90		302,653	1
500	TOTAL RECLASSIFICATIONS					302,653	500
	CODE LETTER - AG						
1	CORPORATE ALLOCATION RECLASS	AH	MATERIALS MANAGEMENT	5.03		1,436,062	1
2			OTHER A&G	5.07	41,636,905		2
3			MEDICAL RECORDS & LIBRARY	16		2,097,641	3
500	TOTAL RECLASSIFICATIONS				41,636,905	3,533,703	500
	CODE LETTER - AH						

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	INTERNAL MEDICINE PHYSCIAN RECLASS	AI	OTHER A&G	5.07	80,160		1
500	TOTAL RECLASSIFICATIONS				80,160		500
	CODE LETTER - AI						
1	TELEPHONE EXPENSE RECLASS	AK	PATIENT SERVICES	5.04		288	1
2			OTHER A&G	5.07		1,418,611	2
3			OPERATION OF PLANT	7		564	3
4			FACILITY ENGINEERING	7.01		5,460	4
5			HOUSEKEEPING	9		2,207	5
6			DIETARY	10		1,111	6
7			NURSING ADMINISTRATION	13		2,444	7
8			CENTRAL SERVICES & SUPPLY	14		167	8
9			PHARMACY	15		2,023	9
10			SOCIAL SERVICE	17		2,685	10
11			REHAB ADMIN	17.01		793	11
12			ADULTS & PEDIATRICS	30		3,324	12
13			INTENSIVE CARE UNIT	31		247	13
14			PEDIATRIC ICU	31.01		134	14
15			NEONATAL ICU	31.02		171	15
16			CORONARY CARE UNIT	32		538	16
17			SUBPROVIDER - IRF	41		212	17
18			SUBPROVIDER - IPF	40		86,422	18
19			SKILLED NURSING FACILITY	44		1,319	19
20			OPERATING ROOM	50		7,095	20
21			CAREW MEDICAL PARK SURG	50.01		222	21
22			RECOVERY ROOM	51		95	22
23			DELIVERY ROOM & LABOR ROOM	52		1,085	23
24			RADIOLOGY-DIAGNOSTIC	54		4,189	24
25			RADIOLOGY - CMP	54.06		56	25
26			RADIOLOGY-THERAPEUTIC	55		1,611	26
27			RADIOISOTOPE	56		349	27
28			LABORATORY	60		10,095	28
29			ANATOMICAL PATHOLOGY	60.01		437	29
30			RESPIRATORY THERAPY	65		1,091	30
31			WOUND CARE	65.01		382	31
32			DIALYSIS	65.02		191	32
33			ENDOSCOPY	65.03		640	33
34			PHYSICAL THERAPY	66		992	34
35			OCCUPATIONAL THERAPY	67		1,471	35
36			SPEECH PATHOLOGY	68		1,096	36
37			ELECTROENCEPHALOGRAPHY	70		286	37
38			NUTRITION SUPPORT	70.01		384	38
39			CARDIAC CATH LAB	70.03		3,472	39
40			CARDIAC REHAB SERVICES	70.04		56	40
41			CLINIC	90		278	41
42			EMERGENCY	91		2,152	42
43			AMBULANCE SERVICES	95		5,311	43
44			HOME HEALTH AGENCY	101		222,044	44
45			TELEVISION	194.01		82	45
46			EDUCARE CTR	194.05		872	46
47			STUCKY RESEARCH CTR	194.06		4,067	47
48			SCHOOL NURSE/COMMUNITY OUTREA	194.15		5,994	48
49			BREAST DIAGNOSTIC CTR	194.18		1,130	49
500	TOTAL RECLASSIFICATIONS					1,805,945	500
	CODE LETTER - AK						
1	NEW LIFE CENTER NURSING ADMIN	AM	DELIVERY ROOM & LABOR ROOM	52	245,004	79,090	1
2							2
500	TOTAL RECLASSIFICATIONS				245,004	79,090	500
	CODE LETTER - AM						

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	OCCUPATIONAL HEALTH	AN	RADIOLOGY-DIAGNOSTIC	54		79,614	1
2			CARDIAC CATH LAB	70.03		1,307	2
3			LABORATORY	60		2,932	3
4			RADIOLOGY - CMP	54.06		1,377	4
5			NEURO REHAB	68.01		10,219	5
6			ANESTHESIOLOGY	53		159	6
7			EMERGENCY	91		98,924	7
8			PHARMACY	15		12,075	8
9			EBT	194.22		3,600	9
10			ELECTROCARDIOLOGY	69		2,166	10
11			PHYSICAL THERAPY	66		54,143	11
12			ELECTROENCEPHALOGRAPHY	70		641	12
13			MRI	70.02		16,177	13
14			RESPIRATORY THERAPY	65		1,704	14
15			ENDOSCOPY	65.03		747	15
16			WOUND CARE	65.01		963	16
500	TOTAL RECLASSIFICATIONS					286,748	500
	CODE LETTER - AN						
1	CONVERSION TABLE RECLASS	AO	OPERATING ROOM	50	111,361	244,481	1
2			PHYSICAL THERAPY	66	3,023	24	2
3			PHYSICAL THERAPY	66	16,680	132	3
4			LABORATORY	60		276,118	4
5			RESPIRATORY THERAPY	65	142,551	39,982	5
6			RESPIRATORY THERAPY	65	3,550	996	6
7			OPERATING ROOM	50	93,799	205,927	7
8			OPERATING ROOM	50	5,091	11,176	8
500	TOTAL RECLASSIFICATIONS				376,055	778,836	500
	CODE LETTER - AO						
1	NURSERY RECLASS NORTH	AP	ADULTS & PEDIATRICS	30	1,203,339		1
500	TOTAL RECLASSIFICATIONS				1,203,339		500
	CODE LETTER - AP						
1	NURSERY RECLASS PVHOS	AQ	ADULTS & PEDIATRICS	30	364,747		1
500	TOTAL RECLASSIFICATIONS				364,747		500
	CODE LETTER - AQ						
1	MCHA BRYAN HOPD PLAN EXPENSE	AR	OTHER A&G	5.07	4,345	1,369	1
500	TOTAL RECLASSIFICATIONS				4,345	1,369	500
	CODE LETTER - AR						
	GRAND TOTAL (DECREASES)				70,381,679	89,420,277	

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	6,627,744					6,627,744		1
2	LAND IMPROVEMENTS	12,272,678	158,564	37,209	195,773	670	12,467,781	4,464,301	2
3	BUILDINGS AND FIXTURES	267,917,088	1,276,175		1,276,175	54,400	269,138,863	74,493,700	3
4	BUILDING IMPROVEMENTS	9,708,714	18,228		18,228	657,978	9,068,964		4
5	FIXED EQUIPMENT	571,762	7,084		7,084		578,846	105,209	5
6	MOVABLE EQUIPMENT	144,477,495	10,664,074		10,664,074	13,566,379	141,575,190	80,980,638	6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (SUM OF LINES 1-7)	441,575,481	12,124,125	37,209	12,161,334	14,279,427	439,457,388	160,043,848	8
9	RECONCILING ITEMS					5,554,576	-5,554,576		9
10	TOTAL (LINE 7 MINUS LINE 9)	441,575,481	12,124,125	37,209	12,161,334	8,724,851	445,011,964	160,043,848	10

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

	DESCRIPTION	SUMMARY OF CAPITAL DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15	
1	CAP REL COSTS-BLDG & FIXT	21,432,920						21,432,920	1
2	CAP REL COSTS-MVBLE EQUIP								2
3	TOTAL (SUM OF LINES 1-2)	21,432,920						21,432,920	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	ALLOCATION OF OTHER CAPITAL INSURANCE 5	TAXES 6	OTHER CAPITAL-RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8	
1	CAP REL COSTS-BLDG & FIXT	297,882,198		297,882,198	0.698070					1
2	CAP REL COSTS-MVBLE EQUIP	141,575,190	12,735,110	128,840,080	0.301930					2
3	TOTAL (SUM OF LINES 1-2)	439,457,388	12,735,110	426,722,278	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15	
1	CAP REL COSTS-BLDG & FIXT	10,180,486			260,475			10,440,961	1
2	CAP REL COSTS-MVBLE EQUIP	24,436,489			100,736			24,537,225	2
3	TOTAL	34,616,975			361,211			34,978,186	3

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO.	WKST A-7 REF	
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (CHAPTER 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)						4
5	REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-86,046	COMMUNICATIONS	5.01		7
8	TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-2,951	OPERATION OF PLANT	7		8
9	PARKING LOT (CHAPTER 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,340,424				10
11	SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	9,531,688				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS	A	-1,496,982	DIETARY	10		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-564,134	OUTPATIENT PHARMACY	15.01		17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS						18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3					23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3					24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1		26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2		27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3					30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3					31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33							33
34							34
35							35
36							36
37							37
37.04	FITNESS CENTER EMPLOYEE REVENUE	B	-117,281	EMPLOYEE BENEFITS	4		37.04
37.05	HEALTH FITNESS EMPLOYEE DUES	B	-5,342	EMPLOYEE BENEFITS	4		37.05
37.06	NONALLOWABLE LOBBYING FEES	A	-23,189	OTHER A&G	5.07		37.06
37.09	CAPITAL COST NEW B&F	A	13,305	CAP REL COSTS-BLDG & FIXT	1	9	37.09
37.10	CAPITAL COST NEW M&E	A	-13,495	CAP REL COSTS-MVBLE EQUIP	2	9	37.10
38							38
38.06	SELF FUNDED INSURANCE ADJUSTMENT	A	-20,285,209	EMPLOYEE BENEFITS	4		38.06
38.36	CAPITAL COSTS NEW M&E	A	212,258	CAP REL COSTS-BLDG & FIXT	1	9	38.36
38.38	CAPITAL COSTS NEW M&E	A	7,944	CAP REL COSTS-BLDG & FIXT	1	9	38.38
39							39
39.02	LIQUOR EXPENSE	A	-19,030	OTHER A&G	5.07		39.02
39.07	TELEPHONE OFFSET	A	-141	CAP REL COSTS-BLDG & FIXT	1	9	39.07
39.08	TELEPHONE OFFSET	A	-263,770	CAP REL COSTS-MVBLE EQUIP	2	9	39.08
39.09	CAFETERIA EMPLOYEE ADJUSTMENT	B	-1,371,357	DIETARY	10		39.09
40	OFFSET DIATETIC REVENUE	B	-649,040	DIETARY	10		40
40.01	OFFSET CATERING INCOME	B	-10,996	DIETARY	10		40.01
40.02	OFFSET LAB SERVICES BILLED	B	-1,489,112	LABORATORY	60		40.02
40.03	OFFSET LAB SERVICES BILLED	B	-1,092,498	LABORATORY	60		40.03
40.04	OFFSET LAB SERVICES BILLED	B	-1,626,566	LABORATORY	60		40.04
40.05	BLOOD SERVICES BILLED	B	-15,795	WHOLE BLOOD & PACKED RED BLOOD	62		40.05
40.06	LAB SERVICES BILLED	B	-11,701,749	LABORATORY	60		40.06
40.07	MISC OPERATING INCONE	B	-62	ANATOMICAL PATHOLOGY	60.01		40.07
40.08	OFFSET OTHER OPERATING REVENUE	B	-12,869	CARDIAC REHAB SERVICES	70.04		40.08
40.09	OFFSET OTHER OPERATING REVENUE	B	-1,235	PHARMACY	15		40.09

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO.	WKST A-7 REF	
		1	2	3	4	5	
40.11	OFFSET LAB SERVICES BILLED NORTH	B	-462,934	LABORATORY	60		40.11
40.13	OFFSET LAB SERVICES BILLED AVILLA	B	-65,920	LABORATORY	60		40.13
40.14	OFFSET LAB SERVICES BILLED LAGRNAG	B	-682,896	LABORATORY	60		40.14
40.15	OFFSET NEURO REHAB SERVICES BILLED	B	-236	NEURO REHAB	68.01		40.15
41							41
41.07	VENDING MACHINES	A	-2,692	OPERATION OF PLANT	7		41.07
41.08	VENDING MACHINES	A	-5,450	CAP REL COSTS-BLDG & FIXT	1	9	41.08
41.09	VENDING MACHINES	A	-139	OTHER A&G	5.07		41.09
41.10	VENDING MACHINES	A	-263	OTHER A&G	5.07		41.10
42	INERUNIT RENT INCOME OFFSET	B	-7,049	RADIOLOGY - PULM CLINIC	54.08		42
43	RENTAL PROPERTY ADJUSTMENT	A	-71,611	OTHER A&G	5.07		43
44	FILM DUPLICATION	B	-418	RADIOLOGY-DIAGNOSTIC	54		44
45							45
46							46
46.01	INTEREST EXPENSE	A	-12,544	PHARMACY	15		46.01
47	HHA PHYSICIAN OFFSET	A	-10,558	HOME HEALTH AGENCY	101		47
48							48
48.04	OFFSET PULM REHAB REVENUE	B	-10,312	RESPIRATORY THERAPY	65		48.04
49							49
49.07	GROSS UP BREAST DIGANOSTIC CENTER	A	7,351	BREAST DIAGNOSTIC CTR	194.18		49.07
49.25	INTERUNIT RENT EXPENSE	A	-30,969	SCHOOL NURSE/COMMUNITY OUTREACH	194.15		49.25
49.26	INERUNIT RENT EXPENSE	A	-193,996	RADIOLOGY-DIAGNOSTIC	54		49.26
49.27	INTERUNIT RENT EXPENSE	A	-8,015	RESPIRATORY THERAPY	65		49.27
49.28	INERUNIT RENT EXPENSE	A	-34,284	RADIOLOGY - NHMP	54.05		49.28
49.29	INTERUNIT RENT EXPENSE	A	-85,004	RADIOLOGY - WP	54.07		49.29
49.30	INTERUNIT RENT EXPENSE	A	-81,039	LABORATORY	60		49.30
49.31	INTERUNIT RENT EXPENSE	A	-49,511	PHYSICAL THERAPY	66		49.31
49.32	INTERUNIT RENT EXPENSE	A	-69,744	MRI	70.02		49.32
49.33	INTERUNIT RENT EXPENSE	A	-217,738	HOME HEALTH AGENCY	101		49.33
49.35	OFFSET DIABETES OTHER REVENUE	B	-45	CLINIC	90		49.35
49.36	OFFSET ONCOLGY RENT INCOME	B	-74,080	RADIOLOGY-THERAPEUTIC	55		49.36
49.38	OFFSET NUTRITION CLASS REVENUE	B	-8,935	NUTRITION SUPPORT	70.01		49.38
49.43	OFFSET SERCURITY OTHER REVNUE	B	-145,675	CARDIAC CATH LAB	70.03		49.43
49.44	INTERUNIT RENT EXPENSE	A	-47,900	OTHER A&G	5.07		49.44
49.45	INTERUNIT RENT EXPENSE	A	-49,864	STUCKY RESEARCH CTR	194.06		49.45
49.46	INTERUNIT RENT EXPENSE	A	-194,643	MEDICAL OFFICE BUILDINGS	194.23		49.46
49.63	A&G OTHER REVENUE	B	-24,480	OTHER A&G	5.07		49.63
49.75	FACILITY ENGINEERING OTHER OPERATI	B	-210	FACILITY ENGINEERING	7.01		49.75
49.78	ANESTHESIOLOGIST PROFESSIONAL FEE	A	-3,167,135	ANESTHESIOLOGY	53		49.78
49.79	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-15,607,066	OTHER A&G	5.07		49.79
49.80	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-30	OPERATING ROOM	50		49.80
49.81	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-18	LABORATORY	60		49.81
49.82	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-286	LABORATORY	60		49.82
49.83	REMOVE PMG LOSSES ALLOCATED TO PAR	A	-707	HOME HEALTH AGENCY	101		49.83
49.86	OFFSET OF STATE AND FEDERAL INCOME	A	-126,000	OTHER A&G	5.07		49.86
50	TOTAL (SUM OF LINES 1 THRU 49)		-54,967,123				50
	TRANSFER TO WKST A, COL. 6, LINE 200)						

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

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ-USTMENTS (COL. 4-5)	WKST A-7 REF	
	1	2	3	4	5	6	7	
1								1
2								2
3	8	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	1,272,200	1,150,144	122,056		3
4								4
4.04	4	EMPLOYEE BENEFITS	PURCHASED SERVICES	1,214,671	1,077,227	137,444		4.04
4.05	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST REPORT	11,554,016		11,554,016	9	4.05
4.06	5.07	OTHER A&G	HOME OFFICE COST REPORT	54,829,949	78,107,609	-23,277,660		4.06
4.07	8	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882		123,882		4.07
4.08	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	1,691,077	53,970	1,637,107	9	4.08
4.09	194.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT	458,044	16,787	441,257		4.09
4.10	4	EMPLOYEE BENEFITS	HOME OFFICE COST REPORT	13,515,420		13,515,420		4.10
4.11	5.03	MATERIALS MANAGEMENT	HOME OFFICE COST REPORT	2,136,679		2,136,679		4.11
4.12	16	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST REPORT	3,308,052		3,308,052		4.12
4.16	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT		166,565	-166,565		4.16
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.		90,103,990	80,572,302	9,531,688		5

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

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

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

	SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	C		50.00	HOSPITAL LAUNDRY			6
7	B			PV HEALTH SYSTEM	100.00		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 REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9	
1	5.07	OTHER A&G		379,641		340,468	171,400	2,309	190,270	9,514	1
2	31	INTENSIVE CARE UNIT		82,033		82,033	171,400	462	38,071	1,904	2
3	31.01	PEDIATRIC ICU	AGGREGATE	65,682	65,133	549	171,400	38	3,131	157	3
4	41	SUBPROVIDER - IRF	AGGREGATE	40,000	25,860	14,140	171,400	358	29,501	1,475	4
5	55	RADIOLOGY-THERAPEUTIC		2,244		2,244	171,400	14	1,154	58	5
6	60	LABORATORY		55,032		55,032	219,500	504	53,187	2,659	6
7	65	RESPIRATORY THERAPY		22,154		22,154	171,400	207	17,058	853	7
8	68.01	NEURO REHAB		1,131		1,131	171,400	12	989	49	8
9	91	EMERGENCY	AGGREGATE	2,217,725	1,751,414	466,311	171,400	2,546	209,800	10,490	9
200		TOTAL		2,865,642	1,842,407	984,062		6,450	543,161	27,159	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	5.07	OTHER A&G						190,270	150,198	189,371	1
2	31	INTENSIVE CARE UNIT						38,071	43,962	43,962	2
3	31.01	PEDIATRIC ICU	AGGREGATE					3,131		65,133	3
4	41	SUBPROVIDER - IRF	AGGREGATE					29,501		25,860	4
5	55	RADIOLOGY-THERAPEUTIC						1,154	1,090	1,090	5
6	60	LABORATORY						53,187	1,845	1,845	6
7	65	RESPIRATORY THERAPY						17,058	5,096	5,096	7
8	68.01	NEURO REHAB						989	142	142	8
9	91	EMERGENCY	AGGREGATE					209,800	256,511	2,007,925	9
200		TOTAL						543,161	458,844	2,340,424	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUN-CATIONS 5.01	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	10,440,961	10,440,961				1
2	CAP REL COSTS-MVBLE EQUIP	24,537,225		24,537,225			2
4	EMPLOYEE BENEFITS	40,973,282	266,772	454,455	41,694,509		4
5.01	COMMUNICATIONS	1,719,899		27,507		1,747,406	5.01
5.02	DATA PROCESSIN		451,975	9,537,591		281,977	5.02
5.03	MATERIALS MANAGEMENT	2,136,679	84,223	337,462	321,355	8,293	5.03
5.04	PATIENT SERVICES	1,439,745	49,373	11,027	252,964	45,237	5.04
5.05	PATIENT ACCOUNTING		18,348	13,587		26,640	5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G	78,055,387	452,725	3,178,792	8,870,559	172,403	5.07
5.08	CAREW MEDICAL PARK ADMIN	360,825	14,408	509			5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	4,355,335	1,272,980	25,685	64,548	10,304	7
7.01	FACILITY ENGINEERING	3,363,658	174,694		690,822	46,996	7.01
8	LAUNDRY & LINEN SERVICE	1,636,064	16,271		39,283	24,880	8
9	HOUSEKEEPING	3,980,867	99,274	18,384	634,219	12,817	9
10	DIETARY	878,931	269,096	67,311	420,752	17,090	10
10.01	KITCHEN-NO CONNECT W/CAFE	1,505,727			336,944		10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,741,075	4,039	3,854	524,967	4,524	13
14	CENTRAL SERVICES & SUPPLY	166,215	175,666	645,909	471	13,320	14
15	PHARMACY	7,653,884	81,594	1,148,998	1,657,532	31,917	15
15.01	OUTPATIENT PHARMACY	8,440,689	7,212		125,186	251	15.01
15.02	IV SOLUTIONS	2,183,874	3,248	7,209	107,594		15.02
15.03	MED SURG SUPPLY	43,074,746					15.03
16	MEDICAL RECORDS & LIBRARY	3,042,308	130,612	10,470	469,400	2,513	16
17	SOCIAL SERVICE	2,715,074	8,086	456	492,486	14,828	17
17.01	REHAB ADMIN	563,668	2,390	405	109,335	4,524	17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD	2,602,578					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)	66,005	2,193		14,285		23
23.01	PARAMED ED RADIOLOGY		7,929				23.01
23.02	PARAMED ED PHARMACY	157,236	2,473		35,185		23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	33,059,387	1,641,731	736,035	6,281,654	294,291	30
31	INTENSIVE CARE UNIT	6,731,582	170,317	282,247	1,216,398	32,671	31
31.01	PEDIATRIC ICU	957,374	31,338	31,333	178,892	4,021	31.01
31.02	NEONATAL ICU	2,199,156	182,005		464,021	35,687	31.02
32	CORONARY CARE UNIT	6,738,748	134,989	190,058	1,375,272	25,383	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	5,552,311	302,405	25,186	1,133,891	28,399	40
41	SUBPROVIDER - IRF	1,532,052	177,505	25,095	322,362	15,079	41
43	NURSERY	1,678,518	34,297	195,653	369,580	251	43
44	SKILLED NURSING FACILITY	2,097,739	93,595	2,927	445,089	15,833	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	12,243,148	643,830	1,590,241	1,601,729	47,248	50
50.01	CAREW MEDICAL PARK SURG	773,864	133,258	112,636	107,636	6,786	50.01
51	RECOVERY ROOM	2,884,537	236,101	67,671	498,126	32,923	51
52	DELIVERY ROOM & LABOR ROOM	32,189	219,690		7,446	27,896	52
53	ANESTHESIOLOGY	202,966	2,728	118,662		2,011	53
54	RADIOLOGY-DIAGNOSTIC	8,856,706	249,726	1,477,323	1,349,634	52,525	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	172,976	28,528		36,881		54.05
54.06	RADIOLOGY - CMP	536,160	44,147	18,274	62,945	6,032	54.06
54.07	RADIOLOGY - WP	144,862		979	25,834		54.07
54.08	RADIOLOGY - PULM CLINIC	92,363	23,219	3,227	14,705	4,775	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	4,841,529	259,519	2,044,205	491,502	63,834	55
56	RADIOISOTOPE	433,887	31,264	63,980	77,831	2,513	56
60	LABORATORY	6,656,864	245,473	587,312	2,572,145	39,457	60
60.01	ANATOMICAL PATHOLOGY	1,435,012	41,675	20,061	108,572	5,278	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,096,225			116,985	754	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	4,918,754	88,707	251,451	972,077	26,137	65

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUN-CATIONS 5.01	
65.01	WOUND CARE	1,190,120	14,260	9,254	62,075		65.01
65.02	DIALYSIS	1,219,047	11,259	1,071	9,965	1,257	65.02
65.03	ENDOSCOPY	1,609,167	36,441	77,730	205,924	5,278	65.03
66	PHYSICAL THERAPY	2,500,803	116,402	15,310	542,815	7,540	66
66.01	TRANSITIONAL THERAPY	2,457	15,257			2,513	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	1,117,452	30,918	1,123	247,343	2,764	67
68	SPEECH PATHOLOGY	516,737	23,945	9,376	111,870	2,011	68
68.01	NEURO REHAB	698,157		4,443	120,171	3,016	68.01
69	ELECTROCARDIOLOGY	557,347			95,729	2,513	69
70	ELECTROENCEPHALOGRAPHY	194,925	19,560	33,384	37,381	503	70
70.01	NUTRITION SUPPORT	471,444	2,044	267	90,926	4,021	70.01
70.02	MRI	715,371	160,929	281,713	101,293	4,524	70.02
70.03	CARDIAC CATH LAB	5,348,439	352,808	309,374	762,330	51,771	70.03
70.04	CARDIAC REHAB SERVICES	77,928	38,551	5,524	18,514	2,513	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		14,779	14,504			71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS	19,546,852					73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	288,792	13,032	630		2,764	90
90.01	ANTICOAG CLINIC	869,661	17,367	1,404	145,166	2,764	90.01
91	EMERGENCY	9,272,504	304,160	191,264	1,367,018	62,327	91
91.01	PARTIAL HOSPITALIZATION		8,078			2,262	91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	8,403,027	16,988	85,005	512,417	5,026	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	7,663,764	138,888	35,994	862,911	19,351	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	6,103,069			672,703		116
118	SUBTOTALS (SUM OF LINES 1-117)	425,027,909	9,947,294	24,411,537	40,965,645	1,673,016	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	467,282	20,252	3,670	17,058	4,021	190
194	NON ALLOWABLE					8,293	194
194.01	TELEVISION	106,652	3,627	5,486	8,975	754	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC	690,695	20,458	47,654		4,021	194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	743,148	124,579	616	13,464	251	194.05
194.06	STUCKY RESEARCH CTR	865,317	38,023	7	137,780	754	194.06
194.07	OCCUPATIONAL HEALTH					13,571	194.07
194.08	FOUNDATION		17,722			4,524	194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES	42,128	12,702	183		1,005	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	1,721,156	17,136	258	138,576	1,508	194.15
194.16	FITNESS	146,686			29,470		194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR	11,300		18,669	88	6,786	194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM	3,376	24,349	4,365			194.21
194.22	EBT	549,728	8,597	296	22,607		194.22
194.23	MEDICAL OFFICE BUILDINGS	840,132	59,907	33,378	48,379	6,032	194.23
194.24	START-UP COSTS ORTHO			10,683			194.24
194.25	PREMIER SURGERY CENTER	13,144,004	146,315	423	311,495	22,870	194.25
194.26	ISH	29					194.26
194.27	MCHA BRYAN HOPD	5,714			972		194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	444,365,256	10,440,961	24,537,225	41,694,509	1,747,406	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DATA PROCESSING 5.02	MATERIALS MGMT 5.03	PATIENT SERVICES 5.04	PATIENT ACCOUNTING 5.05	SUBTOTAL (COLS.0-4) 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 PROCESSIN	10,271,543					5.02
5.03	MATERIALS MANAGEMENT		2,888,012				5.03
5.04	PATIENT SERVICES	71,266	780	1,870,392			5.04
5.05	PATIENT ACCOUNTING				58,575		5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G	204,501	19,548			90,953,915	5.07
5.08	CAREW MEDICAL PARK ADMIN		1			375,743	5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	28,919	7,183			5,764,954	7
7.01	FACILITY ENGINEERING	232,388	17,283			4,525,841	7.01
8	LAUNDRY & LINEN SERVICE	22,722	21,307			1,760,527	8
9	HOUSEKEEPING	451,349	32,917			5,229,827	9
10	DIETARY	459,612	23,646			2,136,438	10
10.01	KITCHEN-NO CONNECT W/CAFE					1,842,671	10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	109,480	747			3,388,686	13
14	CENTRAL SERVICES & SUPPLY		4,273			1,005,854	14
15	PHARMACY	363,558	26,272			10,963,755	15
15.01	OUTPATIENT PHARMACY	29,952	2,519			8,605,809	15.01
15.02	IV SOLUTIONS	48,543	17,886			2,368,354	15.02
15.03	MED SURG SUPPLY		1,156,508			44,231,254	15.03
16	MEDICAL RECORDS & LIBRARY					3,655,303	16
17	SOCIAL SERVICE	132,203	461			3,363,594	17
17.01	REHAB ADMIN	26,854	490			707,666	17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD					2,602,578	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)					82,483	23
23.01	PARAMED ED RADIOLOGY					7,929	23.01
23.02	PARAMED ED PHARMACY					194,894	23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	2,307,353	147,179	314,216	6,535	44,788,381	30
31	INTENSIVE CARE UNIT	343,934	25,035	54,762	988	8,857,934	31
31.01	PEDIATRIC ICU	41,313	1,744	4,943	89	1,251,047	31.01
31.02	NEONATAL ICU	175,582	5,254	26,251	473	3,088,429	31.02
32	CORONARY CARE UNIT	388,346	27,939	69,382	1,251	8,951,368	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	532,943	6,471	53,319	962	7,635,887	40
41	SUBPROVIDER - IRF	102,251	2,635	15,442	278	2,192,699	41
43	NURSERY			9,836	177	2,288,312	43
44	SKILLED NURSING FACILITY	149,761	5,993	13,732	248	2,824,917	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	604,208	396,883	185,888	5,214	17,318,389	50
50.01	CAREW MEDICAL PARK SURG	29,952	14,867	690	278	1,179,967	50.01
51	RECOVERY ROOM	117,743	10,651	17,832	833	3,866,417	51
52	DELIVERY ROOM & LABOR ROOM	40,281	32	3,773	68	331,375	52
53	ANESTHESIOLOGY		13,366	10,588	299	350,620	53
54	RADIOLOGY-DIAGNOSTIC	398,674	205,222	148,396	7,981	12,746,187	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	10,328	120	23	35	248,891	54.05
54.06	RADIOLOGY - CMP	20,657	1,021	188	387	689,811	54.06
54.07	RADIOLOGY - WP	8,263	92	3	23	180,056	54.07
54.08	RADIOLOGY - PULM CLINIC	4,131	160	1	4	142,585	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	151,827	7,092	3,339	1,437	7,864,284	55
56	RADIOISOTOPE	19,624	34,525	4,936	250	668,810	56
60	LABORATORY	949,175	407,900	119,117	3,346	11,580,789	60
60.01	ANATOMICAL PATHOLOGY	33,051	25,537	7,284	392	1,676,862	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS			8,907	193	3,223,064	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY			4		4	64
65	RESPIRATORY THERAPY	282,997	36,092	72,249	1,676	6,650,140	65

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DATA PROCESSING	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	SUBTOTAL (COLS.0-4)	
		5.02	5.03	5.04	5.05	4A	
65.01	WOUND CARE	15,493	1,421	8,635	179	1,301,437	65.01
65.02	DIALYSIS	6,197	773	6,455	125	1,256,149	65.02
65.03	ENDOSCOPY	56,806	12,746	10,160	846	2,015,098	65.03
66	PHYSICAL THERAPY	134,269	1,093	16,694	394	3,335,320	66
66.01	TRANSITIONAL THERAPY		127	927	17	21,298	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	72,298	536	9,540	181	1,482,155	67
68	SPEECH PATHOLOGY	25,821	12	5,594	109	695,475	68
68.01	NEURO REHAB	27,887	687	5	101	854,467	68.01
69	ELECTROCARDIOLOGY	29,952		8,367	363	694,271	69
70	ELECTROENCEPHALOGRAPHY	10,328	1,412	2,402	73	299,968	70
70.01	NUTRITION SUPPORT	25,821	4,084	255	6	598,868	70.01
70.02	MRI	23,755	932	11,878	567	1,300,962	70.02
70.03	CARDIAC CATH LAB	204,501	10,168	63,655	3,717	7,106,763	70.03
70.04	CARDIAC REHAB SERVICES	7,230	297	1	25	150,583	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		3,563	86,791	2,755	122,392	71
71.01	COST OF SOLUTIONS			77,706	1,728	79,434	71.01
72	IMPL. DEV. CHARGED TO PATIENT			159,012	4,747	163,759	72
73	DRUGS CHARGED TO PATIENTS			200,804	5,214	19,752,870	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		758	297	20	306,293	90
90.01	ANTICOAG CLINIC	20,657	6,018	38	84	1,063,159	90.01
91	EMERGENCY	448,250	45,134	55,964	3,385	11,750,006	91
91.01	PARTIAL HOSPITALIZATION				6	10,346	91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	149,761	25,452	111	516	9,198,303	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		37,559			8,758,467	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE					6,775,772	116
118	SUBTOTALS (SUM OF LINES 1-117)	10,152,767	2,860,403	1,870,392	58,575	423,458,915	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,427	20,888			546,598	190
194	NON ALLOWABLE					8,293	194
194.01	TELEVISION	4,131	33			129,658	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC					762,828	194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	4,131	1,071			887,260	194.05
194.06	STUCKY RESEARCH CTR	27,887	377			1,070,145	194.06
194.07	OCCUPATIONAL HEALTH					13,571	194.07
194.08	FOUNDATION					22,246	194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES		142			56,160	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	49,576	1,000			1,929,210	194.15
194.16	FITNESS					176,156	194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR		125			36,968	194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM					32,090	194.21
194.22	EBT	6,197	415			587,840	194.22
194.23	MEDICAL OFFICE BUILDINGS	13,427	3,558			1,004,813	194.23
194.24	START-UP COSTS ORTHO					10,683	194.24
194.25	PREMIER SURGERY CENTER					13,625,107	194.25
194.26	ISH					29	194.26
194.27	MCHA BRYAN HOPD					6,686	194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	10,271,543	2,888,012	1,870,392	58,575	444,365,256	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	
		5.07	5.08	7	7.01	8	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G	90,953,915					5.07
5.08	CAREW MEDICAL PARK ADMIN	96,701	472,444				5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	1,483,669		7,248,623			7
7.01	FACILITY ENGINEERING	1,164,770		161,720	5,852,331		7.01
8	LAUNDRY & LINEN SERVICE	453,089		15,062	12,439	2,241,117	8
9	HOUSEKEEPING	1,345,948		91,901	75,891		9
10	DIETARY	549,834		249,111	205,715		10
10.01	KITCHEN-NO CONNECT W/CAFE	474,230					10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	872,112		3,739	3,088		13
14	CENTRAL SERVICES & SUPPLY	258,867		162,620	134,291	140,935	14
15	PHARMACY	2,821,632		75,534	62,375		15
15.01	OUTPATIENT PHARMACY	2,214,791		6,677	5,514		15.01
15.02	IV SOLUTIONS	609,520		3,006	2,483		15.02
15.03	MED SURG SUPPLY	11,383,356					15.03
16	MEDICAL RECORDS & LIBRARY	940,729		120,912	99,849		16
17	SOCIAL SERVICE	865,655		7,485	6,181		17
17.01	REHAB ADMIN	182,125		2,213	1,827		17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD	669,799					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)	21,228		2,030	1,676		23
23.01	PARAMED ED RADIOLOGY	2,041		7,340	6,062		23.01
23.02	PARAMED ED PHARMACY	50,158		2,289	1,890		23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	11,526,702		1,519,800	1,255,045	891,455	30
31	INTENSIVE CARE UNIT	2,279,678		157,668	130,201	103,035	31
31.01	PEDIATRIC ICU	321,969		29,011	23,957	11,574	31.01
31.02	NEONATAL ICU	794,838		168,488	139,136	24,283	31.02
32	CORONARY CARE UNIT	2,303,724		124,964	103,194	104,169	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	1,965,172		279,946	231,178	65,815	40
41	SUBPROVIDER - IRF	564,313		164,322	135,696	33,815	41
43	NURSERY	588,920		31,750	26,219		43
44	SKILLED NURSING FACILITY	727,021		86,644	71,550	59,914	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,457,061		596,014	492,185	167,261	50
50.01	CAREW MEDICAL PARK SURG	303,676	130,429	123,361	101,871	4,539	50.01
51	RECOVERY ROOM	995,061		218,566	180,491	13,844	51
52	DELIVERY ROOM & LABOR ROOM	85,283		203,374	167,945		52
53	ANESTHESIOLOGY	90,236		2,526	2,086		53
54	RADIOLOGY-DIAGNOSTIC	3,280,359		231,180	190,907	115,063	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	64,055		26,409	21,808		54.05
54.06	RADIOLOGY - CMP	177,530	97,543	40,869	33,749	13,844	54.06
54.07	RADIOLOGY - WP	46,339					54.07
54.08	RADIOLOGY - PULM CLINIC	36,696	17,728	21,495	17,750		54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,023,952		240,244	198,393	10,213	55
56	RADIOISOTOPE	172,125		28,942	23,900	22,468	56
60	LABORATORY	2,980,432	122,826	227,242	187,656	227	60
60.01	ANATOMICAL PATHOLOGY	431,557		38,580	31,859		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	829,488					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	1					64
65	RESPIRATORY THERAPY	1,711,480		82,119	67,813	3,858	65

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	
		5.07	5.08	7	7.01	8	
65.01	WOUND CARE	334,938		13,201	10,901	2,043	65.01
65.02	DIALYSIS	323,283		10,423	8,607	8,170	65.02
65.03	ENDOSCOPY	518,606		33,734	27,858	30,184	65.03
66	PHYSICAL THERAPY	858,378		107,757	88,985	8,170	66
66.01	TRANSITIONAL THERAPY	5,481		14,124	11,663		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	381,447		28,622	23,636		67
68	SPEECH PATHOLOGY	178,987		22,166	18,305		68
68.01	NEURO REHAB	219,906					68.01
69	ELECTROCARDIOLOGY	178,678					69
70	ELECTROENCEPHALOGRAPHY	77,200		18,107	14,953		70
70.01	NUTRITION SUPPORT	154,125		1,892	1,563		70.01
70.02	MRI	334,816		148,977	123,024	2,269	70.02
70.03	CARDIAC CATH LAB	1,828,997		326,606	269,710	22,241	70.03
70.04	CARDIAC REHAB SERVICES	38,754		35,688	29,471	7,943	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	31,499		13,681	11,298	3,858	71
71.01	COST OF SOLUTIONS	20,443					71.01
72	IMPL. DEV. CHARGED TO PATIENT	42,145					72
73	DRUGS CHARGED TO PATIENTS	5,083,599					73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	78,828		12,064	9,962		90
90.01	ANTICOAG CLINIC	273,615	103,918	16,077	13,277		90.01
91	EMERGENCY	3,023,982		281,571	232,520	367,884	91
91.01	PARTIAL HOSPITALIZATION	2,663		7,478	6,175		91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	2,367,275		15,726	12,987		95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	2,254,079		128,573	106,175		101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	1,743,813					116
118	SUBTOTALS (SUM OF LINES 1-117)	85,573,459	472,444	6,791,620	5,474,940	2,239,074	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	140,672		18,748	15,482		190
194	NON ALLOWABLE	2,134					194
194.01	TELEVISION	33,369		3,357	2,773		194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC	196,321		18,939	15,640		194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	228,345		115,327	95,236		194.05
194.06	STUCKY RESEARCH CTR	275,413		35,199	29,067		194.06
194.07	OCCUPATIONAL HEALTH	3,493					194.07
194.08	FOUNDATION	5,725		16,405	13,548		194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES	14,453		11,759	9,710		194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	496,501		15,864	13,100		194.15
194.16	FITNESS	45,336					194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR	9,514					194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM	8,259		22,540	18,614	2,043	194.21
194.22	EBT	151,287		7,959	6,572		194.22
194.23	MEDICAL OFFICE BUILDINGS	258,599		55,458	45,797		194.23
194.24	START-UP COSTS ORTHO	2,749					194.24
194.25	PREMIER SURGERY CENTER	3,506,558		135,448	111,852		194.25
194.26	ISH	7					194.26
194.27	MCHA BRYAN HOPD	1,721					194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	90,953,915	472,444	7,248,623	5,852,331	2,241,117	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	PREADMITS AND ER	CAFETERIA	
		9	10	10.01	10.03	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING	6,743,567					9
10	DIETARY	240,675	3,381,773				10
10.01	KITCHEN-NO CONNECT W/CAFE			2,316,901			10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER		111,400	43,729	155,129		10.03
11	CAFETERIA		1,107,494			1,107,494	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,612				15,664	13
14	CENTRAL SERVICES & SUPPLY	157,113				60	14
15	PHARMACY	72,976				53,424	15
15.01	OUTPATIENT PHARMACY	6,451				4,169	15.01
15.02	IV SOLUTIONS	2,905				7,504	15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY	116,817					16
17	SOCIAL SERVICE	7,232				19,893	17
17.01	REHAB ADMIN	2,138				4,110	17.01
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)	1,961					23
23.01	PARAMED ED RADIOLOGY	7,092					23.01
23.02	PARAMED ED PHARMACY	2,212					23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	1,468,331	1,288,090	1,353,773	155,129	303,691	30
31	INTENSIVE CARE UNIT	152,328	46,513	48,885		53,245	31
31.01	PEDIATRIC ICU	28,028	1,288	1,354		6,432	31.01
31.02	NEONATAL ICU	162,782					31.02
32	CORONARY CARE UNIT	120,732	67,427	70,865		60,154	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	270,465	559,134	587,647		57,474	40
41	SUBPROVIDER - IRF	158,757	72,094	75,771		15,843	41
43	NURSERY	30,675				35,557	43
44	SKILLED NURSING FACILITY	83,710	128,333	134,877		23,228	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	575,830				81,953	50
50.01	CAREW MEDICAL PARK SURG	119,184					50.01
51	RECOVERY ROOM	211,165				18,165	51
52	DELIVERY ROOM & LABOR ROOM	196,487				4,169	52
53	ANESTHESIOLOGY	2,440					53
54	RADIOLOGY-DIAGNOSTIC	223,351				46,634	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	25,515					54.05
54.06	RADIOLOGY - CMP	39,485					54.06
54.07	RADIOLOGY - WP						54.07
54.08	RADIOLOGY - PULM CLINIC	20,767					54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	232,109					55
56	RADIOISOTOPE	27,962				3,037	56
60	LABORATORY	219,547				55,866	60
60.01	ANATOMICAL PATHOLOGY	37,273				5,062	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	79,338				40,798	65

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	PREADMITS AND ER	CAFETERIA	
		9	10	10.01	10.03	11	
65.01	WOUND CARE	12,754				2,442	65.01
65.02	DIALYSIS	10,070				893	65.02
65.03	ENDOSCOPY	32,592				8,755	65.03
66	PHYSICAL THERAPY	104,108				18,523	66
66.01	TRANSITIONAL THERAPY	13,646					66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	27,653				10,125	67
68	SPEECH PATHOLOGY	21,416				3,990	68
68.01	NEURO REHAB						68.01
69	ELECTROCARDIOLOGY					4,586	69
70	ELECTROENCEPHALOGRAPHY	17,494				1,608	70
70.01	NUTRITION SUPPORT	1,828				4,050	70.01
70.02	MRI	143,932				3,693	70.02
70.03	CARDIAC CATH LAB	315,545				31,745	70.03
70.04	CARDIAC REHAB SERVICES	34,479				1,072	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	13,218					71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	11,655					90
90.01	ANTICOAG CLINIC	15,533					90.01
91	EMERGENCY	272,036				63,311	91
91.01	PARTIAL HOSPITALIZATION	7,225					91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	15,194				23,109	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	124,219				655	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	6,302,042	3,381,773	2,316,901	155,129	1,094,689	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,113				1,787	190
194	NON ALLOWABLE						194
194.01	TELEVISION	3,244				536	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC	18,297					194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	111,421				655	194.05
194.06	STUCKY RESEARCH CTR	34,007					194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION	15,850					194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES	11,360					194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	15,326				7,683	194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM	21,777					194.21
194.22	EBT	7,689					194.22
194.23	MEDICAL OFFICE BUILDINGS	53,580				2,144	194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER	130,861					194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	6,743,567	3,381,773	2,316,901	155,129	1,107,494	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	OUTPATIENT PHARMACY 15.01	IV SOLUTIONS 15.02	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	4,286,901					13
14	CENTRAL SERVICES & SUPPLY		1,859,740				14
15	PHARMACY		22	14,049,718			15
15.01	OUTPATIENT PHARMACY		4	4,027,731	14,871,146		15.01
15.02	IV SOLUTIONS	56,389	20,784	49		3,070,994	15.02
15.03	MED SURG SUPPLY		1,323,280				15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN			4			17.01
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
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	1,587,394	164,050	3,957			30
31	INTENSIVE CARE UNIT	379,954	36,004	54			31
31.01	PEDIATRIC ICU	48,333	2,774	1			31.01
31.02	NEONATAL ICU		1,605	28			31.02
32	CORONARY CARE UNIT	452,006	38,095	29			32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF		4,240	5			40
41	SUBPROVIDER - IRF		4,273	12			41
43	NURSERY	267,176					43
44	SKILLED NURSING FACILITY		11,495	53			44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	516,003	133,397	7,470			50
50.01	CAREW MEDICAL PARK SURG		234	12			50.01
51	RECOVERY ROOM	136,497	18,544	12			51
52	DELIVERY ROOM & LABOR ROOM	31,327					52
53	ANESTHESIOLOGY		5,635				53
54	RADIOLOGY-DIAGNOSTIC	66,682	7,949	75			54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		9				54.05
54.06	RADIOLOGY - CMP		580				54.06
54.07	RADIOLOGY - WP		2				54.07
54.08	RADIOLOGY - PULM CLINIC	4,923	6	95			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	119,043					55
56	RADIOISOTOPE		835	171			56
60	LABORATORY	2,238	255	80			60
60.01	ANATOMICAL PATHOLOGY		1,271	13			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY		1,259	651			65

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	
		13	14	15	15.01	15.02	
65.01	WOUND CARE	18,349	1,572	3			65.01
65.02	DIALYSIS	6,713	1,579	42			65.02
65.03	ENDOSCOPY		14,983	62			65.03
66	PHYSICAL THERAPY		441	240			66
66.01	TRANSITIONAL THERAPY						66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY		13				67
68	SPEECH PATHOLOGY		11				68
68.01	NEURO REHAB		22	340			68.01
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY		65				70
70.01	NUTRITION SUPPORT		6				70.01
70.02	MRI		789	84			70.02
70.03	CARDIAC CATH LAB	70,262	6,251	35			70.03
70.04	CARDIAC REHAB SERVICES		52				70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		368				71
71.01	COST OF SOLUTIONS					3,070,994	71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS			9,438,198	14,871,146		73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		37	39			90
90.01	ANTICOAG CLINIC			36			90.01
91	EMERGENCY	444,846	55,111	2,310			91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		1,042	2,606			95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	4,923	707	564,715			101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	4,213,058	1,859,651	14,049,212	14,871,146	3,070,994	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	NON ALLOWABLE						194
194.01	TELEVISION		2				194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR						194.05
194.06	STUCKY RESEARCH CTR		19				194.06
194.07	OCCUPATIONAL HEALTH			139			194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	57,732	61	282			194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT		7				194.22
194.23	MEDICAL OFFICE BUILDINGS	16,111					194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER			85			194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,286,901	1,859,740	14,049,718	14,871,146	3,070,994	202

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	
		15.03	16	17	17.01	21	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY	56,937,890					15.03
16	MEDICAL RECORDS & LIBRARY		4,933,610				16
17	SOCIAL SERVICE			4,270,040			17
17.01	REHAB ADMIN				900,083		17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD					3,272,377	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		955,731	2,586,364	37,443	1,640,443	30
31	INTENSIVE CARE UNIT		100,233	519,664		415,592	31
31.01	PEDIATRIC ICU		13,545	37,149			31.01
31.02	NEONATAL ICU		44,969	148,597			31.02
32	CORONARY CARE UNIT		91,022	359,110		151,838	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF		5,960				40
41	SUBPROVIDER - IRF		74,768		108,100	214,668	41
43	NURSERY		27,090			176,054	43
44	SKILLED NURSING FACILITY		117,570				44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		542			154,129	50
50.01	CAREW MEDICAL PARK SURG						50.01
51	RECOVERY ROOM		87,771				51
52	DELIVERY ROOM & LABOR ROOM		11,378			15,380	52
53	ANESTHESIOLOGY		27,090				53
54	RADIOLOGY-DIAGNOSTIC		1,094,430				54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		7,585				54.05
54.06	RADIOLOGY - CMP		89,397				54.06
54.07	RADIOLOGY - WP		4,876				54.07
54.08	RADIOLOGY - PULM CLINIC		542				54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE		47,678				56
60	LABORATORY		227,013				60
60.01	ANATOMICAL PATHOLOGY		56,347				60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		7,585				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY		101,316			1,636	65

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	
		15.03	16	17	17.01	21	
65.01	WOUND CARE		6,502				65.01
65.02	DIALYSIS		2,167				65.02
65.03	ENDOSCOPY		168,499				65.03
66	PHYSICAL THERAPY		31,966		150,314		66
66.01	TRANSITIONAL THERAPY				293,697		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY		542		138,973		67
68	SPEECH PATHOLOGY		2,167		138,973		68
68.01	NEURO REHAB		21,672		32,583		68.01
69	ELECTROCARDIOLOGY		40,635				69
70	ELECTROENCEPHALOGRAPHY		7,043				70
70.01	NUTRITION SUPPORT		542				70.01
70.02	MRI		100,233				70.02
70.03	CARDIAC CATH LAB		761,768				70.03
70.04	CARDIAC REHAB SERVICES		5,960				70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	8,216,138					71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT	48,721,752					72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		3,251				90
90.01	ANTICOAG CLINIC		20,047				90.01
91	EMERGENCY			619,156		502,637	91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		111,610				95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		238,391				101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	56,937,890	4,717,433	4,270,040	900,083	3,272,377	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	NON ALLOWABLE						194
194.01	TELEVISION						194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR						194.05
194.06	STUCKY RESEARCH CTR						194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT		2,709				194.22
194.23	MEDICAL OFFICE BUILDINGS						194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER		213,468				194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	56,937,890	4,933,610	4,270,040	900,083	3,272,377	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		23	23.01	23.02	24	25	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN						17.01
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)	109,378					23
23.01	PARAMED ED RADIOLOGY		30,464				23.01
23.02	PARAMED ED PHARMACY			251,443			23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS			99	71,525,878	-1,640,443	30
31	INTENSIVE CARE UNIT			1	13,280,989	-415,592	31
31.01	PEDIATRIC ICU				1,776,462		31.01
31.02	NEONATAL ICU			1	4,573,156		31.02
32	CORONARY CARE UNIT			1	12,998,698	-151,838	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF				11,662,923		40
41	SUBPROVIDER - IRF				3,815,131	-214,668	41
43	NURSERY				3,471,753	-176,054	43
44	SKILLED NURSING FACILITY			1	4,269,313		44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM			187	24,500,421	-154,129	50
50.01	CAREW MEDICAL PARK SURG				1,963,273		50.01
51	RECOVERY ROOM				5,746,533		51
52	DELIVERY ROOM & LABOR ROOM				1,046,718	-15,380	52
53	ANESTHESIOLOGY				480,633		53
54	RADIOLOGY-DIAGNOSTIC		30,464	2	18,033,283		54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP				394,272		54.05
54.06	RADIOLOGY - CMP				1,182,808		54.06
54.07	RADIOLOGY - WP				231,273		54.07
54.08	RADIOLOGY - PULM CLINIC			2	262,589		54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC				10,688,238		55
56	RADIOISOTOPE			4	995,932		56
60	LABORATORY	109,378		2	15,713,551		60
60.01	ANATOMICAL PATHOLOGY				2,278,824		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS				4,060,137		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY				5		64
65	RESPIRATORY THERAPY			16	8,740,424	-1,636	65

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		23	23.01	23.02	24	25	
65.01	WOUND CARE				1,704,142		65.01
65.02	DIALYSIS			1	1,628,097		65.02
65.03	ENDOSCOPY			2	2,850,373		65.03
66	PHYSICAL THERAPY			6	4,704,208		66
66.01	TRANSITIONAL THERAPY				359,909		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY				2,093,166		67
68	SPEECH PATHOLOGY				1,081,490		68
68.01	NEURO REHAB			9	1,128,999		68.01
69	ELECTROCARDIOLOGY				918,170		69
70	ELECTROENCEPHALOGRAPHY				436,438		70
70.01	NUTRITION SUPPORT				762,874		70.01
70.02	MRI			2	2,158,781		70.02
70.03	CARDIAC CATH LAB			1	10,739,924		70.03
70.04	CARDIAC REHAB SERVICES				304,002		70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS				8,412,452		71
71.01	COST OF SOLUTIONS				3,170,871		71.01
72	IMPL. DEV. CHARGED TO PATIENT				48,927,656		72
73	DRUGS CHARGED TO PATIENTS			236,801	49,382,614		73
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	422,130		90
90.01	ANTICOAG CLINIC			1	1,505,663		90.01
91	EMERGENCY			58	17,615,428	-502,637	91
91.01	PARTIAL HOSPITALIZATION				33,887		91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES			65	11,747,917		95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY			14,168	12,195,072		101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE				8,519,585		116
118	SUBTOTALS (SUM OF LINES 1-117)	109,378	30,464	251,431	416,497,065	-3,272,377	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				741,400		190
194	NON ALLOWABLE				10,427		194
194.01	TELEVISION				172,939		194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC				1,012,025		194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR				1,438,244		194.05
194.06	STUCKY RESEARCH CTR				1,443,850		194.06
194.07	OCCUPATIONAL HEALTH			3	17,206		194.07
194.08	FOUNDATION				73,774		194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES				103,442		194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH			7	2,535,766		194.15
194.16	FITNESS				221,492		194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR				46,482		194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM				105,323		194.21
194.22	EBT				764,063		194.22
194.23	MEDICAL OFFICE BUILDINGS				1,436,502		194.23
194.24	START-UP COSTS ORTHO				13,432		194.24
194.25	PREMIER SURGERY CENTER			2	17,723,381		194.25
194.26	ISH				36		194.26
194.27	MCHA BRYAN HOPD				8,407		194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	109,378	30,464	251,443	444,365,256	-3,272,377	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	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 PROCESSIN		5.02
5.03	MATERIALS MANAGEMENT		5.03
5.04	PATIENT SERVICES		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	AMBULATORY SVCS ADMIN		5.06
5.07	OTHER A&G		5.07
5.08	CAREW MEDICAL PARK ADMIN		5.08
5.09	CRITICAL CARE ADMIN		5.09
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	FACILITY ENGINEERING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
10.01	KITCHEN-NO CONNECT W/CAFE		10.01
10.02	CAFETERIA		10.02
10.03	PREADMITS AND ER		10.03
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
15.01	OUTPATIENT PHARMACY		15.01
15.02	IV SOLUTIONS		15.02
15.03	MED SURG SUPPLY		15.03
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
17.01	REHAB ADMIN		17.01
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
23.01	PARAMED ED RADIOLOGY		23.01
23.02	PARAMED ED PHARMACY		23.02
	INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	69,885,435	30
31	INTENSIVE CARE UNIT	12,865,397	31
31.01	PEDIATRIC ICU	1,776,462	31.01
31.02	NEONATAL ICU	4,573,156	31.02
32	CORONARY CARE UNIT	12,846,860	32
34	SURGICAL INTENSIVE CARE UNIT		34
40	SUBPROVIDER - IPF	11,662,923	40
41	SUBPROVIDER - IRF	3,600,463	41
43	NURSERY	3,295,699	43
44	SKILLED NURSING FACILITY	4,269,313	44
	ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	24,346,292	50
50.01	CAREW MEDICAL PARK SURG	1,963,273	50.01
51	RECOVERY ROOM	5,746,533	51
52	DELIVERY ROOM & LABOR ROOM	1,031,338	52
53	ANESTHESIOLOGY	480,633	53
54	RADIOLOGY-DIAGNOSTIC	18,033,283	54
54.01	RADIOLOGY - WABASH		54.01
54.02	RADIOLOGY - MANCHESTER		54.02
54.03	RADIOLOGY - EAST STATE		54.03
54.04	RADIOLOGY - JEFFERSON		54.04
54.05	RADIOLOGY - NHMP	394,272	54.05
54.06	RADIOLOGY - CMP	1,182,808	54.06
54.07	RADIOLOGY - WP	231,273	54.07
54.08	RADIOLOGY - PULM CLINIC	262,589	54.08
54.09	RADIOLOGY - WHITLEY POOL		54.09
55	RADIOLOGY-THERAPEUTIC	10,688,238	55
56	RADIOISOTOPE	995,932	56
60	LABORATORY	15,713,551	60
60.01	ANATOMICAL PATHOLOGY	2,278,824	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,060,137	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
64	INTRAVENOUS THERAPY	5	64
65	RESPIRATORY THERAPY	8,738,788	65

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	TOTAL 26	
65.01	WOUND CARE	1,704,142	65.01
65.02	DIALYSIS	1,628,097	65.02
65.03	ENDOSCOPY	2,850,373	65.03
66	PHYSICAL THERAPY	4,704,208	66
66.01	TRANSITIONAL THERAPY	359,909	66.01
66.02	PV REHAB OUTREACH		66.02
67	OCCUPATIONAL THERAPY	2,093,166	67
68	SPEECH PATHOLOGY	1,081,490	68
68.01	NEURO REHAB	1,128,999	68.01
69	ELECTROCARDIOLOGY	918,170	69
70	ELECTROENCEPHALOGRAPHY	436,438	70
70.01	NUTRITION SUPPORT	762,874	70.01
70.02	MRI	2,158,781	70.02
70.03	CARDIAC CATH LAB	10,739,924	70.03
70.04	CARDIAC REHAB SERVICES	304,002	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	8,412,452	71
71.01	COST OF SOLUTIONS	3,170,871	71.01
72	IMPL. DEV. CHARGED TO PATIENT	48,927,656	72
73	DRUGS CHARGED TO PATIENTS	49,382,614	73
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
	OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	422,130	90
90.01	ANTICOAG CLINIC	1,505,663	90.01
91	EMERGENCY	17,112,791	91
91.01	PARTIAL HOSPITALIZATION	33,887	91.01
92	OBSERVATION BEDS		92
	OTHER REIMBURSABLE COST CENTERS		
95	AMBULANCE SERVICES	11,747,917	95
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	12,195,072	101
	SPECIAL PURPOSE COST CENTERS		
116	HOSPICE	8,519,585	116
118	SUBTOTALS (SUM OF LINES 1-117)	413,224,688	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	741,400	190
194	NON ALLOWABLE	10,427	194
194.01	TELEVISION	172,939	194.01
194.02	PHYSICIAN PRACTICES		194.02
194.03	OP CLINIC	1,012,025	194.03
194.04	PHYS. ANSWERING SERVICE		194.04
194.05	EDUCARE CTR	1,438,244	194.05
194.06	STUCKY RESEARCH CTR	1,443,850	194.06
194.07	OCCUPATIONAL HEALTH	17,206	194.07
194.08	FOUNDATION	73,774	194.08
194.09	LV HEALTH PLAN		194.09
194.10	PV RESPIRATORY OUTREACH		194.10
194.11	OUTREACH TRANSCRIPTION		194.11
194.12	GUEST SERVICES		194.12
194.13	HUNTINGTON ARC		194.13
194.14	SENIOR HEALTH SERVICES	103,442	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	2,535,766	194.15
194.16	FITNESS	221,492	194.16
194.17	NONALLOWABLE ADVERTISING		194.17
194.18	BREAST DIAGNOSTIC CTR	46,482	194.18
194.19	REGIONAL PAIN CLINIC		194.19
194.20	START-UP COSTS NORTH		194.20
194.21	RONALD MCDONALD FAMILY ROOM	105,323	194.21
194.22	EBT	764,063	194.22
194.23	MEDICAL OFFICE BUILDINGS	1,436,502	194.23
194.24	START-UP COSTS ORTHO	13,432	194.24
194.25	PREMIER SURGERY CENTER	17,723,381	194.25
194.26	ISH	36	194.26
194.27	MCHA BRYAN HOPD	8,407	194.27
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	441,092,879	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS		266,772	454,455	721,227	721,227	4
5.01	COMMUNICATIONS			27,507	27,507		5.01
5.02	DATA PROCESSIN		451,975	9,537,591	9,989,566		5.02
5.03	MATERIALS MANAGEMENT		84,223	337,462	421,685	5,559	5.03
5.04	PATIENT SERVICES		49,373	11,027	60,400	4,376	5.04
5.05	PATIENT ACCOUNTING		18,348	13,587	31,935		5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G		452,725	3,178,792	3,631,517	153,418	5.07
5.08	CAREW MEDICAL PARK ADMIN		14,408	509	14,917		5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT		1,272,980	25,685	1,298,665	1,117	7
7.01	FACILITY ENGINEERING		174,694		174,694	11,950	7.01
8	LAUNDRY & LINEN SERVICE		16,271		16,271	680	8
9	HOUSEKEEPING		99,274	18,384	117,658	10,971	9
10	DIETARY		269,096	67,311	336,407	7,278	10
10.01	KITCHEN-NO CONNECT W/CAFE					5,829	10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		4,039	3,854	7,893	9,081	13
14	CENTRAL SERVICES & SUPPLY		175,666	645,909	821,575	8	14
15	PHARMACY		81,594	1,148,998	1,230,592	28,673	15
15.01	OUTPATIENT PHARMACY		7,212		7,212	2,166	15.01
15.02	IV SOLUTIONS		3,248	7,209	10,457	1,861	15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY		130,612	10,470	141,082	8,120	16
17	SOCIAL SERVICE		8,086	456	8,542	8,519	17
17.01	REHAB ADMIN		2,390	405	2,795	1,891	17.01
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)		2,193		2,193	247	23
23.01	PARAMED ED RADIOLOGY		7,929		7,929		23.01
23.02	PARAMED ED PHARMACY		2,473		2,473	609	23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		1,641,731	736,035	2,377,766	108,664	30
31	INTENSIVE CARE UNIT		170,317	282,247	452,564	21,042	31
31.01	PEDIATRIC ICU		31,338	31,333	62,671	3,095	31.01
31.02	NEONATAL ICU		182,005		182,005	8,027	31.02
32	CORONARY CARE UNIT		134,989	190,058	325,047	23,790	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF		302,405	25,186	327,591	19,615	40
41	SUBPROVIDER - IRF		177,505	25,095	202,600	5,576	41
43	NURSERY		34,297	195,653	229,950	6,393	43
44	SKILLED NURSING FACILITY		93,595	2,927	96,522	7,699	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		643,830	1,590,241	2,234,071	27,708	50
50.01	CAREW MEDICAL PARK SURG		133,258	112,636	245,894	1,862	50.01
51	RECOVERY ROOM		236,101	67,671	303,772	8,617	51
52	DELIVERY ROOM & LABOR ROOM		219,690		219,690	129	52
53	ANESTHESIOLOGY		2,728	118,662	121,390		53
54	RADIOLOGY-DIAGNOSTIC		249,726	1,477,323	1,727,049	23,347	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		28,528		28,528	638	54.05
54.06	RADIOLOGY - CMP		44,147	18,274	62,421	1,089	54.06
54.07	RADIOLOGY - WP			979	979	447	54.07
54.08	RADIOLOGY - PULM CLINIC		23,219	3,227	26,446	254	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC		259,519	2,044,205	2,303,724	8,502	55
56	RADIOISOTOPE		31,264	63,980	95,244	1,346	56
60	LABORATORY		245,473	587,312	832,785	44,495	60
60.01	ANATOMICAL PATHOLOGY		41,675	20,061	61,736	1,878	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS					2,024	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY		88,707	251,451	340,158	16,816	65

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
65.01	WOUND CARE		14,260	9,254	23,514	1,074	65.01
65.02	DIALYSIS		11,259	1,071	12,330	172	65.02
65.03	ENDOSCOPY		36,441	77,730	114,171	3,562	65.03
66	PHYSICAL THERAPY		116,402	15,310	131,712	9,390	66
66.01	TRANSITIONAL THERAPY		15,257		15,257		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY		30,918	1,123	32,041	4,279	67
68	SPEECH PATHOLOGY		23,945	9,376	33,321	1,935	68
68.01	NEURO REHAB			4,443	4,443	2,079	68.01
69	ELECTROCARDIOLOGY					1,656	69
70	ELECTROENCEPHALOGRAPHY		19,560	33,384	52,944	647	70
70.01	NUTRITION SUPPORT		2,044	267	2,311	1,573	70.01
70.02	MRI		160,929	281,713	442,642	1,752	70.02
70.03	CARDIAC CATH LAB		352,808	309,374	662,182	13,187	70.03
70.04	CARDIAC REHAB SERVICES		38,551	5,524	44,075	320	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		14,779	14,504	29,283		71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		13,032	630	13,662		90
90.01	ANTICOAG CLINIC		17,367	1,404	18,771	2,511	90.01
91	EMERGENCY		304,160	191,264	495,424	23,648	91
91.01	PARTIAL HOSPITALIZATION		8,078		8,078		91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		16,988	85,005	101,993	8,864	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		138,888	35,994	174,882	14,927	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE					11,637	116
118	SUBTOTALS (SUM OF LINES 1-117)		9,947,294	24,411,537	34,358,831	708,619	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		20,252	3,670	23,922	295	190
194	NON ALLOWABLE						194
194.01	TELEVISION		3,627	5,486	9,113	155	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC		20,458	47,654	68,112		194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR		124,579	616	125,195	233	194.05
194.06	STUCKY RESEARCH CTR		38,023	7	38,030	2,383	194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION		17,722		17,722		194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES		12,702	183	12,885		194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH		17,136	258	17,394	2,397	194.15
194.16	FITNESS					510	194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR			18,669	18,669	2	194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM		24,349	4,365	28,714		194.21
194.22	EBT		8,597	296	8,893	391	194.22
194.23	MEDICAL OFFICE BUILDINGS		59,907	33,378	93,285	837	194.23
194.24	START-UP COSTS ORTHO			10,683	10,683		194.24
194.25	PREMIER SURGERY CENTER		146,315	423	146,738	5,388	194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD					17	194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)		10,440,961	24,537,225	34,978,186	721,227	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	COMMUN-CATIONS	DATA PROCESSING	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	
		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	27,507					5.01
5.02	DATA PROCESSIN	4,439	9,994,005				5.02
5.03	MATERIALS MANAGEMENT	131		427,375			5.03
5.04	PATIENT SERVICES	712	69,340	115	134,943		5.04
5.05	PATIENT ACCOUNTING	419				32,354	5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G	2,714	198,976	2,893			5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	162	28,138	1,063			7
7.01	FACILITY ENGINEERING	740	226,109	2,557			7.01
8	LAUNDRY & LINEN SERVICE	392	22,108	3,153			8
9	HOUSEKEEPING	202	439,153	4,871			9
10	DIETARY	269	447,193	3,499			10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	71	106,522	111			13
14	CENTRAL SERVICES & SUPPLY	210		632			14
15	PHARMACY	502	353,735	3,888			15
15.01	OUTPATIENT PHARMACY	4	29,143	373			15.01
15.02	IV SOLUTIONS		47,232	2,647			15.02
15.03	MED SURG SUPPLY			171,153			15.03
16	MEDICAL RECORDS & LIBRARY	40					16
17	SOCIAL SERVICE	233	128,631	68			17
17.01	REHAB ADMIN	71	26,128	73			17.01
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
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	4,628	2,245,003	21,779	22,689	3,579	30
31	INTENSIVE CARE UNIT	514	334,641	3,705	3,950	541	31
31.01	PEDIATRIC ICU	63	40,197	258	357	49	31.01
31.02	NEONATAL ICU	562	170,838	777	1,894	259	31.02
32	CORONARY CARE UNIT	400	377,853	4,134	5,005	685	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	447	518,543	958	3,846	527	40
41	SUBPROVIDER - IRF	237	99,488	390	1,114	152	41
43	NURSERY	4			710	97	43
44	SKILLED NURSING FACILITY	249	145,715	887	991	136	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	744	587,883	58,729	13,409	2,855	50
50.01	CAREW MEDICAL PARK SURG	107	29,143	2,200	50	152	50.01
51	RECOVERY ROOM	518	114,562	1,576	1,286	456	51
52	DELIVERY ROOM & LABOR ROOM	439	39,192	5	272	37	52
53	ANESTHESIOLOGY	32		1,978	764	164	53
54	RADIOLOGY-DIAGNOSTIC	827	387,902	30,368	10,704	4,645	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		10,049	18	2	19	54.05
54.06	RADIOLOGY - CMP	95	20,099	151	14	212	54.06
54.07	RADIOLOGY - WP		8,039	14		12	54.07
54.08	RADIOLOGY - PULM CLINIC	75	4,020	24		2	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	1,005	147,724	1,049	241	787	55
56	RADIOISOTOPE	40	19,094	5,109	356	137	56
60	LABORATORY	621	923,528	60,359	8,592	1,832	60
60.01	ANATOMICAL PATHOLOGY	83	32,158	3,779	525	215	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	12			642	106	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	411	275,350	5,341	5,212	918	65

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	COMMUN-CATIONS	DATA PROCESSING	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
65.01	WOUND CARE		15,074	210	623	98	65.01
65.02	DIALYSIS	20	6,030	114	466	68	65.02
65.03	ENDOSCOPY	83	55,271	1,886	733	463	65.03
66	PHYSICAL THERAPY	119	130,641	162	1,204	216	66
66.01	TRANSITIONAL THERAPY	40		19	67	9	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	44	70,345	79	688	99	67
68	SPEECH PATHOLOGY	32	25,123	2	403	60	68
68.01	NEURO REHAB	47	27,133	102		56	68.01
69	ELECTROCARDIOLOGY	40	29,143		604	199	69
70	ELECTROENCEPHALOGRAPHY	8	10,049	209	173	40	70
70.01	NUTRITION SUPPORT	63	25,123	604	18	3	70.01
70.02	MRI	71	23,113	138	857	311	70.02
70.03	CARDIAC CATH LAB	815	198,976	1,505	4,592	2,036	70.03
70.04	CARDIAC REHAB SERVICES	40	7,034	44		14	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS			527	6,261	1,508	71
71.01	COST OF SOLUTIONS				5,605	947	71.01
72	IMPL. DEV. CHARGED TO PATIENT				11,470	2,600	72
73	DRUGS CHARGED TO PATIENTS				14,485	2,855	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	44		112	21	11	90
90.01	ANTICOAG CLINIC	44	20,099	891	3	46	90.01
91	EMERGENCY	981	436,139	6,679	4,037	1,854	91
91.01	PARTIAL HOSPITALIZATION	36				4	91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	79	145,715	3,766	8	283	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	305		5,558			101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	26,335	9,878,437	423,291	134,943	32,354	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63	13,064	3,091			190
194	NON ALLOWABLE	131					194
194.01	TELEVISION	12	4,020	5			194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC	63					194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	4	4,020	158			194.05
194.06	STUCKY RESEARCH CTR	12	27,133	56			194.06
194.07	OCCUPATIONAL HEALTH	214					194.07
194.08	FOUNDATION	71					194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES	16		21			194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	24	48,237	148			194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR	107		18			194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT		6,030	61			194.22
194.23	MEDICAL OFFICE BUILDINGS	95	13,064	526			194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER	360					194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	27,507	9,994,005	427,375	134,943	32,354	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	
		5.07	5.08	7	7.01	8	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G	3,989,518					5.07
5.08	CAREW MEDICAL PARK ADMIN	4,242	19,159				5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	65,081		1,394,226			7
7.01	FACILITY ENGINEERING	51,092		31,106	498,248		7.01
8	LAUNDRY & LINEN SERVICE	19,875		2,897	1,059	66,435	8
9	HOUSEKEEPING	59,040		17,677	6,461		9
10	DIETARY	24,118		47,915	17,514		10
10.01	KITCHEN-NO CONNECT W/CAFE	20,802					10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	38,255		719	263		13
14	CENTRAL SERVICES & SUPPLY	11,355		31,279	11,433	4,178	14
15	PHARMACY	123,770		14,528	5,310		15
15.01	OUTPATIENT PHARMACY	97,151		1,284	469		15.01
15.02	IV SOLUTIONS	26,736		578	211		15.02
15.03	MED SURG SUPPLY	499,327					15.03
16	MEDICAL RECORDS & LIBRARY	41,265		23,257	8,501		16
17	SOCIAL SERVICE	37,972		1,440	526		17
17.01	REHAB ADMIN	7,989		426	156		17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD	29,381					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)	931		390	143		23
23.01	PARAMED ED RADIOLOGY	90		1,412	516		23.01
23.02	PARAMED ED PHARMACY	2,200		440	161		23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	505,469		292,323	106,850	26,428	30
31	INTENSIVE CARE UNIT	99,997		30,326	11,085	3,054	31
31.01	PEDIATRIC ICU	14,123		5,580	2,040	343	31.01
31.02	NEONATAL ICU	34,865		32,408	11,846	720	31.02
32	CORONARY CARE UNIT	101,052		24,036	8,786	3,088	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	86,202		53,846	19,682	1,951	40
41	SUBPROVIDER - IRF	24,753		31,606	11,553	1,002	41
43	NURSERY	25,833		6,107	2,232		43
44	SKILLED NURSING FACILITY	31,890		16,665	6,092	1,776	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	195,507		114,639	41,903	4,958	50
50.01	CAREW MEDICAL PARK SURG	13,321	5,289	23,728	8,673	135	50.01
51	RECOVERY ROOM	43,648		42,040	15,366	410	51
52	DELIVERY ROOM & LABOR ROOM	3,741		39,118	14,298		52
53	ANESTHESIOLOGY	3,958		486	178		53
54	RADIOLOGY-DIAGNOSTIC	143,892		44,466	16,253	3,411	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	2,810		5,080	1,857		54.05
54.06	RADIOLOGY - CMP	7,787	3,956	7,861	2,873	410	54.06
54.07	RADIOLOGY - WP	2,033					54.07
54.08	RADIOLOGY - PULM CLINIC	1,610	719	4,134	1,511		54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	88,780		46,209	16,891	303	55
56	RADIOISOTOPE	7,550		5,567	2,035	666	56
60	LABORATORY	130,736	4,981	43,709	15,976	7	60
60.01	ANATOMICAL PATHOLOGY	18,930		7,421	2,712		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,385					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	75,073		15,795	5,773	114	65

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	
		5.07	5.08	7	7.01	8	
65.01	WOUND CARE	14,692		2,539	928	61	65.01
65.02	DIALYSIS	14,181		2,005	733	242	65.02
65.03	ENDOSCOPY	22,748		6,489	2,372	895	65.03
66	PHYSICAL THERAPY	37,652		20,726	7,576	242	66
66.01	TRANSITIONAL THERAPY	240		2,717	993		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	16,732		5,505	2,012		67
68	SPEECH PATHOLOGY	7,851		4,264	1,558		68
68.01	NEURO REHAB	9,646					68.01
69	ELECTROCARDIOLOGY	7,838					69
70	ELECTROENCEPHALOGRAPHY	3,386		3,483	1,273		70
70.01	NUTRITION SUPPORT	6,761		364	133		70.01
70.02	MRI	14,687		28,655	10,474	67	70.02
70.03	CARDIAC CATH LAB	80,228		62,821	22,962	659	70.03
70.04	CARDIAC REHAB SERVICES	1,700		6,864	2,509	235	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,382		2,632	962	114	71
71.01	COST OF SOLUTIONS	897					71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,849					72
73	DRUGS CHARGED TO PATIENTS	222,990					73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	3,458		2,320	848		90
90.01	ANTICOAG CLINIC	12,002	4,214	3,092	1,130		90.01
91	EMERGENCY	132,646		54,158	19,796	10,905	91
91.01	PARTIAL HOSPITALIZATION	117		1,438	526		91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	103,840		3,025	1,106		95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	98,874		24,730	9,039		101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	76,492					116
118	SUBTOTALS (SUM OF LINES 1-117)	3,753,506	19,159	1,306,325	466,118	66,374	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,171		3,606	1,318		190
194	NON ALLOWABLE	94					194
194.01	TELEVISION	1,464		646	236		194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC	8,612		3,643	1,331		194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	10,016		22,182	8,108		194.05
194.06	STUCKY RESEARCH CTR	12,081		6,770	2,475		194.06
194.07	OCCUPATIONAL HEALTH	153					194.07
194.08	FOUNDATION	251		3,155	1,153		194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES	634		2,262	827		194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	21,779		3,051	1,115		194.15
194.16	FITNESS	1,989					194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR	417					194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM	362		4,335	1,585	61	194.21
194.22	EBT	6,636		1,531	560		194.22
194.23	MEDICAL OFFICE BUILDINGS	11,343		10,667	3,899		194.23
194.24	START-UP COSTS ORTHO	121					194.24
194.25	PREMIER SURGERY CENTER	153,814		26,053	9,523		194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD	75					194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	3,989,518	19,159	1,394,226	498,248	66,435	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	PREADMITS AND ER	CAFETERIA	
		9	10	10.01	10.03	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING	656,033					9
10	DIETARY	23,414	907,607				10
10.01	KITCHEN-NO CONNECT W/CAFE			26,631			10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER		29,898	503	30,401		10.03
11	CAFETERIA		297,231			297,231	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	351				4,204	13
14	CENTRAL SERVICES & SUPPLY	15,284				16	14
15	PHARMACY	7,099				14,338	15
15.01	OUTPATIENT PHARMACY	628				1,119	15.01
15.02	IV SOLUTIONS	283				2,014	15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY	11,364					16
17	SOCIAL SERVICE	704				5,339	17
17.01	REHAB ADMIN	208				1,103	17.01
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)	191					23
23.01	PARAMED ED RADIOLOGY	690					23.01
23.02	PARAMED ED PHARMACY	215					23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	142,845	345,700	15,559	30,401	81,504	30
31	INTENSIVE CARE UNIT	14,819	12,483	562		14,290	31
31.01	PEDIATRIC ICU	2,727	346	16		1,726	31.01
31.02	NEONATAL ICU	15,836					31.02
32	CORONARY CARE UNIT	11,745	18,096	815		16,144	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	26,312	150,062	6,755		15,425	40
41	SUBPROVIDER - IRF	15,444	19,349	871		4,252	41
43	NURSERY	2,984				9,543	43
44	SKILLED NURSING FACILITY	8,143	34,442	1,550		6,234	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	56,018				21,995	50
50.01	CAREW MEDICAL PARK SURG	11,595					50.01
51	RECOVERY ROOM	20,543				4,875	51
52	DELIVERY ROOM & LABOR ROOM	19,115				1,119	52
53	ANESTHESIOLOGY	237					53
54	RADIOLOGY-DIAGNOSTIC	21,728				12,516	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	2,482					54.05
54.06	RADIOLOGY - CMP	3,841					54.06
54.07	RADIOLOGY - WP						54.07
54.08	RADIOLOGY - PULM CLINIC	2,020					54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	22,580					55
56	RADIOISOTOPE	2,720				815	56
60	LABORATORY	21,358				14,993	60
60.01	ANATOMICAL PATHOLOGY	3,626				1,359	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	7,718				10,949	65

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	PREADMITS AND ER	CAFETERIA	
		9	10	10.01	10.03	11	
65.01	WOUND CARE	1,241				655	65.01
65.02	DIALYSIS	980				240	65.02
65.03	ENDOSCOPY	3,171				2,350	65.03
66	PHYSICAL THERAPY	10,128				4,971	66
66.01	TRANSITIONAL THERAPY	1,327					66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	2,690				2,717	67
68	SPEECH PATHOLOGY	2,083				1,071	68
68.01	NEURO REHAB						68.01
69	ELECTROCARDIOLOGY					1,231	69
70	ELECTROENCEPHALOGRAPHY	1,702				432	70
70.01	NUTRITION SUPPORT	178				1,087	70.01
70.02	MRI	14,002				991	70.02
70.03	CARDIAC CATH LAB	30,697				8,520	70.03
70.04	CARDIAC REHAB SERVICES	3,354				288	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,286					71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,134					90
90.01	ANTICOAG CLINIC	1,511					90.01
91	EMERGENCY	26,464				16,991	91
91.01	PARTIAL HOSPITALIZATION	703					91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	1,478				6,202	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	12,084				176	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	613,080	907,607	26,631	30,401	293,794	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,762				480	190
194	NON ALLOWABLE						194
194.01	TELEVISION	316				144	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC	1,780					194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	10,839				176	194.05
194.06	STUCKY RESEARCH CTR	3,308					194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION	1,542					194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES	1,105					194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	1,491				2,062	194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM	2,119					194.21
194.22	EBT	748					194.22
194.23	MEDICAL OFFICE BUILDINGS	5,212				575	194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER	12,731					194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	656,033	907,607	26,631	30,401	297,231	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	
		13	14	15	15.01	15.02	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	167,470					13
14	CENTRAL SERVICES & SUPPLY		895,970				14
15	PHARMACY		11	1,782,446			15
15.01	OUTPATIENT PHARMACY		2	510,988	650,539		15.01
15.02	IV SOLUTIONS	2,203	10,013	6		104,241	15.02
15.03	MED SURG SUPPLY		637,517				15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN			1			17.01
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
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	62,015	79,035	502			30
31	INTENSIVE CARE UNIT	14,843	17,345	7			31
31.01	PEDIATRIC ICU	1,888	1,336				31.01
31.02	NEONATAL ICU		773	4			31.02
32	CORONARY CARE UNIT	17,658	18,353	4			32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF		2,043	1			40
41	SUBPROVIDER - IRF		2,059	1			41
43	NURSERY	10,437					43
44	SKILLED NURSING FACILITY		5,538	7			44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	20,158	64,267	948			50
50.01	CAREW MEDICAL PARK SURG		113	2			50.01
51	RECOVERY ROOM	5,332	8,934	2			51
52	DELIVERY ROOM & LABOR ROOM	1,224					52
53	ANESTHESIOLOGY		2,715				53
54	RADIOLOGY-DIAGNOSTIC	2,605	3,830	10			54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		4				54.05
54.06	RADIOLOGY - CMP		280				54.06
54.07	RADIOLOGY - WP		1				54.07
54.08	RADIOLOGY - PULM CLINIC	192	3	12			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	4,650					55
56	RADIOISOTOPE		402	22			56
60	LABORATORY	87	123	10			60
60.01	ANATOMICAL PATHOLOGY		612	2			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY		607	83			65

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	OUTPATIENT PHARMACY 15.01	IV SOLUTIONS 15.02	
65.01	WOUND CARE	717	757				65.01
65.02	DIALYSIS	262	761	5			65.02
65.03	ENDOSCOPY		7,219	8			65.03
66	PHYSICAL THERAPY		212	30			66
66.01	TRANSITIONAL THERAPY						66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY		6				67
68	SPEECH PATHOLOGY		5				68
68.01	NEURO REHAB		11	43			68.01
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY		31				70
70.01	NUTRITION SUPPORT		3				70.01
70.02	MRI		380	11			70.02
70.03	CARDIAC CATH LAB	2,745	3,011	4			70.03
70.04	CARDIAC REHAB SERVICES		25				70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		177				71
71.01	COST OF SOLUTIONS					104,241	71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS			1,197,390	650,539		73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		18	5			90
90.01	ANTICOAG CLINIC			5			90.01
91	EMERGENCY	17,378	26,551	293			91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		502	331			95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	192	341	71,644			101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	164,586	895,926	1,782,381	650,539	104,241	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	NON ALLOWABLE						194
194.01	TELEVISION		1				194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR						194.05
194.06	STUCKY RESEARCH CTR		9				194.06
194.07	OCCUPATIONAL HEALTH			18			194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	2,255	30	36			194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT		4				194.22
194.23	MEDICAL OFFICE BUILDINGS	629					194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER			11			194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	167,470	895,970	1,782,446	650,539	104,241	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	
		15.03	16	17	17.01	21	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY	1,307,997					15.03
16	MEDICAL RECORDS & LIBRARY		233,629				16
17	SOCIAL SERVICE			191,974			17
17.01	REHAB ADMIN				40,841		17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD					29,381	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		45,258	116,279	1,699		30
31	INTENSIVE CARE UNIT		4,746	23,363			31
31.01	PEDIATRIC ICU		641	1,670			31.01
31.02	NEONATAL ICU		2,129	6,681			31.02
32	CORONARY CARE UNIT		4,310	16,145			32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF		282				40
41	SUBPROVIDER - IRF		3,541		4,905		41
43	NURSERY		1,283				43
44	SKILLED NURSING FACILITY		5,567				44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		26				50
50.01	CAREW MEDICAL PARK SURG						50.01
51	RECOVERY ROOM		4,156				51
52	DELIVERY ROOM & LABOR ROOM		539				52
53	ANESTHESIOLOGY		1,283				53
54	RADIOLOGY-DIAGNOSTIC		51,828				54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		359				54.05
54.06	RADIOLOGY - CMP		4,233				54.06
54.07	RADIOLOGY - WP		231				54.07
54.08	RADIOLOGY - PULM CLINIC		26				54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE		2,258				56
60	LABORATORY		10,750				60
60.01	ANATOMICAL PATHOLOGY		2,668				60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		359				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY		4,798				65

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	
		15.03	16	17	17.01	21	
65.01	WOUND CARE		308				65.01
65.02	DIALYSIS		103				65.02
65.03	ENDOSCOPY		7,979				65.03
66	PHYSICAL THERAPY		1,514		6,820		66
66.01	TRANSITIONAL THERAPY				13,327		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY		26		6,306		67
68	SPEECH PATHOLOGY		103		6,306		68
68.01	NEURO REHAB		1,026		1,478		68.01
69	ELECTROCARDIOLOGY		1,924				69
70	ELECTROENCEPHALOGRAPHY		334				70
70.01	NUTRITION SUPPORT		26				70.01
70.02	MRI		4,746				70.02
70.03	CARDIAC CATH LAB		36,073				70.03
70.04	CARDIAC REHAB SERVICES		282				70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	188,744					71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,119,253					72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		154				90
90.01	ANTICOAG CLINIC		949				90.01
91	EMERGENCY			27,836			91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		5,285				95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		11,289				101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	1,307,997	223,392	191,974	40,841		118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	NON ALLOWABLE						194
194.01	TELEVISION						194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR						194.05
194.06	STUCKY RESEARCH CTR						194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT		128				194.22
194.23	MEDICAL OFFICE BUILDINGS						194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER		10,109				194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
200	CROSS FOOT ADJUSTMENTS					29,381	200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,307,997	233,629	191,974	40,841	29,381	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		23	23.01	23.02	24	25	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN						17.01
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)	4,095					23
23.01	PARAMED ED RADIOLOGY		10,637				23.01
23.02	PARAMED ED PHARMACY			6,098			23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS				6,635,975		30
31	INTENSIVE CARE UNIT				1,063,877		31
31.01	PEDIATRIC ICU				139,126		31.01
31.02	NEONATAL ICU				469,624		31.02
32	CORONARY CARE UNIT				977,146		32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF				1,234,088		40
41	SUBPROVIDER - IRF				428,893		41
43	NURSERY				295,573		43
44	SKILLED NURSING FACILITY				370,103		44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM				3,445,818		50
50.01	CAREW MEDICAL PARK SURG				342,264		50.01
51	RECOVERY ROOM				576,093		51
52	DELIVERY ROOM & LABOR ROOM				338,918		52
53	ANESTHESIOLOGY				133,185		53
54	RADIOLOGY-DIAGNOSTIC				2,485,381		54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP				51,846		54.05
54.06	RADIOLOGY - CMP				115,322		54.06
54.07	RADIOLOGY - WP				11,756		54.07
54.08	RADIOLOGY - PULM CLINIC				41,048		54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC				2,642,445		55
56	RADIOISOTOPE				143,361		56
60	LABORATORY				2,114,942		60
60.01	ANATOMICAL PATHOLOGY				137,704		60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS				39,528		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY				765,116		65

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		23	23.01	23.02	24	25	
65.01	WOUND CARE				62,491		65.01
65.02	DIALYSIS				38,712		65.02
65.03	ENDOSCOPY				229,400		65.03
66	PHYSICAL THERAPY				363,315		66
66.01	TRANSITIONAL THERAPY				33,996		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY				143,569		67
68	SPEECH PATHOLOGY				84,117		68
68.01	NEURO REHAB				46,064		68.01
69	ELECTROCARDIOLOGY				42,635		69
70	ELECTROENCEPHALOGRAPHY				74,711		70
70.01	NUTRITION SUPPORT				38,247		70.01
70.02	MRI				542,897		70.02
70.03	CARDIAC CATH LAB				1,131,013		70.03
70.04	CARDIAC REHAB SERVICES				66,784		70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS				232,876		71
71.01	COST OF SOLUTIONS				111,690		71.01
72	IMPL. DEV. CHARGED TO PATIENT				1,135,172		72
73	DRUGS CHARGED TO PATIENTS				2,088,259		73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC				21,787		90
90.01	ANTICOAG CLINIC				65,268		90.01
91	EMERGENCY				1,301,780		91
91.01	PARTIAL HOSPITALIZATION				10,902		91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES				382,477		95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY				424,041		101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE				88,129		116
118	SUBTOTALS (SUM OF LINES 1-117)				33,759,464		118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				53,772		190
194	NON ALLOWABLE				225		194
194.01	TELEVISION				16,112		194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC				83,541		194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR				180,931		194.05
194.06	STUCKY RESEARCH CTR				92,257		194.06
194.07	OCCUPATIONAL HEALTH				385		194.07
194.08	FOUNDATION				23,894		194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES				17,750		194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH				100,019		194.15
194.16	FITNESS				2,499		194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR				19,213		194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM				37,176		194.21
194.22	EBT				24,982		194.22
194.23	MEDICAL OFFICE BUILDINGS				140,132		194.23
194.24	START-UP COSTS ORTHO				10,804		194.24
194.25	PREMIER SURGERY CENTER				364,727		194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD				92		194.27
200	CROSS FOOT ADJUSTMENTS	4,095	10,637	6,098	50,211		200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,095	10,637	6,098	34,978,186		202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	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 PROCESSIN		5.02
5.03	MATERIALS MANAGEMENT		5.03
5.04	PATIENT SERVICES		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	AMBULATORY SVCS ADMIN		5.06
5.07	OTHER A&G		5.07
5.08	CAREW MEDICAL PARK ADMIN		5.08
5.09	CRITICAL CARE ADMIN		5.09
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	FACILITY ENGINEERING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
10.01	KITCHEN-NO CONNECT W/CAFE		10.01
10.02	CAFETERIA		10.02
10.03	PREADMITS AND ER		10.03
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
15.01	OUTPATIENT PHARMACY		15.01
15.02	IV SOLUTIONS		15.02
15.03	MED SURG SUPPLY		15.03
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
17.01	REHAB ADMIN		17.01
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
23.01	PARAMED ED RADIOLOGY		23.01
23.02	PARAMED ED PHARMACY		23.02
	INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	6,635,975	30
31	INTENSIVE CARE UNIT	1,063,877	31
31.01	PEDIATRIC ICU	139,126	31.01
31.02	NEONATAL ICU	469,624	31.02
32	CORONARY CARE UNIT	977,146	32
34	SURGICAL INTENSIVE CARE UNIT		34
40	SUBPROVIDER - IPF	1,234,088	40
41	SUBPROVIDER - IRF	428,893	41
43	NURSERY	295,573	43
44	SKILLED NURSING FACILITY	370,103	44
	ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	3,445,818	50
50.01	CAREW MEDICAL PARK SURG	342,264	50.01
51	RECOVERY ROOM	576,093	51
52	DELIVERY ROOM & LABOR ROOM	338,918	52
53	ANESTHESIOLOGY	133,185	53
54	RADIOLOGY-DIAGNOSTIC	2,485,381	54
54.01	RADIOLOGY - WABASH		54.01
54.02	RADIOLOGY - MANCHESTER		54.02
54.03	RADIOLOGY - EAST STATE		54.03
54.04	RADIOLOGY - JEFFERSON		54.04
54.05	RADIOLOGY - NHMP	51,846	54.05
54.06	RADIOLOGY - CMP	115,322	54.06
54.07	RADIOLOGY - WP	11,756	54.07
54.08	RADIOLOGY - PULM CLINIC	41,048	54.08
54.09	RADIOLOGY - WHITLEY POOL		54.09
55	RADIOLOGY-THERAPEUTIC	2,642,445	55
56	RADIOISOTOPE	143,361	56
60	LABORATORY	2,114,942	60
60.01	ANATOMICAL PATHOLOGY	137,704	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	39,528	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
64	INTRAVENOUS THERAPY		64
65	RESPIRATORY THERAPY	765,116	65

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	TOTAL 26	
65.01	WOUND CARE	62,491	65.01
65.02	DIALYSIS	38,712	65.02
65.03	ENDOSCOPY	229,400	65.03
66	PHYSICAL THERAPY	363,315	66
66.01	TRANSITIONAL THERAPY	33,996	66.01
66.02	PV REHAB OUTREACH		66.02
67	OCCUPATIONAL THERAPY	143,569	67
68	SPEECH PATHOLOGY	84,117	68
68.01	NEURO REHAB	46,064	68.01
69	ELECTROCARDIOLOGY	42,635	69
70	ELECTROENCEPHALOGRAPHY	74,711	70
70.01	NUTRITION SUPPORT	38,247	70.01
70.02	MRI	542,897	70.02
70.03	CARDIAC CATH LAB	1,131,013	70.03
70.04	CARDIAC REHAB SERVICES	66,784	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	232,876	71
71.01	COST OF SOLUTIONS	111,690	71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,135,172	72
73	DRUGS CHARGED TO PATIENTS	2,088,259	73
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
	OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	21,787	90
90.01	ANTICOAG CLINIC	65,268	90.01
91	EMERGENCY	1,301,780	91
91.01	PARTIAL HOSPITALIZATION	10,902	91.01
92	OBSERVATION BEDS		92
	OTHER REIMBURSABLE COST CENTERS		
95	AMBULANCE SERVICES	382,477	95
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	424,041	101
	SPECIAL PURPOSE COST CENTERS		
116	HOSPICE	88,129	116
118	SUBTOTALS (SUM OF LINES 1-117)	33,759,464	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,772	190
194	NON ALLOWABLE	225	194
194.01	TELEVISION	16,112	194.01
194.02	PHYSICIAN PRACTICES		194.02
194.03	OP CLINIC	83,541	194.03
194.04	PHYS. ANSWERING SERVICE		194.04
194.05	EDUCARE CTR	180,931	194.05
194.06	STUCKY RESEARCH CTR	92,257	194.06
194.07	OCCUPATIONAL HEALTH	385	194.07
194.08	FOUNDATION	23,894	194.08
194.09	LV HEALTH PLAN		194.09
194.10	PV RESPIRATORY OUTREACH		194.10
194.11	OUTREACH TRANSCRIPTION		194.11
194.12	GUEST SERVICES		194.12
194.13	HUNTINGTON ARC		194.13
194.14	SENIOR HEALTH SERVICES	17,750	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	100,019	194.15
194.16	FITNESS	2,499	194.16
194.17	NONALLOWABLE ADVERTISING		194.17
194.18	BREAST DIAGNOSTIC CTR	19,213	194.18
194.19	REGIONAL PAIN CLINIC		194.19
194.20	START-UP COSTS NORTH		194.20
194.21	RONALD MCDONALD FAMILY ROOM	37,176	194.21
194.22	EBT	24,982	194.22
194.23	MEDICAL OFFICE BUILDINGS	140,132	194.23
194.24	START-UP COSTS ORTHO	10,804	194.24
194.25	PREMIER SURGERY CENTER	364,727	194.25
194.26	ISH		194.26
194.27	MCHA BRYAN HOPD	92	194.27
200	CROSS FOOT ADJUSTMENTS	50,211	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	34,978,186	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUN-CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	1,266,706					1
2	CAP REL COSTS-MVBLE EQUIP		23,268,343				2
4	EMPLOYEE BENEFITS	32,365	430,954	186,323,082			4
5.01	COMMUNICATIONS		26,085		6,953		5.01
5.02	DATA PROCESSIN	54,834	9,044,384		1,122	9,945	5.02
5.03	MATERIALS MANAGEMENT	10,218	320,011	1,436,062	33		5.03
5.04	PATIENT SERVICES	5,990	10,457	1,130,440	180	69	5.04
5.05	PATIENT ACCOUNTING	2,226	12,884		106		5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G	54,925	3,014,407	39,640,267	686	198	5.07
5.08	CAREW MEDICAL PARK ADMIN	1,748	483				5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	154,439	24,357	288,450	41	28	7
7.01	FACILITY ENGINEERING	21,194		3,087,127	187	225	7.01
8	LAUNDRY & LINEN SERVICE	1,974		175,548	99	22	8
9	HOUSEKEEPING	12,044	17,433	2,834,180	51	437	9
10	DIETARY	32,647	63,830	1,880,244	68	445	10
10.01	KITCHEN-NO CONNECT W/CAFE			1,505,727			10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	490	3,655	2,345,958	18	106	13
14	CENTRAL SERVICES & SUPPLY	21,312	612,507	2,104	53		14
15	PHARMACY	9,899	1,089,580	7,407,137	127	352	15
15.01	OUTPATIENT PHARMACY	875		559,426	1	29	15.01
15.02	IV SOLUTIONS	394	6,836	480,812		47	15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY	15,846	9,929	2,097,641	10		16
17	SOCIAL SERVICE	981	432	2,200,807	59	128	17
17.01	REHAB ADMIN	290	384	488,593	18	26	17.01
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)	266		63,835			23
23.01	PARAMED ED RADIOLOGY	962					23.01
23.02	PARAMED ED PHARMACY	300		157,236			23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	199,176	697,972	28,071,293	1,171	2,234	30
31	INTENSIVE CARE UNIT	20,663	267,651	5,435,809	130	333	31
31.01	PEDIATRIC ICU	3,802	29,713	799,426	16	40	31.01
31.02	NEONATAL ICU	22,081		2,073,605	142	170	31.02
32	CORONARY CARE UNIT	16,377	180,230	6,145,782	101	376	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	36,688	23,884	5,067,104	113	516	40
41	SUBPROVIDER - IRF	21,535	23,797	1,440,563	60	99	41
43	NURSERY	4,161	185,535	1,651,569	1		43
44	SKILLED NURSING FACILITY	11,355	2,776	1,989,003	63	145	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	78,110	1,508,005	7,157,764	188	585	50
50.01	CAREW MEDICAL PARK SURG	16,167	106,811	480,999	27	29	50.01
51	RECOVERY ROOM	28,644	64,172	2,226,011	131	114	51
52	DELIVERY ROOM & LABOR ROOM	26,653		33,274	111	39	52
53	ANESTHESIOLOGY	331	112,526		8		53
54	RADIOLOGY-DIAGNOSTIC	30,297	1,400,926	6,031,211	209	386	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	3,461		164,811		10	54.05
54.06	RADIOLOGY - CMP	5,356	17,329	281,289	24	20	54.06
54.07	RADIOLOGY - WP		928	115,446		8	54.07
54.08	RADIOLOGY - PULM CLINIC	2,817	3,060	65,713	19	4	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	31,485	1,938,493	2,196,411	254	147	55
56	RADIOISOTOPE	3,793	60,671	347,810	10	19	56
60	LABORATORY	29,781	556,940	11,494,334	157	919	60
60.01	ANATOMICAL PATHOLOGY	5,056	19,024	485,186	21	32	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS			522,781	3		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUN-CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	
65	RESPIRATORY THERAPY	10,762	238,448	4,343,993	104	274	65
65.01	WOUND CARE	1,730	8,775	277,398		15	65.01
65.02	DIALYSIS	1,366	1,016	44,531	5	6	65.02
65.03	ENDOSCOPY	4,421	73,710	920,227	21	55	65.03
66	PHYSICAL THERAPY	14,122	14,518	2,425,719	30	130	66
66.01	TRANSITIONAL THERAPY	1,851			10		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	3,751	1,065	1,105,322	11	70	67
68	SPEECH PATHOLOGY	2,905	8,891	499,923	8	25	68
68.01	NEURO REHAB		4,213	537,015	12	27	68.01
69	ELECTROCARDIOLOGY			427,793	10	29	69
70	ELECTROENCEPHALOGRAPHY	2,373	31,658	167,049	2	10	70
70.01	NUTRITION SUPPORT	248	253	406,326	16	25	70.01
70.02	MRI	19,524	267,145	452,654	18	23	70.02
70.03	CARDIAC CATH LAB	42,803	293,375	3,406,682	206	198	70.03
70.04	CARDIAC REHAB SERVICES	4,677	5,238	82,734	10	7	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,793	13,754				71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,581	597		11		90
90.01	ANTICOAG CLINIC	2,107	1,331	648,714	11	20	90.01
91	EMERGENCY	36,901	181,373	6,108,896	248	434	91
91.01	PARTIAL HOSPITALIZATION	980			9		91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	2,061	80,609	2,289,874	20	145	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	16,850	34,133	3,856,154	77		101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE			3,006,158			116
118	SUBTOTALS (SUM OF LINES 1-117)	1,206,814	23,149,153	183,065,950	6,657	9,830	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,457	3,480	76,228	16	13	190
194	NON ALLOWABLE				33		194
194.01	TELEVISION	440	5,202	40,107	3	4	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC	2,482	45,190		16		194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	15,114	584	60,168	1	4	194.05
194.06	STUCKY RESEARCH CTR	4,613	7	615,707	3	27	194.06
194.07	OCCUPATIONAL HEALTH				54		194.07
194.08	FOUNDATION	2,150			18		194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES	1,541	174		4		194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	2,079	245	619,267	6	48	194.15
194.16	FITNESS			131,695			194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR		17,704	394	27		194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM	2,954	4,139				194.21
194.22	EBT	1,043	281	101,025		6	194.22
194.23	MEDICAL OFFICE BUILDINGS	7,268	31,652	216,196	24	13	194.23
194.24	START-UP COSTS ORTHO		10,131				194.24
194.25	PREMIER SURGERY CENTER	17,751	401	1,392,000	91		194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD			4,345			194.27

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUN-CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	10,440,961	24,537,225	41,694,509	1,747,406	10,271,543	202
203	UNIT COST MULT-WS B PT I	8.242608	1.054533	0.223775	251.316842	1,032.834892	203
204	COST TO BE ALLOC PER B PT II			721,227	27,507	9,994,005	204
205	UNIT COST MULT-WS B PT II			0.003871	3.956134	1,004.927602	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MATERIALS MGMT COSTED REQUISTION 5.03	PATIENT SERVICES INPATIENT REVENUE 5.04	PATIENT ACCOUNTING GROSS REVENUE 5.05	RECON-CILIATION 5A.07	OTHER A&G ACCUM COST 5.07	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT	48,174,669					5.03
5.04	PATIENT SERVICES	13,018	803,025,425				5.04
5.05	PATIENT ACCOUNTING			1,380,886,505			5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G	326,074			-90,953,915	353,411,341	5.07
5.08	CAREW MEDICAL PARK ADMIN	12				375,743	5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	119,824				5,764,954	7
7.01	FACILITY ENGINEERING	288,294				4,525,841	7.01
8	LAUNDRY & LINEN SERVICE	355,414				1,760,527	8
9	HOUSEKEEPING	549,081				5,229,827	9
10	DIETARY	394,436				2,136,438	10
10.01	KITCHEN-NO CONNECT W/CAFE					1,842,671	10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	12,464				3,388,686	13
14	CENTRAL SERVICES & SUPPLY	71,269				1,005,854	14
15	PHARMACY	438,236				10,963,755	15
15.01	OUTPATIENT PHARMACY	42,011				8,605,809	15.01
15.02	IV SOLUTIONS	298,349				2,368,354	15.02
15.03	MED SURG SUPPLY	19,291,769				44,231,254	15.03
16	MEDICAL RECORDS & LIBRARY					3,655,303	16
17	SOCIAL SERVICE	7,685				3,363,594	17
17.01	REHAB ADMIN	8,179				707,666	17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD					2,602,578	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)					82,483	23
23.01	PARAMED ED RADIOLOGY					7,929	23.01
23.02	PARAMED ED PHARMACY					194,894	23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	2,455,077	134,851,956	155,601,361		44,788,381	30
31	INTENSIVE CARE UNIT	417,603	23,513,103	23,513,103		8,857,934	31
31.01	PEDIATRIC ICU	29,085	2,122,371	2,122,371		1,251,047	31.01
31.02	NEONATAL ICU	87,637	11,271,233	11,271,233		3,088,429	31.02
32	CORONARY CARE UNIT	466,053	29,790,624	29,790,624		8,951,368	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	107,950	22,893,311	22,893,311		7,635,887	40
41	SUBPROVIDER - IRF	43,951	6,630,346	6,630,346		2,192,699	41
43	NURSERY		4,223,334	4,223,334		2,288,312	43
44	SKILLED NURSING FACILITY	99,965	5,896,151	5,896,151		2,824,917	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,620,347	79,814,538	124,143,641		17,318,389	50
50.01	CAREW MEDICAL PARK SURG	247,998	296,330	6,608,720		1,179,967	50.01
51	RECOVERY ROOM	177,663	7,656,426	19,835,161		3,866,417	51
52	DELIVERY ROOM & LABOR ROOM	528	1,620,000	1,620,000		331,375	52
53	ANESTHESIOLOGY	222,951	4,546,005	7,128,920		350,620	53
54	RADIOLOGY-DIAGNOSTIC	3,423,269	63,716,584	176,229,607		12,746,187	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	1,994	9,691	843,210		248,891	54.05
54.06	RADIOLOGY - CMP	17,027	80,720	9,223,511		689,811	54.06
54.07	RADIOLOGY - WP	1,530	1,144	541,860		180,056	54.07
54.08	RADIOLOGY - PULM CLINIC	2,669	305	98,890		142,585	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	118,298	1,433,586	34,212,255		7,864,284	55
56	RADIOISOTOPE	575,908	2,119,250	5,952,296		668,810	56
60	LABORATORY	6,804,121	51,144,960	79,670,121		11,580,789	60
60.01	ANATOMICAL PATHOLOGY	425,985	3,127,647	9,326,924		1,676,862	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		3,824,289	4,589,302		3,223,064	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY		1,561	1,561		4	64

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	MATERIALS MGMT COSTED REQUISTION 5.03	PATIENT SERVICES INPATIENT REVENUE 5.04	PATIENT ACCOUNTING GROSS REVENUE 5.05	RECON-CILIATION 5A.07	OTHER A&G ACCUM COST 5.07	
65	RESPIRATORY THERAPY	602,048	31,021,638	39,896,632		6,650,140	65
65.01	WOUND CARE	23,705	3,707,730	4,267,334		1,301,437	65.01
65.02	DIALYSIS	12,892	2,771,477	2,977,375		1,256,149	65.02
65.03	ENDOSCOPY	212,619	4,362,258	20,139,099		2,015,098	65.03
66	PHYSICAL THERAPY	18,233	7,168,069	9,386,800		3,335,320	66
66.01	TRANSITIONAL THERAPY	2,111	398,154	398,154		21,298	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	8,943	4,096,329	4,309,187		1,482,155	67
68	SPEECH PATHOLOGY	201	2,401,734	2,590,531		695,475	68
68.01	NEURO REHAB	11,458	2,147	2,413,812		854,467	68.01
69	ELECTROCARDIOLOGY		3,592,625	8,638,543		694,271	69
70	ELECTROENCEPHALOGRAPHY	23,546	1,031,454	1,733,516		299,968	70
70.01	NUTRITION SUPPORT	68,128	109,678	141,380		598,868	70.01
70.02	MRI	15,551	5,099,993	13,510,497		1,300,962	70.02
70.03	CARDIAC CATH LAB	169,612	27,331,680	88,504,607		7,106,763	70.03
70.04	CARDIAC REHAB SERVICES	4,947	285	602,579		150,583	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	59,438	37,265,510	65,583,750		122,392	71
71.01	COST OF SOLUTIONS		33,364,526	41,153,133		79,434	71.01
72	IMPL. DEV. CHARGED TO PATIENT		68,274,778	113,024,746		163,759	72
73	DRUGS CHARGED TO PATIENTS		86,218,931	124,151,543		19,752,870	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	12,646	127,702	478,873		306,293	90
90.01	ANTICOAG CLINIC	100,391	16,339	1,989,975		1,063,159	90.01
91	EMERGENCY	752,872	24,029,154	80,588,697		11,750,006	91
91.01	PARTIAL HOSPITALIZATION			153,307		10,346	91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	424,567	47,769	12,284,622		9,198,303	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	626,512				8,758,467	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE					6,775,772	116
118	SUBTOTALS (SUM OF LINES 1-117)	47,714,144	803,025,425	1,380,886,505	-90,953,915	332,505,000	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	348,427				546,598	190
194	NON ALLOWABLE					8,293	194
194.01	TELEVISION	555				129,658	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC	6				762,828	194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR	17,860				887,260	194.05
194.06	STUCKY RESEARCH CTR	6,282				1,070,145	194.06
194.07	OCCUPATIONAL HEALTH					13,571	194.07
194.08	FOUNDATION					22,246	194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES	2,369				56,160	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	16,678				1,929,210	194.15
194.16	FITNESS					176,156	194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR	2,080				36,968	194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM					32,090	194.21
194.22	EBT	6,924				587,840	194.22
194.23	MEDICAL OFFICE BUILDINGS	59,344				1,004,813	194.23
194.24	START-UP COSTS ORTHO					10,683	194.24
194.25	PREMIER SURGERY CENTER					13,625,107	194.25
194.26	ISH					29	194.26
194.27	MCHA BRYAN HOPD					6,686	194.27

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MATERIALS MGMT COSTED REQUISTION 5.03	PATIENT SERVICES INPATIENT REVENUE 5.04	PATIENT ACCOUNTING GROSS REVENUE 5.05	RECON-CILIATION 5A.07	OTHER A&G ACCUM COST 5.07	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,888,012	1,870,392	58,575		90,953,915	202
203	UNIT COST MULT-WS B PT I	0.059949	0.002329	0.000042		0.257360	203
204	COST TO BE ALLOC PER B PT II	427,375	134,943	32,354		3,989,518	204
205	UNIT COST MULT-WS B PT II	0.008871	0.000168	0.000023		0.011289	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	
		5.08	7	7.01	8	9	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN	2,444,304					5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT		949,961				7
7.01	FACILITY ENGINEERING		21,194	928,767			7.01
8	LAUNDRY & LINEN SERVICE		1,974	1,974	9,875		8
9	HOUSEKEEPING		12,044	12,044		914,749	9
10	DIETARY		32,647	32,647		32,647	10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		490	490		490	13
14	CENTRAL SERVICES & SUPPLY		21,312	21,312	621	21,312	14
15	PHARMACY		9,899	9,899		9,899	15
15.01	OUTPATIENT PHARMACY		875	875		875	15.01
15.02	IV SOLUTIONS		394	394		394	15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY		15,846	15,846		15,846	16
17	SOCIAL SERVICE		981	981		981	17
17.01	REHAB ADMIN		290	290		290	17.01
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)		266	266		266	23
23.01	PARAMED ED RADIOLOGY		962	962		962	23.01
23.02	PARAMED ED PHARMACY		300	300		300	23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		199,176	199,176	3,928	199,176	30
31	INTENSIVE CARE UNIT		20,663	20,663	454	20,663	31
31.01	PEDIATRIC ICU		3,802	3,802	51	3,802	31.01
31.02	NEONATAL ICU		22,081	22,081	107	22,081	31.02
32	CORONARY CARE UNIT		16,377	16,377	459	16,377	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF		36,688	36,688	290	36,688	40
41	SUBPROVIDER - IRF		21,535	21,535	149	21,535	41
43	NURSERY		4,161	4,161		4,161	43
44	SKILLED NURSING FACILITY		11,355	11,355	264	11,355	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		78,110	78,110	737	78,110	50
50.01	CAREW MEDICAL PARK SURG	674,815	16,167	16,167	20	16,167	50.01
51	RECOVERY ROOM		28,644	28,644	61	28,644	51
52	DELIVERY ROOM & LABOR ROOM		26,653	26,653		26,653	52
53	ANESTHESIOLOGY		331	331		331	53
54	RADIOLOGY-DIAGNOSTIC		30,297	30,297	507	30,297	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		3,461	3,461		3,461	54.05
54.06	RADIOLOGY - CMP	504,659	5,356	5,356	61	5,356	54.06
54.07	RADIOLOGY - WP						54.07
54.08	RADIOLOGY - PULM CLINIC	91,718	2,817	2,817		2,817	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC		31,485	31,485	45	31,485	55
56	RADIOISOTOPE		3,793	3,793	99	3,793	56
60	LABORATORY	635,470	29,781	29,781	1	29,781	60
60.01	ANATOMICAL PATHOLOGY		5,056	5,056		5,056	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	
		5.08	7	7.01	8	9	
65	RESPIRATORY THERAPY		10,762	10,762	17	10,762	65
65.01	WOUND CARE		1,730	1,730	9	1,730	65.01
65.02	DIALYSIS		1,366	1,366	36	1,366	65.02
65.03	ENDOSCOPY		4,421	4,421	133	4,421	65.03
66	PHYSICAL THERAPY		14,122	14,122	36	14,122	66
66.01	TRANSITIONAL THERAPY		1,851	1,851		1,851	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY		3,751	3,751		3,751	67
68	SPEECH PATHOLOGY		2,905	2,905		2,905	68
68.01	NEURO REHAB						68.01
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY		2,373	2,373		2,373	70
70.01	NUTRITION SUPPORT		248	248		248	70.01
70.02	MRI		19,524	19,524	10	19,524	70.02
70.03	CARDIAC CATH LAB		42,803	42,803	98	42,803	70.03
70.04	CARDIAC REHAB SERVICES		4,677	4,677	35	4,677	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		1,793	1,793	17	1,793	71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		1,581	1,581		1,581	90
90.01	ANTICOAG CLINIC	537,642	2,107	2,107		2,107	90.01
91	EMERGENCY		36,901	36,901	1,621	36,901	91
91.01	PARTIAL HOSPITALIZATION		980	980		980	91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		2,061	2,061		2,061	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		16,850	16,850		16,850	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	2,444,304	890,069	868,875	9,866	854,857	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,457	2,457		2,457	190
194	NON ALLOWABLE						194
194.01	TELEVISION		440	440		440	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC		2,482	2,482		2,482	194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR		15,114	15,114		15,114	194.05
194.06	STUCKY RESEARCH CTR		4,613	4,613		4,613	194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION		2,150	2,150		2,150	194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES		1,541	1,541		1,541	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH		2,079	2,079		2,079	194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM		2,954	2,954	9	2,954	194.21
194.22	EBT		1,043	1,043		1,043	194.22
194.23	MEDICAL OFFICE BUILDINGS		7,268	7,268		7,268	194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER		17,751	17,751		17,751	194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	
		5.08	7	7.01	8	9	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	472,444	7,248,623	5,852,331	2,241,117	6,743,567	202
203	UNIT COST MULT-WS B PT I	0.193284	7.630443	6.301183	226.948557	7.372041	203
204	COST TO BE ALLOC PER B PT II	19,159	1,394,226	498,248	66,435	656,033	204
205	UNIT COST MULT-WS B PT II	0.007838	1.467667	0.536462	6.727595	0.717173	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 10	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 10.01	CAFETERIA NUMBER OF PERSONNEL 10.02	PREADMITS AND ER MEALS PREADMITS 10.03	CAFETERIA MEALS FTES 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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY	737,527					10
10.01	KITCHEN-NO CONNECT W/CAFE		480,774				10.01
10.02	CAFETERIA			256,753			10.02
10.03	PREADMITS AND ER	24,295	9,074	15,221	280,918		10.03
11	CAFETERIA	241,532		241,532		18,595	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION					263	13
14	CENTRAL SERVICES & SUPPLY					1	14
15	PHARMACY					897	15
15.01	OUTPATIENT PHARMACY					70	15.01
15.02	IV SOLUTIONS					126	15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE					334	17
17.01	REHAB ADMIN					69	17.01
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
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	280,918	280,918		280,918	5,099	30
31	INTENSIVE CARE UNIT	10,144	10,144			894	31
31.01	PEDIATRIC ICU	281	281			108	31.01
31.02	NEONATAL ICU						31.02
32	CORONARY CARE UNIT	14,705	14,705			1,010	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	121,941	121,941			965	40
41	SUBPROVIDER - IRF	15,723	15,723			266	41
43	NURSERY					597	43
44	SKILLED NURSING FACILITY	27,988	27,988			390	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					1,376	50
50.01	CAREW MEDICAL PARK SURG						50.01
51	RECOVERY ROOM					305	51
52	DELIVERY ROOM & LABOR ROOM					70	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC					783	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP						54.05
54.06	RADIOLOGY - CMP						54.06
54.07	RADIOLOGY - WP						54.07
54.08	RADIOLOGY - PULM CLINIC						54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE					51	56
60	LABORATORY					938	60
60.01	ANATOMICAL PATHOLOGY					85	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 10	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 10.01	CAFETERIA NUMBER OF PERSONNEL 10.02	PREADMITS AND ER MEALS PREADMITS 10.03	CAFETERIA MEALS FTES 11	
65	RESPIRATORY THERAPY					685	65
65.01	WOUND CARE					41	65.01
65.02	DIALYSIS					15	65.02
65.03	ENDOSCOPY					147	65.03
66	PHYSICAL THERAPY					311	66
66.01	TRANSITIONAL THERAPY						66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY					170	67
68	SPEECH PATHOLOGY					67	68
68.01	NEURO REHAB						68.01
69	ELECTROCARDIOLOGY					77	69
70	ELECTROENCEPHALOGRAPHY					27	70
70.01	NUTRITION SUPPORT					68	70.01
70.02	MRI					62	70.02
70.03	CARDIAC CATH LAB					533	70.03
70.04	CARDIAC REHAB SERVICES					18	70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS						71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	ANTICOAG CLINIC						90.01
91	EMERGENCY					1,063	91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					388	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY					11	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	737,527	480,774	256,753	280,918	18,380	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					30	190
194	NON ALLOWABLE						194
194.01	TELEVISION					9	194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR					11	194.05
194.06	STUCKY RESEARCH CTR						194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH					129	194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT						194.22
194.23	MEDICAL OFFICE BUILDINGS					36	194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER						194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	
		MEALS SERVED	MEALS SERVED	NUMBER OF PERSONNEL	MEALS PREADMITS	MEALS FTES	
		10	10.01	10.02	10.03	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,381,773	2,316,901		155,129	1,107,494	202
203	UNIT COST MULT-WS B PT I	4.585287	4.819106		0.552222	59.558699	203
204	COST TO BE ALLOC PER B PT II	907,607	26,631		30,401	297,231	204
205	UNIT COST MULT-WS B PT II	1.230609	0.055392		0.108220	15.984458	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION DIRECT NRSING FTE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	OUTPATIENT PHARMACY PERCENTAGE 1 15.01	IV SOLUTIONS PERCENTAGE 2 15.02	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	9,579					13
14	CENTRAL SERVICES & SUPPLY		999,668				14
15	PHARMACY		12	29,097,484			15
15.01	OUTPATIENT PHARMACY		2	8,341,579	10,000		15.01
15.02	IV SOLUTIONS	126	11,172	102		10,000	15.02
15.03	MED SURG SUPPLY		711,303				15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN			9			17.01
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
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	3,547	88,182	8,196			30
31	INTENSIVE CARE UNIT	849	19,353	112			31
31.01	PEDIATRIC ICU	108	1,491	2			31.01
31.02	NEONATAL ICU		863	58			31.02
32	CORONARY CARE UNIT	1,010	20,477	60			32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF		2,279	11			40
41	SUBPROVIDER - IRF		2,297	24			41
43	NURSERY	597					43
44	SKILLED NURSING FACILITY		6,179	110			44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,153	71,705	15,471			50
50.01	CAREW MEDICAL PARK SURG		126	25			50.01
51	RECOVERY ROOM	305	9,968	25			51
52	DELIVERY ROOM & LABOR ROOM	70					52
53	ANESTHESIOLOGY		3,029				53
54	RADIOLOGY-DIAGNOSTIC	149	4,273	156			54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		5				54.05
54.06	RADIOLOGY - CMP		312				54.06
54.07	RADIOLOGY - WP		1				54.07
54.08	RADIOLOGY - PULM CLINIC	11	3	196			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	266					55
56	RADIOISOTOPE		449	354			56
60	LABORATORY	5	137	165			60
60.01	ANATOMICAL PATHOLOGY		683	26			60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION DIRECT NRSING FTE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	OUTPATIENT PHARMACY PERCENTAGE 1 15.01	IV SOLUTIONS PERCENTAGE 2 15.02	
65	RESPIRATORY THERAPY		677	1,348			65
65.01	WOUND CARE	41	845	6			65.01
65.02	DIALYSIS	15	849	87			65.02
65.03	ENDOSCOPY		8,054	129			65.03
66	PHYSICAL THERAPY		237	497			66
66.01	TRANSITIONAL THERAPY						66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY		7				67
68	SPEECH PATHOLOGY		6				68
68.01	NEURO REHAB		12	705			68.01
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY		35				70
70.01	NUTRITION SUPPORT		3				70.01
70.02	MRI		424	174			70.02
70.03	CARDIAC CATH LAB	157	3,360	73			70.03
70.04	CARDIAC REHAB SERVICES		28				70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		198				71
71.01	COST OF SOLUTIONS					10,000	71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS			19,546,852	10,000		73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		20	80			90
90.01	ANTICOAG CLINIC			74			90.01
91	EMERGENCY	994	29,624	4,785			91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		560	5,398			95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	11	380	1,169,546			101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	9,414	999,620	29,096,435	10,000	10,000	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	NON ALLOWABLE						194
194.01	TELEVISION		1				194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR						194.05
194.06	STUCKY RESEARCH CTR		10				194.06
194.07	OCCUPATIONAL HEALTH			288			194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	129	33	585			194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT		4				194.22
194.23	MEDICAL OFFICE BUILDINGS	36					194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER			176			194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION DIRECT NRSING FTE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	OUTPATIENT PHARMACY PERCENTAGE 1 15.01	IV SOLUTIONS PERCENTAGE 2 15.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,286,901	1,859,740	14,049,718	14,871,146	3,070,994	202
203	UNIT COST MULT-WS B PT I	447.531162	1.860358	0.482850	1,487.114600	307.099400	203
204	COST TO BE ALLOC PER B PT II	167,470	895,970	1,782,446	650,539	104,241	204
205	UNIT COST MULT-WS B PT II	17.483036	0.896268	0.061258	65.053900	10.424100	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MED SURG SUPPLY PERCENTAGE 3 15.03	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	REHAB ADMIN PERCENTAGE 4 17.01	I&R SALARY & FRINGES ASSIGNED TIME 21	
	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 PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY	10,000					15.03
16	MEDICAL RECORDS & LIBRARY		9,106				16
17	SOCIAL SERVICE			10,000			17
17.01	REHAB ADMIN				10,000		17.01
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD					10,000	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		1,764	6,057	416	5,013	30
31	INTENSIVE CARE UNIT		185	1,217		1,270	31
31.01	PEDIATRIC ICU		25	87			31.01
31.02	NEONATAL ICU		83	348			31.02
32	CORONARY CARE UNIT		168	841		464	32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF		11				40
41	SUBPROVIDER - IRF		138		1,201	656	41
43	NURSERY		50			538	43
44	SKILLED NURSING FACILITY		217				44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		1			471	50
50.01	CAREW MEDICAL PARK SURG						50.01
51	RECOVERY ROOM		162				51
52	DELIVERY ROOM & LABOR ROOM		21			47	52
53	ANESTHESIOLOGY		50				53
54	RADIOLOGY-DIAGNOSTIC		2,020				54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP		14				54.05
54.06	RADIOLOGY - CMP		165				54.06
54.07	RADIOLOGY - WP		9				54.07
54.08	RADIOLOGY - PULM CLINIC		1				54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE		88				56
60	LABORATORY		419				60
60.01	ANATOMICAL PATHOLOGY		104				60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		14				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MED SURG SUPPLY PERCENTAGE 3 15.03	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	REHAB ADMIN PERCENTAGE 4 17.01	I&R SALARY & FRINGES ASSIGNED TIME 21	
65	RESPIRATORY THERAPY		187			5	65
65.01	WOUND CARE		12				65.01
65.02	DIALYSIS		4				65.02
65.03	ENDOSCOPY		311				65.03
66	PHYSICAL THERAPY		59		1,670		66
66.01	TRANSITIONAL THERAPY				3,263		66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY		1		1,544		67
68	SPEECH PATHOLOGY		4		1,544		68
68.01	NEURO REHAB		40		362		68.01
69	ELECTROCARDIOLOGY		75				69
70	ELECTROENCEPHALOGRAPHY		13				70
70.01	NUTRITION SUPPORT		1				70.01
70.02	MRI		185				70.02
70.03	CARDIAC CATH LAB		1,406				70.03
70.04	CARDIAC REHAB SERVICES		11				70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,443					71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT	8,557					72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		6				90
90.01	ANTICOAG CLINIC		37				90.01
91	EMERGENCY			1,450		1,536	91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		206				95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		440				101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	10,000	8,707	10,000	10,000	10,000	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	NON ALLOWABLE						194
194.01	TELEVISION						194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR						194.05
194.06	STUCKY RESEARCH CTR						194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT		5				194.22
194.23	MEDICAL OFFICE BUILDINGS						194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER		394				194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MED SURG SUPPLY PERCENTAGE 3 15.03	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	REHAB ADMIN PERCENTAGE 4 17.01	I&R SALARY & FRINGES ASSIGNED TIME 21	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	56,937,890	4,933,610	4,270,040	900,083	3,272,377	202
203	UNIT COST MULT-WS B PT I	5,693.789000	541.797716	427.004000	90.008300	327.237700	203
204	COST TO BE ALLOC PER B PT II	1,307,997	233,629	191,974	40,841	29,381	204
205	UNIT COST MULT-WS B PT II	130.799700	25.656600	19.197400	4.084100	2.938100	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED RADIOLOGY PERCENTAGE 7 23.01	PARAMED ED PHARMACY COSTED REQUIS. 23.02	
	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 PROCESSIN					5.02
5.03	MATERIALS MANAGEMENT					5.03
5.04	PATIENT SERVICES					5.04
5.05	PATIENT ACCOUNTING					5.05
5.06	AMBULATORY SVCS ADMIN					5.06
5.07	OTHER A&G					5.07
5.08	CAREW MEDICAL PARK ADMIN					5.08
5.09	CRITICAL CARE ADMIN					5.09
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
7.01	FACILITY ENGINEERING					7.01
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
10.01	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	CAFETERIA					10.02
10.03	PREADMITS AND ER					10.03
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
15.01	OUTPATIENT PHARMACY					15.01
15.02	IV SOLUTIONS					15.02
15.03	MED SURG SUPPLY					15.03
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
17.01	REHAB ADMIN					17.01
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SRVCES-SALARY & FRINGES APPRVD					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	10,000				22
23	PARAMED ED PRGM-(SPECIFY)		10,000			23
23.01	PARAMED ED RADIOLOGY			10,000		23.01
23.02	PARAMED ED PHARMACY				20,755,794	23.02
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	5,013			8,196	30
31	INTENSIVE CARE UNIT	1,270			112	31
31.01	PEDIATRIC ICU				2	31.01
31.02	NEONATAL ICU				58	31.02
32	CORONARY CARE UNIT	464			60	32
34	SURGICAL INTENSIVE CARE UNIT					34
40	SUBPROVIDER - IPF				11	40
41	SUBPROVIDER - IRF	656			24	41
43	NURSERY	538				43
44	SKILLED NURSING FACILITY				110	44
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	471			15,471	50
50.01	CAREW MEDICAL PARK SURG				25	50.01
51	RECOVERY ROOM				25	51
52	DELIVERY ROOM & LABOR ROOM	47				52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC			10,000	156	54
54.01	RADIOLOGY - WABASH					54.01
54.02	RADIOLOGY - MANCHESTER					54.02
54.03	RADIOLOGY - EAST STATE					54.03
54.04	RADIOLOGY - JEFFERSON					54.04
54.05	RADIOLOGY - NHMP					54.05
54.06	RADIOLOGY - CMP					54.06
54.07	RADIOLOGY - WP					54.07
54.08	RADIOLOGY - PULM CLINIC				196	54.08
54.09	RADIOLOGY - WHITLEY POOL					54.09
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE				354	56
60	LABORATORY		10,000		165	60
60.01	ANATOMICAL PATHOLOGY				26	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	INTRAVENOUS THERAPY					64

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED RADIOLOGY PERCENTAGE 7 23.01	PARAMED ED PHARMACY COSTED REQUIS. 23.02	
65	RESPIRATORY THERAPY	5			1,348	65
65.01	WOUND CARE				6	65.01
65.02	DIALYSIS				87	65.02
65.03	ENDOSCOPY				129	65.03
66	PHYSICAL THERAPY				497	66
66.01	TRANSITIONAL THERAPY					66.01
66.02	PV REHAB OUTREACH					66.02
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
68.01	NEURO REHAB				705	68.01
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
70.01	NUTRITION SUPPORT					70.01
70.02	MRI				174	70.02
70.03	CARDIAC CATH LAB				73	70.03
70.04	CARDIAC REHAB SERVICES					70.04
71	MEDICAL SUPPLIES CHRGED TO PATIENTS					71
71.01	COST OF SOLUTIONS					71.01
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS				19,546,852	73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC				80	90
90.01	ANTICOAG CLINIC				74	90.01
91	EMERGENCY	1,536			4,785	91
91.01	PARTIAL HOSPITALIZATION					91.01
92	OBSERVATION BEDS					92
	OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				5,398	95
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	HOME HEALTH AGENCY				1,169,546	101
	SPECIAL PURPOSE COST CENTERS					
116	HOSPICE					116
118	SUBTOTALS (SUM OF LINES 1-117)	10,000	10,000	10,000	20,754,745	118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
194	NON ALLOWABLE					194
194.01	TELEVISION					194.01
194.02	PHYSICIAN PRACTICES					194.02
194.03	OP CLINIC					194.03
194.04	PHYS. ANSWERING SERVICE					194.04
194.05	EDUCARE CTR					194.05
194.06	STUCKY RESEARCH CTR					194.06
194.07	OCCUPATIONAL HEALTH				288	194.07
194.08	FOUNDATION					194.08
194.09	LV HEALTH PLAN					194.09
194.10	PV RESPIRATORY OUTREACH					194.10
194.11	OUTREACH TRANSCRIPTION					194.11
194.12	GUEST SERVICES					194.12
194.13	HUNTINGTON ARC					194.13
194.14	SENIOR HEALTH SERVICES					194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH				585	194.15
194.16	FITNESS					194.16
194.17	NONALLOWABLE ADVERTISING					194.17
194.18	BREAST DIAGNOSTIC CTR					194.18
194.19	REGIONAL PAIN CLINIC					194.19
194.20	START-UP COSTS NORTH					194.20
194.21	RONALD MCDONALD FAMILY ROOM					194.21
194.22	EBT					194.22
194.23	MEDICAL OFFICE BUILDINGS					194.23
194.24	START-UP COSTS ORTHO					194.24
194.25	PREMIER SURGERY CENTER				176	194.25
194.26	ISH					194.26
194.27	MCHA BRYAN HOPD					194.27

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED RADIOLOGY PERCENTAGE 7 23.01	PARAMED ED PHARMACY COSTED REQUIS. 23.02	
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I		109,378	30,464	251,443	202
203	UNIT COST MULT-WS B PT I		10.937800	3.046400	0.012114	203
204	COST TO BE ALLOC PER B PT II		4,095	10,637	6,098	204
205	UNIT COST MULT-WS B PT II		0.409500	1.063700	0.000294	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	69,885,435		69,885,435		69,885,435	30
31	INTENSIVE CARE UNIT	12,865,397		12,865,397	43,962	12,909,359	31
31.01	PEDIATRIC ICU	1,776,462		1,776,462		1,776,462	31.01
31.02	NEONATAL ICU	4,573,156		4,573,156		4,573,156	31.02
32	CORONARY CARE UNIT	12,846,860		12,846,860		12,846,860	32
34	SURGICAL INTENSIVE CARE UNI						34
40	SUBPROVIDER - IPF	11,662,923		11,662,923		11,662,923	40
41	SUBPROVIDER - IRF	3,600,463		3,600,463		3,600,463	41
43	NURSERY	3,295,699		3,295,699		3,295,699	43
44	SKILLED NURSING FACILITY	4,269,313		4,269,313		4,269,313	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	24,346,292		24,346,292		24,346,292	50
50.01	CAREW MEDICAL PARK SURG	1,963,273		1,963,273		1,963,273	50.01
51	RECOVERY ROOM	5,746,533		5,746,533		5,746,533	51
52	DELIVERY ROOM & LABOR ROOM	1,031,338		1,031,338		1,031,338	52
53	ANESTHESIOLOGY	480,633		480,633		480,633	53
54	RADIOLOGY-DIAGNOSTIC	18,033,283		18,033,283		18,033,283	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	394,272		394,272		394,272	54.05
54.06	RADIOLOGY - CMP	1,182,808		1,182,808		1,182,808	54.06
54.07	RADIOLOGY - WP	231,273		231,273		231,273	54.07
54.08	RADIOLOGY - PULM CLINIC	262,589		262,589		262,589	54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	10,688,238		10,688,238	1,090	10,689,328	55
56	RADIOISOTOPE	995,932		995,932		995,932	56
60	LABORATORY	15,713,551		15,713,551	1,845	15,715,396	60
60.01	ANATOMICAL PATHOLOGY	2,278,824		2,278,824		2,278,824	60.01
62	WHOLE BLOOD & PACKED RED BL	4,060,137		4,060,137		4,060,137	62
62.30	BLOOD CLOTTING FOR HEMOPHIL						62.30
64	INTRAVENOUS THERAPY	5		5		5	64
65	RESPIRATORY THERAPY	8,738,788		8,738,788	5,096	8,743,884	65
65.01	WOUND CARE	1,704,142		1,704,142		1,704,142	65.01
65.02	DIALYSIS	1,628,097		1,628,097		1,628,097	65.02
65.03	ENDOSCOPY	2,850,373		2,850,373		2,850,373	65.03
66	PHYSICAL THERAPY	4,704,208		4,704,208		4,704,208	66
66.01	TRANSITIONAL THERAPY	359,909		359,909		359,909	66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	2,093,166		2,093,166		2,093,166	67
68	SPEECH PATHOLOGY	1,081,490		1,081,490		1,081,490	68
68.01	NEURO REHAB	1,128,999		1,128,999	142	1,129,141	68.01
69	ELECTROCARDIOLOGY	918,170		918,170		918,170	69
70	ELECTROENCEPHALOGRAPHY	436,438		436,438		436,438	70
70.01	NUTRITION SUPPORT	762,874		762,874		762,874	70.01
70.02	MRI	2,158,781		2,158,781		2,158,781	70.02
70.03	CARDIAC CATH LAB	10,739,924		10,739,924		10,739,924	70.03
70.04	CARDIAC REHAB SERVICES	304,002		304,002		304,002	70.04
71	MEDICAL SUPPLIES CHRGED TO	8,412,452		8,412,452		8,412,452	71
71.01	COST OF SOLUTIONS	3,170,871		3,170,871		3,170,871	71.01
72	IMPL. DEV. CHARGED TO PATIE	48,927,656		48,927,656		48,927,656	72
73	DRUGS CHARGED TO PATIENTS	49,382,614		49,382,614		49,382,614	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	422,130		422,130		422,130	90
90.01	ANTICOAG CLINIC	1,505,663		1,505,663		1,505,663	90.01
91	EMERGENCY	17,112,791		17,112,791	256,511	17,369,302	91
91.01	PARTIAL HOSPITALIZATION	33,887		33,887		33,887	91.01
92	OBSERVATION BEDS	8,464,296		8,464,296		8,464,296	92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	11,747,917		11,747,917		11,747,917	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THE						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	12,195,072		12,195,072		12,195,072	101
116	HOSPICE	8,519,585		8,519,585		8,519,585	116
200	SUBTOTAL (SEE INSTRUCTIONS)	421,688,984		421,688,984	308,646	421,997,630	200
201	LESS OBSERVATION BEDS	8,464,296		8,464,296		8,464,296	201
202	TOTAL (SEE INSTRUCTIONS)	413,224,688		413,224,688		413,533,334	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	134,851,956		134,851,956				30
31	INTENSIVE CARE UNIT	23,513,103		23,513,103				31
31.01	PEDIATRIC ICU	2,122,371		2,122,371				31.01
31.02	NEONATAL ICU	11,271,233		11,271,233				31.02
32	CORONARY CARE UNIT	29,790,624		29,790,624				32
34	SURGICAL INTENSIVE CARE UNI							34
40	SUBPROVIDER - IPF	22,893,311		22,893,311				40
41	SUBPROVIDER - IRF	6,630,346		6,630,346				41
43	NURSERY	4,223,334		4,223,334				43
44	SKILLED NURSING FACILITY	5,896,151		5,896,151				44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	79,814,538	44,329,103	124,143,641	0.196114	0.196114	0.196114	50
50.01	CAREW MEDICAL PARK SURG	296,330	6,312,390	6,608,720	0.297073	0.297073	0.297073	50.01
51	RECOVERY ROOM	7,656,426	12,178,735	19,835,161	0.289714	0.289714	0.289714	51
52	DELIVERY ROOM & LABOR ROOM	1,620,000		1,620,000	0.636628	0.636628	0.636628	52
53	ANESTHESIOLOGY	4,546,005	2,582,915	7,128,920	0.067420	0.067420	0.067420	53
54	RADIOLOGY-DIAGNOSTIC	63,716,584	112,513,023	176,229,607	0.102328	0.102328	0.102328	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	9,691	833,519	843,210	0.467585	0.467585	0.467585	54.05
54.06	RADIOLOGY - CMP	80,720	9,142,791	9,223,511	0.128238	0.128238	0.128238	54.06
54.07	RADIOLOGY - WP	1,144	540,716	541,860	0.426813	0.426813	0.426813	54.07
54.08	RADIOLOGY - PULM CLINIC	305	98,585	98,890	2.655365	2.655365	2.655365	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	1,433,586	32,778,669	34,212,255	0.312410	0.312410	0.312441	55
56	RADIOISOTOPE	2,119,250	3,833,046	5,952,296	0.167319	0.167319	0.167319	56
60	LABORATORY	51,144,960	28,525,161	79,670,121	0.197233	0.197233	0.197256	60
60.01	ANATOMICAL PATHOLOGY	3,127,647	6,199,277	9,326,924	0.244327	0.244327	0.244327	60.01
62	WHOLE BLOOD & PACKED RED BL	3,824,289	765,013	4,589,302	0.884696	0.884696	0.884696	62
62.30	BLOOD CLOTTING FOR HEMOPHIL							62.30
64	INTRAVENOUS THERAPY	1,561		1,561	0.003203	0.003203	0.003203	64
65	RESPIRATORY THERAPY	31,021,638	8,874,994	39,896,632	0.219036	0.219036	0.219163	65
65.01	WOUND CARE	3,707,730	559,604	4,267,334	0.399346	0.399346	0.399346	65.01
65.02	DIALYSIS	2,771,477	205,898	2,977,375	0.546823	0.546823	0.546823	65.02
65.03	ENDOSCOPY	4,362,258	15,776,841	20,139,099	0.141534	0.141534	0.141534	65.03
66	PHYSICAL THERAPY	7,168,069	2,218,731	9,386,800	0.501151	0.501151	0.501151	66
66.01	TRANSITIONAL THERAPY	398,154		398,154	0.903944	0.903944	0.903944	66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	4,096,329	212,858	4,309,187	0.485745	0.485745	0.485745	67
68	SPEECH PATHOLOGY	2,401,734	188,797	2,590,531	0.417478	0.417478	0.417478	68
68.01	NEURO REHAB	2,147	2,411,665	2,413,812	0.467724	0.467724	0.467783	68.01
69	ELECTROCARDIOLOGY	3,592,625	5,045,918	8,638,543	0.106288	0.106288	0.106288	69
70	ELECTROENCEPHALOGRAPHY	1,031,454	702,062	1,733,516	0.251765	0.251765	0.251765	70
70.01	NUTRITION SUPPORT	109,678	31,702	141,380	5.395912	5.395912	5.395912	70.01
70.02	MRI	5,099,993	8,410,504	13,510,497	0.159785	0.159785	0.159785	70.02
70.03	CARDIAC CATH LAB	27,331,680	61,172,927	88,504,607	0.121349	0.121349	0.121349	70.03
70.04	CARDIAC REHAB SERVICES	285	602,294	602,579	0.504501	0.504501	0.504501	70.04
71	MEDICAL SUPPLIES CHRGED TO	37,265,510	28,318,240	65,583,750	0.128270	0.128270	0.128270	71
71.01	COST OF SOLUTIONS	33,364,526	7,788,607	41,153,133	0.077051	0.077051	0.077051	71.01
72	IMPL. DEV. CHARGED TO PATIE	68,274,778	44,749,968	113,024,746	0.432893	0.432893	0.432893	72
73	DRUGS CHARGED TO PATIENTS	86,218,931	37,932,612	124,151,543	0.397761	0.397761	0.397761	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	127,702	351,171	478,873	0.881507	0.881507	0.881507	90
90.01	ANTICOAG CLINIC	16,339	1,973,636	1,989,975	0.756624	0.756624	0.756624	90.01
91	EMERGENCY	24,029,154	56,559,543	80,588,697	0.212347	0.212347	0.215530	91
91.01	PARTIAL HOSPITALIZATION		153,307	153,307	0.221040	0.221040	0.221040	91.01
92	OBSERVATION BEDS		20,749,405	20,749,405	0.407930	0.407930	0.407930	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	47,769	12,236,853	12,284,622	0.956311	0.956311	0.956311	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THE							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY							101
116	HOSPICE							116
200	SUBTOTAL (SEE INSTRUCTIONS)	803,025,425	577,861,080	1,380,886,505				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	803,025,425	577,861,080	1,380,886,505				202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	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	6,635,975		6,635,975	101,206	65.57	29,169	1,912,611	30
31	INTENSIVE CARE UNIT	1,063,877		1,063,877	7,859	135.37	5,491	743,317	31
31.01	PEDIATRIC ICU	139,126		139,126	866	160.65			31.01
31.02	NEONATAL ICU	469,624		469,624	4,559	103.01			31.02
32	CORONARY CARE UNIT	977,146		977,146	7,809	125.13	269	33,660	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	1,234,088		1,234,088	17,003	72.58	4,769	346,134	40
41	SUBPROVIDER - IRF	428,893		428,893	5,304	80.86	1,548	125,171	41
42	SUBPROVIDER I								42
43	NURSERY	295,573		295,573	5,406	54.67			43
44	SKILLED NURSING FACILITY	370,103		370,103	9,556	38.73	5,490	212,628	44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	11,614,405		11,614,405	159,568		46,736	3,373,521	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX
[XX] HOSPITAL (15-0021)
[ ] IPF
[ ] IRF
[ ] SUB (OTHER)
[XX] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,445,818	124,143,641	0.027757	21,631,152	600,416	50
50.01	CAREW MEDICAL PARK SURG	342,264	6,608,720	0.051790			50.01
51	RECOVERY ROOM	576,093	19,835,161	0.029044	2,672,978	77,634	51
52	DELIVERY ROOM & LABOR ROOM	338,918	1,620,000	0.209209			52
53	ANESTHESIOLOGY	133,185	7,128,920	0.018682	2,821,062	52,703	53
54	RADIOLOGY-DIAGNOSTIC	2,485,381	176,229,607	0.014103	25,042,024	353,168	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	51,846	843,210	0.061486			54.05
54.06	RADIOLOGY - CMP	115,322	9,223,511	0.012503			54.06
54.07	RADIOLOGY - WP	11,756	541,860	0.021696			54.07
54.08	RADIOLOGY - PULM CLINIC	41,048	98,890	0.415087			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,642,445	34,212,255	0.077237	443,658	34,267	55
56	RADIOISOTOPE	143,361	5,952,296	0.024085	1,026,432	24,722	56
60	LABORATORY	2,114,942	79,670,121	0.026546	17,367,454	461,036	60
60.01	ANATOMICAL PATHOLOGY	137,704	9,326,924	0.014764	878,227	12,966	60.01
62	WHOLE BLOOD & PACKED RED BLOO	39,528	4,589,302	0.008613	1,490,252	12,836	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
64	INTRAVENOUS THERAPY		1,561	1,561	1,561		64
65	RESPIRATORY THERAPY	765,116	39,896,632	0.019177	11,242,413	215,596	65
65.01	WOUND CARE	62,491	4,267,334	0.014644	1,393,831	20,411	65.01
65.02	DIALYSIS	38,712	2,977,375	0.013002	1,466,429	19,067	65.02
65.03	ENDOSCOPY	229,400	20,139,099	0.011391	1,426,869	16,253	65.03
66	PHYSICAL THERAPY	363,315	9,386,800	0.038705	1,644,012	63,631	66
66.01	TRANSITIONAL THERAPY	33,996	398,154	0.085384			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	143,569	4,309,187	0.033317	276,967	9,228	67
68	SPEECH PATHOLOGY	84,117	2,590,531	0.032471	395,851	12,854	68
68.01	NEURO REHAB	46,064	2,413,812	0.019084			68.01
69	ELECTROCARDIOLOGY	42,635	8,638,543	0.004935	1,496,248	7,384	69
70	ELECTROENCEPHALOGRAPHY	74,711	1,733,516	0.043098	353,715	15,244	70
70.01	NUTRITION SUPPORT	38,247	141,380	0.270526	29,850	8,075	70.01
70.02	MRI	542,897	13,510,497	0.040183	1,920,035	77,153	70.02
70.03	CARDIAC CATH LAB	1,131,013	88,504,607	0.012779	8,907,966	113,835	70.03
70.04	CARDIAC REHAB SERVICES	66,784	602,579	0.110830			70.04
71	MEDICAL SUPPLIES CHRGED TO PA	232,876	65,583,750	0.003551	11,440,588	40,626	71
71.01	COST OF SOLUTIONS	111,690	41,153,133	0.002714	10,727,881	29,115	71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,135,172	113,024,746	0.010044	23,828,724	239,336	72
73	DRUGS CHARGED TO PATIENTS	2,088,259	124,151,543	0.016820	27,410,207	461,040	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	21,787	478,873	0.045496	28,651	1,304	90
90.01	ANTICOAG CLINIC	65,268	1,989,975	0.032798	3,314	109	90.01
91	EMERGENCY	1,301,780	80,588,697	0.016153	7,409,805	119,691	91
91.01	PARTIAL HOSPITALIZATION	10,902	153,307	0.071112			91.01
92	OBSERVATION BEDS	804,085	20,749,405	0.038752			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	22,054,497	1,127,409,454	1,127,409,454	184,778,156	3,099,700	200

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

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

	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
	INPAT ROUTINE SERV COST CTRS						
30	ADULTS & PEDIATRICS		99			99	30
31	INTENSIVE CARE UNIT		1			1	31
31.01	PEDIATRIC ICU						31.01
31.02	NEONATAL ICU		1			1	31.02
32	CORONARY CARE UNIT		1			1	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		1			1	44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)		103			103	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 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	101,206		29,169		30
31	INTENSIVE CARE UNIT	7,859		5,491		31
31.01	PEDIATRIC ICU	866				31.01
31.02	NEONATAL ICU	4,559				31.02
32	CORONARY CARE UNIT	7,809		269		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	17,003		4,769		40
41	SUBPROVIDER - IRF	5,304		1,548		41
42	SUBPROVIDER I					42
43	NURSERY	5,406				43
44	SKILLED NURSING FACILITY	9,556		5,490		44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	159,568		46,736		200

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

CHECK APPLICABLE BOXES								
[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
[ ] TITLE XIX	[ ] IRF	[ ] NF		

	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			187		187	187	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			30,466		30,466	30,466	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			2		2	2	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			4		4	4	56
60	LABORATORY			109,380		109,380	109,380	60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY			16		16	16	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS			1		1	1	65.02
65.03	ENDOSCOPY			2		2	2	65.03
66	PHYSICAL THERAPY			6		6	6	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			9		9	9	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			2		2	2	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHRGED TO PA							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS			236,801		236,801	236,801	73
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		1	1	90
90.01	ANTICOAG CLINIC			1		1	1	90.01
91	EMERGENCY			58		58	58	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS			8		8	8	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)			376,945		376,945	376,945	200

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

CHECK APPLICABLE BOXES								
[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
[ ] TITLE XIX	[ ] IRF	[ ] NF		

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	124,143,641	0.000002	0.000002	21,631,152	43	7,643,037	15	50
50.01	CAREW MEDICAL PARK SURG	6,608,720					270,490		50.01
51	RECOVERY ROOM	19,835,161			2,672,978		5,036,960		51
52	DELIVERY ROOM & LABOR ROOM	1,620,000							52
53	ANESTHESIOLOGY	7,128,920			2,821,062		1,545,038		53
54	RADIOLOGY-DIAGNOSTIC	176,229,607	0.000173	0.000173	25,042,024	4,332	30,572,361	5,289	54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	843,210							54.05
54.06	RADIOLOGY - CMP	9,223,511							54.06
54.07	RADIOLOGY - WP	541,860							54.07
54.08	RADIOLOGY - PULM CLINIC	98,890	0.000020	0.000020			36		54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	34,212,255			443,658		10,449,121		55
56	RADIOISOTOPE	5,952,296	0.000001	0.000001	1,026,432	1	624,684	1	56
60	LABORATORY	79,670,121	0.001373	0.001373	17,367,454	23,846	1,987,132	2,728	60
60.01	ANATOMICAL PATHOLOGY	9,326,924			878,227		1,318,683		60.01
62	WHOLE BLOOD & PACKED RED BLO	4,589,302			1,490,252		263,781		62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
64	INTRAVENOUS THERAPY	1,561			1,561				64
65	RESPIRATORY THERAPY	39,896,632			11,242,413		1,060,617		65
65.01	WOUND CARE	4,267,334			1,393,831		167,224		65.01
65.02	DIALYSIS	2,977,375			1,466,429		76,397		65.02
65.03	ENDOSCOPY	20,139,099			1,426,869		2,385,689		65.03
66	PHYSICAL THERAPY	9,386,800	0.000001	0.000001	1,644,012	2			66
66.01	TRANSITIONAL THERAPY	398,154							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	4,309,187			276,967				67
68	SPEECH PATHOLOGY	2,590,531			395,851		165		68
68.01	NEURO REHAB	2,413,812	0.000004	0.000004					68.01
69	ELECTROCARDIOLOGY	8,638,543			1,496,248		2,165,976		69
70	ELECTROENCEPHALOGRAPHY	1,733,516			353,715		45,662		70
70.01	NUTRITION SUPPORT	141,380			29,850		6,175		70.01
70.02	MRI	13,510,497			1,920,035		2,601,355		70.02
70.03	CARDIAC CATH LAB	88,504,607			8,907,966		7,342,116		70.03
70.04	CARDIAC REHAB SERVICES	602,579					206,679		70.04
71	MEDICAL SUPPLIES CHRGED TO P	65,583,750			11,440,588		4,174,071		71
71.01	COST OF SOLUTIONS	41,153,133			10,727,881		1,661,673		71.01
72	IMPL. DEV. CHARGED TO PATIEN	113,024,746			23,828,724		15,798,873		72
73	DRUGS CHARGED TO PATIENTS	124,151,543	0.001907	0.001907	27,410,207	52,271	11,484,783	21,901	73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	478,873	0.000002	0.000002	28,651		86,495		90
90.01	ANTICOAG CLINIC	1,989,975	0.000001	0.000001	3,314		658,688	1	90.01
91	EMERGENCY	80,588,697	0.000001	0.000001	7,409,805	7	8,382,692	8	91
91.01	PARTIAL HOSPITALIZATION	153,307							91.01
92	OBSERVATION BEDS	20,749,405					2,722,894		92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	1,127,409,454			184,778,156	80,502	120,739,547	29,943	200

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

CHECK APPLICABLE BOXES								
[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-0021)	[ ]	SUB (OTHER)	[ ]	S/B-SNF
[XX]	TITLE XVIII-PT B	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF
[ ]	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	0.196114	7,643,037			1,498,907			50
50.01	CAREW MEDICAL PARK SURG	0.297073	270,490			80,355			50.01
51	RECOVERY ROOM	0.289714	5,036,960			1,459,278			51
52	DELIVERY ROOM & LABOR ROOM	0.636628							52
53	ANESTHESIOLOGY	0.067420	1,545,038			104,166			53
54	RADIOLOGY-DIAGNOSTIC	0.102328	30,572,361			3,128,409			54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	0.467585							54.05
54.06	RADIOLOGY - CMP	0.128238							54.06
54.07	RADIOLOGY - WP	0.426813							54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365	36			96			54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	0.312410	10,449,121			3,264,410			55
56	RADIOISOTOPE	0.167319	624,684			104,522			56
60	LABORATORY	0.197233	1,987,132			391,928			60
60.01	ANATOMICAL PATHOLOGY	0.244327	1,318,683			322,190			60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696	263,781			233,366			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.003203							64
65	RESPIRATORY THERAPY	0.219036	1,060,617			232,313			65
65.01	WOUND CARE	0.399346	167,224			66,780			65.01
65.02	DIALYSIS	0.546823	76,397			41,776			65.02
65.03	ENDOSCOPY	0.141534	2,385,689			337,656			65.03
66	PHYSICAL THERAPY	0.501151							66
66.01	TRANSITIONAL THERAPY	0.903944							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	0.485745							67
68	SPEECH PATHOLOGY	0.417478	165			69			68
68.01	NEURO REHAB	0.467724							68.01
69	ELECTROCARDIOLOGY	0.106288	2,165,976			230,217			69
70	ELECTROENCEPHALOGRAPHY	0.251765	45,662			11,496			70
70.01	NUTRITION SUPPORT	5.395912	6,175			33,320			70.01
70.02	MRI	0.159785	2,601,355			415,658			70.02
70.03	CARDIAC CATH LAB	0.121349	7,342,116			890,958			70.03
70.04	CARDIAC REHAB SERVICES	0.504501	206,679			104,270			70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270	4,174,071			535,408			71
71.01	COST OF SOLUTIONS	0.077051	1,661,673			128,034			71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893	15,798,873			6,839,222			72
73	DRUGS CHARGED TO PATIENTS	0.397761	11,484,783			4,568,199			73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.881507	86,495			76,246			90
90.01	ANTICOAG CLINIC	0.756624	658,688			498,379			90.01
91	EMERGENCY	0.212347	8,382,692			1,780,039			91
91.01	PARTIAL HOSPITALIZATION	0.221040							91.01
92	OBSERVATION BEDS	0.407930	2,722,894			1,110,750			92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.956311							95
200	SUBTOTAL (SEE INSTRUCTIONS)		120,739,547			28,488,417			200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)		120,739,547			28,488,417			202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX] PPS
	[XX]	TITLE XVIII-PT A	[XX]	IPF (15-S021)			[ ] TEFRA
	[ ]	TITLE XIX	[ ]	IRF			

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,445,818	124,143,641	0.027757	16,298	452	50
50.01	CAREW MEDICAL PARK SURG	342,264	6,608,720	0.051790			50.01
51	RECOVERY ROOM	576,093	19,835,161	0.029044	37,325	1,084	51
52	DELIVERY ROOM & LABOR ROOM	338,918	1,620,000	0.209209			52
53	ANESTHESIOLOGY	133,185	7,128,920	0.018682	15,954	298	53
54	RADIOLOGY-DIAGNOSTIC	2,485,381	176,229,607	0.014103	177,508	2,503	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	51,846	843,210	0.061486			54.05
54.06	RADIOLOGY - CMP	115,322	9,223,511	0.012503			54.06
54.07	RADIOLOGY - WP	11,756	541,860	0.021696			54.07
54.08	RADIOLOGY - PULM CLINIC	41,048	98,890	0.415087			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,642,445	34,212,255	0.077237	4,325	334	55
56	RADIOISOTOPE	143,361	5,952,296	0.024085			56
60	LABORATORY	2,114,942	79,670,121	0.026546	515,946	13,696	60
60.01	ANATOMICAL PATHOLOGY	137,704	9,326,924	0.014764	380	6	60.01
62	WHOLE BLOOD & PACKED RED BLOO	39,528	4,589,302	0.008613			62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
64	INTRAVENOUS THERAPY		1,561	1,561			64
65	RESPIRATORY THERAPY	765,116	39,896,632	0.019177	872	17	65
65.01	WOUND CARE	62,491	4,267,334	0.014644	8,924	131	65.01
65.02	DIALYSIS	38,712	2,977,375	0.013002			65.02
65.03	ENDOSCOPY	229,400	20,139,099	0.011391			65.03
66	PHYSICAL THERAPY	363,315	9,386,800	0.038705	587	23	66
66.01	TRANSITIONAL THERAPY	33,996	398,154	0.085384			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	143,569	4,309,187	0.033317	2,782	93	67
68	SPEECH PATHOLOGY	84,117	2,590,531	0.032471	925	30	68
68.01	NEURO REHAB	46,064	2,413,812	0.019084			68.01
69	ELECTROCARDIOLOGY	42,635	8,638,543	0.004935	18,891	93	69
70	ELECTROENCEPHALOGRAPHY	74,711	1,733,516	0.043098	6,240	269	70
70.01	NUTRITION SUPPORT	38,247	141,380	0.270526	4,037	1,092	70.01
70.02	MRI	542,897	13,510,497	0.040183	10,209	410	70.02
70.03	CARDIAC CATH LAB	1,131,013	88,504,607	0.012779			70.03
70.04	CARDIAC REHAB SERVICES	66,784	602,579	0.110830			70.04
71	MEDICAL SUPPLIES CHRGED TO PA	232,876	65,583,750	0.003551	4,400	16	71
71.01	COST OF SOLUTIONS	111,690	41,153,133	0.002714	18,606	50	71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,135,172	113,024,746	0.010044			72
73	DRUGS CHARGED TO PATIENTS	2,088,259	124,151,543	0.016820	777,163	13,072	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	21,787	478,873	0.045496	283	13	90
90.01	ANTICOAG CLINIC	65,268	1,989,975	0.032798			90.01
91	EMERGENCY	1,301,780	80,588,697	0.016153	361,842	5,845	91
91.01	PARTIAL HOSPITALIZATION	10,902	153,307	0.071112			91.01
92	OBSERVATION BEDS	804,085	20,749,405	0.038752			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	22,054,497	1,127,409,454	1,127,409,454	1,983,497	39,527	200

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

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
	[XX]	TITLE XVIII-PT A	[XX]	IPF (15-S021)	[ ]	SNF			[ ] TEFRA
	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF			

	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			187		187	187	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			30,466		30,466	30,466	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			2		2	2	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			4		4	4	56
60	LABORATORY			109,380		109,380	109,380	60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY			16		16	16	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS			1		1	1	65.02
65.03	ENDOSCOPY			2		2	2	65.03
66	PHYSICAL THERAPY			6		6	6	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			9		9	9	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			2		2	2	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHRGED TO PA							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS			236,801		236,801	236,801	73
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		1	1	90
90.01	ANTICOAG CLINIC			1		1	1	90.01
91	EMERGENCY			58		58	58	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)			376,937		376,937	376,937	200

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

CHECK APPLICABLE BOXES									
	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
	[XX] TITLE XVIII-PT A	[XX] IPF (15-S021)	[ ] SNF		[ ] TEFRA
	[ ] TITLE XIX	[ ] IRF	[ ] NF		

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	124,143,641	0.000002	0.000002	16,298				50
50.01	CAREW MEDICAL PARK SURG	6,608,720							50.01
51	RECOVERY ROOM	19,835,161			37,325				51
52	DELIVERY ROOM & LABOR ROOM	1,620,000							52
53	ANESTHESIOLOGY	7,128,920			15,954				53
54	RADIOLOGY-DIAGNOSTIC	176,229,607	0.000173	0.000173	177,508	31			54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	843,210							54.05
54.06	RADIOLOGY - CMP	9,223,511							54.06
54.07	RADIOLOGY - WP	541,860							54.07
54.08	RADIOLOGY - PULM CLINIC	98,890	0.000020	0.000020					54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	34,212,255			4,325				55
56	RADIOISOTOPE	5,952,296	0.000001	0.000001					56
60	LABORATORY	79,670,121	0.001373	0.001373	515,946	708			60
60.01	ANATOMICAL PATHOLOGY	9,326,924			380				60.01
62	WHOLE BLOOD & PACKED RED BLO	4,589,302							62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
64	INTRAVENOUS THERAPY	1,561							64
65	RESPIRATORY THERAPY	39,896,632			872				65
65.01	WOUND CARE	4,267,334			8,924				65.01
65.02	DIALYSIS	2,977,375							65.02
65.03	ENDOSCOPY	20,139,099							65.03
66	PHYSICAL THERAPY	9,386,800	0.000001	0.000001	587				66
66.01	TRANSITIONAL THERAPY	398,154							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	4,309,187			2,782				67
68	SPEECH PATHOLOGY	2,590,531			925				68
68.01	NEURO REHAB	2,413,812	0.000004	0.000004					68.01
69	ELECTROCARDIOLOGY	8,638,543			18,891				69
70	ELECTROENCEPHALOGRAPHY	1,733,516			6,240				70
70.01	NUTRITION SUPPORT	141,380			4,037				70.01
70.02	MRI	13,510,497			10,209				70.02
70.03	CARDIAC CATH LAB	88,504,607							70.03
70.04	CARDIAC REHAB SERVICES	602,579							70.04
71	MEDICAL SUPPLIES CHRGED TO P	65,583,750			4,400				71
71.01	COST OF SOLUTIONS	41,153,133			18,606				71.01
72	IMPL. DEV. CHARGED TO PATIEN	113,024,746							72
73	DRUGS CHARGED TO PATIENTS	124,151,543	0.001907	0.001907	777,163	1,482			73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	478,873	0.000002	0.000002	283				90
90.01	ANTICOAG CLINIC	1,989,975	0.000001	0.000001					90.01
91	EMERGENCY	80,588,697	0.000001	0.000001	361,842				91
91.01	PARTIAL HOSPITALIZATION	153,307							91.01
92	OBSERVATION BEDS	20,749,405							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	1,127,409,454			1,983,497	2,221			200

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

CHECK	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	IPF (15-S021)	[ ]	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	0.196114							50
50.01	CAREW MEDICAL PARK SURG	0.297073							50.01
51	RECOVERY ROOM	0.289714							51
52	DELIVERY ROOM & LABOR ROOM	0.636628							52
53	ANESTHESIOLOGY	0.067420							53
54	RADIOLOGY-DIAGNOSTIC	0.102328							54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	0.467585							54.05
54.06	RADIOLOGY - CMP	0.128238							54.06
54.07	RADIOLOGY - WP	0.426813							54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365							54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	0.312410							55
56	RADIOISOTOPE	0.167319							56
60	LABORATORY	0.197233							60
60.01	ANATOMICAL PATHOLOGY	0.244327							60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.003203							64
65	RESPIRATORY THERAPY	0.219036							65
65.01	WOUND CARE	0.399346							65.01
65.02	DIALYSIS	0.546823							65.02
65.03	ENDOSCOPY	0.141534							65.03
66	PHYSICAL THERAPY	0.501151							66
66.01	TRANSITIONAL THERAPY	0.903944							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	0.485745							67
68	SPEECH PATHOLOGY	0.417478							68
68.01	NEURO REHAB	0.467724							68.01
69	ELECTROCARDIOLOGY	0.106288							69
70	ELECTROENCEPHALOGRAPHY	0.251765							70
70.01	NUTRITION SUPPORT	5.395912							70.01
70.02	MRI	0.159785							70.02
70.03	CARDIAC CATH LAB	0.121349							70.03
70.04	CARDIAC REHAB SERVICES	0.504501							70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270							71
71.01	COST OF SOLUTIONS	0.077051							71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893							72
73	DRUGS CHARGED TO PATIENTS	0.397761							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.881507							90
90.01	ANTICOAG CLINIC	0.756624							90.01
91	EMERGENCY	0.212347							91
91.01	PARTIAL HOSPITALIZATION	0.221040							91.01
92	OBSERVATION BEDS	0.407930							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.956311							95
200	SUBTOTAL (SEE INSTRUCTIONS)								200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)								202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX
[ ] HOSPITAL
[ ] IPF
[XX] IRF (15-T021)
[ ] SUB (OTHER)
[XX] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,445,818	124,143,641	0.027757	4,844	134	50
50.01	CAREW MEDICAL PARK SURG	342,264	6,608,720	0.051790	3,196	166	50.01
51	RECOVERY ROOM	576,093	19,835,161	0.029044			51
52	DELIVERY ROOM & LABOR ROOM	338,918	1,620,000	0.209209			52
53	ANESTHESIOLOGY	133,185	7,128,920	0.018682	1,775	33	53
54	RADIOLOGY-DIAGNOSTIC	2,485,381	176,229,607	0.014103	104,386	1,472	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	51,846	843,210	0.061486			54.05
54.06	RADIOLOGY - CMP	115,322	9,223,511	0.012503			54.06
54.07	RADIOLOGY - WP	11,756	541,860	0.021696			54.07
54.08	RADIOLOGY - PULM CLINIC	41,048	98,890	0.415087			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,642,445	34,212,255	0.077237	24,044	1,857	55
56	RADIOISOTOPE	143,361	5,952,296	0.024085	10,785	260	56
60	LABORATORY	2,114,942	79,670,121	0.026546	136,243	3,617	60
60.01	ANATOMICAL PATHOLOGY	137,704	9,326,924	0.014764	637	9	60.01
62	WHOLE BLOOD & PACKED RED BLOO	39,528	4,589,302	0.008613			62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
64	INTRAVENOUS THERAPY		1,561	1,561			64
65	RESPIRATORY THERAPY	765,116	39,896,632	0.019177	23,436	449	65
65.01	WOUND CARE	62,491	4,267,334	0.014644	15,915	233	65.01
65.02	DIALYSIS	38,712	2,977,375	0.013002	34,115	444	65.02
65.03	ENDOSCOPY	229,400	20,139,099	0.011391	3,791	43	65.03
66	PHYSICAL THERAPY	363,315	9,386,800	0.038705	583,925	22,601	66
66.01	TRANSITIONAL THERAPY	33,996	398,154	0.085384			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	143,569	4,309,187	0.033317	560,348	18,669	67
68	SPEECH PATHOLOGY	84,117	2,590,531	0.032471	333,057	10,815	68
68.01	NEURO REHAB	46,064	2,413,812	0.019084			68.01
69	ELECTROCARDIOLOGY	42,635	8,638,543	0.004935	5,260	26	69
70	ELECTROENCEPHALOGRAPHY	74,711	1,733,516	0.043098	2,068	89	70
70.01	NUTRITION SUPPORT	38,247	141,380	0.270526	3,249	879	70.01
70.02	MRI	542,897	13,510,497	0.040183	4,765	191	70.02
70.03	CARDIAC CATH LAB	1,131,013	88,504,607	0.012779			70.03
70.04	CARDIAC REHAB SERVICES	66,784	602,579	0.110830			70.04
71	MEDICAL SUPPLIES CHRGED TO PA	232,876	65,583,750	0.003551	30,103	107	71
71.01	COST OF SOLUTIONS	111,690	41,153,133	0.002714	56,077	152	71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,135,172	113,024,746	0.010044			72
73	DRUGS CHARGED TO PATIENTS	2,088,259	124,151,543	0.016820	317,888	5,347	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	21,787	478,873	0.045496	2,048	93	90
90.01	ANTICOAG CLINIC	65,268	1,989,975	0.032798			90.01
91	EMERGENCY	1,301,780	80,588,697	0.016153			91
91.01	PARTIAL HOSPITALIZATION	10,902	153,307	0.071112			91.01
92	OBSERVATION BEDS	804,085	20,749,405	0.038752			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	22,054,497	1,127,409,454	1,127,409,454	2,261,955	67,686	200

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

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ] TEFRA
	[ ]	TITLE XIX	[XX]	IRF (15-T021)	[ ]	NF			

	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			187		187	187	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			30,466		30,466	30,466	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			2		2	2	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			4		4	4	56
60	LABORATORY			109,380		109,380	109,380	60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY			16		16	16	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS			1		1	1	65.02
65.03	ENDOSCOPY			2		2	2	65.03
66	PHYSICAL THERAPY			6		6	6	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			9		9	9	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			2		2	2	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHRGED TO PA							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS			236,801		236,801	236,801	73
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		1	1	90
90.01	ANTICOAG CLINIC			1		1	1	90.01
91	EMERGENCY			58		58	58	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)			376,937		376,937	376,937	200

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

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX
[ ] HOSPITAL
[ ] IPF
[XX] IRF (15-T021)
[ ] SUB (OTHER)
[ ] SNF
[ ] NF
[ ] ICF/MR
[XX] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	124,143,641	0.000002	0.000002	4,844				50
50.01	CAREW MEDICAL PARK SURG	6,608,720			3,196				50.01
51	RECOVERY ROOM	19,835,161							51
52	DELIVERY ROOM & LABOR ROOM	1,620,000							52
53	ANESTHESIOLOGY	7,128,920			1,775				53
54	RADIOLOGY-DIAGNOSTIC	176,229,607	0.000173	0.000173	104,386	18			54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	843,210							54.05
54.06	RADIOLOGY - CMP	9,223,511							54.06
54.07	RADIOLOGY - WP	541,860							54.07
54.08	RADIOLOGY - PULM CLINIC	98,890	0.000020	0.000020					54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	34,212,255			24,044				55
56	RADIOISOTOPE	5,952,296	0.000001	0.000001	10,785				56
60	LABORATORY	79,670,121	0.001373	0.001373	136,243	187			60
60.01	ANATOMICAL PATHOLOGY	9,326,924			637				60.01
62	WHOLE BLOOD & PACKED RED BLO	4,589,302							62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
64	INTRAVENOUS THERAPY	1,561							64
65	RESPIRATORY THERAPY	39,896,632			23,436				65
65.01	WOUND CARE	4,267,334			15,915				65.01
65.02	DIALYSIS	2,977,375			34,115				65.02
65.03	ENDOSCOPY	20,139,099			3,791				65.03
66	PHYSICAL THERAPY	9,386,800	0.000001	0.000001	583,925	1			66
66.01	TRANSITIONAL THERAPY	398,154							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	4,309,187			560,348				67
68	SPEECH PATHOLOGY	2,590,531			333,057				68
68.01	NEURO REHAB	2,413,812	0.000004	0.000004					68.01
69	ELECTROCARDIOLOGY	8,638,543			5,260				69
70	ELECTROENCEPHALOGRAPHY	1,733,516			2,068				70
70.01	NUTRITION SUPPORT	141,380			3,249				70.01
70.02	MRI	13,510,497			4,765				70.02
70.03	CARDIAC CATH LAB	88,504,607							70.03
70.04	CARDIAC REHAB SERVICES	602,579							70.04
71	MEDICAL SUPPLIES CHRGED TO P	65,583,750			30,103				71
71.01	COST OF SOLUTIONS	41,153,133			56,077				71.01
72	IMPL. DEV. CHARGED TO PATIEN	113,024,746							72
73	DRUGS CHARGED TO PATIENTS	124,151,543	0.001907	0.001907	317,888	606			73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	478,873	0.000002	0.000002	2,048				90
90.01	ANTICOAG CLINIC	1,989,975	0.000001	0.000001					90.01
91	EMERGENCY	80,588,697	0.000001	0.000001					91
91.01	PARTIAL HOSPITALIZATION	153,307							91.01
92	OBSERVATION BEDS	20,749,405							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	1,127,409,454			2,261,955	812			200

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

CHECK	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF
BOXES	[ ]	TITLE XIX - O/P	[XX]	IRF (15-T021)	[ ]	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	0.196114							50
50.01	CAREW MEDICAL PARK SURG	0.297073							50.01
51	RECOVERY ROOM	0.289714							51
52	DELIVERY ROOM & LABOR ROOM	0.636628							52
53	ANESTHESIOLOGY	0.067420							53
54	RADIOLOGY-DIAGNOSTIC	0.102328							54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	0.467585							54.05
54.06	RADIOLOGY - CMP	0.128238							54.06
54.07	RADIOLOGY - WP	0.426813							54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365							54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	0.312410							55
56	RADIOISOTOPE	0.167319							56
60	LABORATORY	0.197233							60
60.01	ANATOMICAL PATHOLOGY	0.244327							60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.003203							64
65	RESPIRATORY THERAPY	0.219036							65
65.01	WOUND CARE	0.399346							65.01
65.02	DIALYSIS	0.546823							65.02
65.03	ENDOSCOPY	0.141534							65.03
66	PHYSICAL THERAPY	0.501151							66
66.01	TRANSITIONAL THERAPY	0.903944							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	0.485745							67
68	SPEECH PATHOLOGY	0.417478							68
68.01	NEURO REHAB	0.467724							68.01
69	ELECTROCARDIOLOGY	0.106288							69
70	ELECTROENCEPHALOGRAPHY	0.251765							70
70.01	NUTRITION SUPPORT	5.395912							70.01
70.02	MRI	0.159785							70.02
70.03	CARDIAC CATH LAB	0.121349							70.03
70.04	CARDIAC REHAB SERVICES	0.504501							70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270							71
71.01	COST OF SOLUTIONS	0.077051							71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893							72
73	DRUGS CHARGED TO PATIENTS	0.397761							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.881507							90
90.01	ANTICOAG CLINIC	0.756624							90.01
91	EMERGENCY	0.212347							91
91.01	PARTIAL HOSPITALIZATION	0.221040							91.01
92	OBSERVATION BEDS	0.407930							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.956311							95
200	SUBTOTAL (SEE INSTRUCTIONS)								200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)								202

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

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (15-5516)			[ ] TEFRA
	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF			

	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			187		187	187	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			30,466		30,466	30,466	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			2		2	2	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			4		4	4	56
60	LABORATORY			109,380		109,380	109,380	60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY			16		16	16	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS			1		1	1	65.02
65.03	ENDOSCOPY			2		2	2	65.03
66	PHYSICAL THERAPY			6		6	6	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			9		9	9	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			2		2	2	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHRGED TO PA							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS			236,801		236,801	236,801	73
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		1	1	90
90.01	ANTICOAG CLINIC			1		1	1	90.01
91	EMERGENCY			58		58	58	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)			376,937		376,937	376,937	200

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

CHECK APPLICABLE BOXES
[ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS
[XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (15-5516) [ ] TEFRA
[ ] TITLE XIX [ ] IRF [ ] NF

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	124,143,641	0.000002	0.000002	12,766				50
50.01	CAREW MEDICAL PARK SURG	6,608,720							50.01
51	RECOVERY ROOM	19,835,161			5,654				51
52	DELIVERY ROOM & LABOR ROOM	1,620,000							52
53	ANESTHESIOLOGY	7,128,920			2,723				53
54	RADIOLOGY-DIAGNOSTIC	176,229,607	0.000173	0.000173	317,591	55			54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	843,210							54.05
54.06	RADIOLOGY - CMP	9,223,511							54.06
54.07	RADIOLOGY - WP	541,860							54.07
54.08	RADIOLOGY - PULM CLINIC	98,890	0.000020	0.000020					54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	34,212,255			94,734				55
56	RADIOISOTOPE	5,952,296	0.000001	0.000001	13,868				56
60	LABORATORY	79,670,121	0.001373	0.001373	566,267	777			60
60.01	ANATOMICAL PATHOLOGY	9,326,924			7,626				60.01
62	WHOLE BLOOD & PACKED RED BLO	4,589,302			23,966				62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
64	INTRAVENOUS THERAPY	1,561							64
65	RESPIRATORY THERAPY	39,896,632			163,091				65
65.01	WOUND CARE	4,267,334			203,942				65.01
65.02	DIALYSIS	2,977,375							65.02
65.03	ENDOSCOPY	20,139,099			18				65.03
66	PHYSICAL THERAPY	9,386,800	0.000001	0.000001	949,013	1			66
66.01	TRANSITIONAL THERAPY	398,154							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	4,309,187			840,739				67
68	SPEECH PATHOLOGY	2,590,531			164,873				68
68.01	NEURO REHAB	2,413,812	0.000004	0.000004					68.01
69	ELECTROCARDIOLOGY	8,638,543			19,303				69
70	ELECTROENCEPHALOGRAPHY	1,733,516			4,581				70
70.01	NUTRITION SUPPORT	141,380			405				70.01
70.02	MRI	13,510,497			31,200				70.02
70.03	CARDIAC CATH LAB	88,504,607			558				70.03
70.04	CARDIAC REHAB SERVICES	602,579							70.04
71	MEDICAL SUPPLIES CHRGED TO P	65,583,750			108,325				71
71.01	COST OF SOLUTIONS	41,153,133			433,099				71.01
72	IMPL. DEV. CHARGED TO PATIEN	113,024,746							72
73	DRUGS CHARGED TO PATIENTS	124,151,543	0.001907	0.001907	1,452,827	2,771			73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	478,873	0.000002	0.000002					90
90.01	ANTICOAG CLINIC	1,989,975	0.000001	0.000001					90.01
91	EMERGENCY	80,588,697	0.000001	0.000001					91
91.01	PARTIAL HOSPITALIZATION	153,307							91.01
92	OBSERVATION BEDS	20,749,405							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	1,127,409,454			5,417,169	3,604			200

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

CHECK	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	IPF	[XX]	SNF (15-5516)	[ ]	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	0.196114							50
50.01	CAREW MEDICAL PARK SURG	0.297073							50.01
51	RECOVERY ROOM	0.289714							51
52	DELIVERY ROOM & LABOR ROOM	0.636628							52
53	ANESTHESIOLOGY	0.067420							53
54	RADIOLOGY-DIAGNOSTIC	0.102328							54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	0.467585							54.05
54.06	RADIOLOGY - CMP	0.128238							54.06
54.07	RADIOLOGY - WP	0.426813							54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365							54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	0.312410							55
56	RADIOISOTOPE	0.167319							56
60	LABORATORY	0.197233							60
60.01	ANATOMICAL PATHOLOGY	0.244327							60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.003203							64
65	RESPIRATORY THERAPY	0.219036							65
65.01	WOUND CARE	0.399346							65.01
65.02	DIALYSIS	0.546823							65.02
65.03	ENDOSCOPY	0.141534							65.03
66	PHYSICAL THERAPY	0.501151							66
66.01	TRANSITIONAL THERAPY	0.903944							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	0.485745							67
68	SPEECH PATHOLOGY	0.417478							68
68.01	NEURO REHAB	0.467724							68.01
69	ELECTROCARDIOLOGY	0.106288							69
70	ELECTROENCEPHALOGRAPHY	0.251765							70
70.01	NUTRITION SUPPORT	5.395912							70.01
70.02	MRI	0.159785							70.02
70.03	CARDIAC CATH LAB	0.121349							70.03
70.04	CARDIAC REHAB SERVICES	0.504501							70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270							71
71.01	COST OF SOLUTIONS	0.077051							71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893							72
73	DRUGS CHARGED TO PATIENTS	0.397761							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.881507							90
90.01	ANTICOAG CLINIC	0.756624							90.01
91	EMERGENCY	0.212347							91
91.01	PARTIAL HOSPITALIZATION	0.221040							91.01
92	OBSERVATION BEDS	0.407930							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.956311							95
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 [ ] TITLE V
APPLICABLE [ ] TITLE XVIII-PT A
BOXES [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	6,635,975		6,635,975	101,206	65.57	7,159	469,416	30
31	INTENSIVE CARE UNIT	1,063,877		1,063,877	7,859	135.37	864	116,960	31
31.01	PEDIATRIC ICU	139,126		139,126	866	160.65			31.01
31.02	NEONATAL ICU	469,624		469,624	4,559	103.01			31.02
32	CORONARY CARE UNIT	977,146		977,146	7,809	125.13	588	73,576	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	1,234,088		1,234,088	17,003	72.58	3,415	247,861	40
41	SUBPROVIDER - IRF	428,893		428,893	5,304	80.86	1,134	91,695	41
42	SUBPROVIDER I								42
43	NURSERY	295,573		295,573	5,406	54.67	879	48,055	43
44	SKILLED NURSING FACILITY	370,103		370,103	9,556	38.73	5	194	44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	11,614,405		11,614,405	159,568		14,044	1,047,757	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[XX] PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF		[ ] TEFRA
BOXES	[XX] TITLE XIX	[ ] IRF		[ ] OTHER

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,445,818	124,143,641	0.027757	4,842,022	134,400	50
50.01	CAREW MEDICAL PARK SURG	342,264	6,608,720	0.051790			50.01
51	RECOVERY ROOM	576,093	19,835,161	0.029044	534,580	15,526	51
52	DELIVERY ROOM & LABOR ROOM	338,918	1,620,000	0.209209			52
53	ANESTHESIOLOGY	133,185	7,128,920	0.018682	333,060	6,222	53
54	RADIOLOGY-DIAGNOSTIC	2,485,381	176,229,607	0.014103	5,082,548	71,679	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	51,846	843,210	0.061486			54.05
54.06	RADIOLOGY - CMP	115,322	9,223,511	0.012503			54.06
54.07	RADIOLOGY - WP	11,756	541,860	0.021696			54.07
54.08	RADIOLOGY - PULM CLINIC	41,048	98,890	0.415087			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,642,445	34,212,255	0.077237	126,670	9,784	55
56	RADIOISOTOPE	143,361	5,952,296	0.024085	188,060	4,529	56
60	LABORATORY	2,114,942	79,670,121	0.026546	3,978,123	105,603	60
60.01	ANATOMICAL PATHOLOGY	137,704	9,326,924	0.014764	263,563	3,891	60.01
62	WHOLE BLOOD & PACKED RED BLOO	39,528	4,589,302	0.008613	321,914	2,773	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
64	INTRAVENOUS THERAPY		1,561	1,561			64
65	RESPIRATORY THERAPY	765,116	39,896,632	0.019177	2,873,928	55,113	65
65.01	WOUND CARE	62,491	4,267,334	0.014644	321,128	4,703	65.01
65.02	DIALYSIS	38,712	2,977,375	0.013002	244,914	3,184	65.02
65.03	ENDOSCOPY	229,400	20,139,099	0.011391	292,103	3,327	65.03
66	PHYSICAL THERAPY	363,315	9,386,800	0.038705	417,040	16,142	66
66.01	TRANSITIONAL THERAPY	33,996	398,154	0.085384			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	143,569	4,309,187	0.033317	202,166	6,736	67
68	SPEECH PATHOLOGY	84,117	2,590,531	0.032471	146,528	4,758	68
68.01	NEURO REHAB	46,064	2,413,812	0.019084			68.01
69	ELECTROCARDIOLOGY	42,635	8,638,543	0.004935	223,167	1,101	69
70	ELECTROENCEPHALOGRAPHY	74,711	1,733,516	0.043098	69,418	2,992	70
70.01	NUTRITION SUPPORT	38,247	141,380	0.270526	7,567	2,047	70.01
70.02	MRI	542,897	13,510,497	0.040183	478,100	19,211	70.02
70.03	CARDIAC CATH LAB	1,131,013	88,504,607	0.012779	1,246,190	15,925	70.03
70.04	CARDIAC REHAB SERVICES	66,784	602,579	0.110830			70.04
71	MEDICAL SUPPLIES CHRGED TO PA	232,876	65,583,750	0.003551	743,213	2,639	71
71.01	COST OF SOLUTIONS	111,690	41,153,133	0.002714	2,731,196	7,412	71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,135,172	113,024,746	0.010044	4,069,786	40,877	72
73	DRUGS CHARGED TO PATIENTS	2,088,259	124,151,543	0.016820	7,038,393	118,386	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	21,787	478,873	0.045496	12,690	577	90
90.01	ANTICOAG CLINIC	65,268	1,989,975	0.032798			90.01
91	EMERGENCY	1,301,780	80,588,697	0.016153	1,617,299	26,124	91
91.01	PARTIAL HOSPITALIZATION	10,902	153,307	0.071112			91.01
92	OBSERVATION BEDS	804,085	20,749,405	0.038752			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	22,054,497	1,127,409,454	1,127,409,454	38,405,366	685,661	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		99			99	30
31	INTENSIVE CARE UNIT		1			1	31
31.01	PEDIATRIC ICU						31.01
31.02	NEONATAL ICU		1			1	31.02
32	CORONARY CARE UNIT		1			1	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		1			1	44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)		103			103	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [ ] TITLE V
APPLICABLE [ ] TITLE XVIII-PT A
BOXES [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	101,206		7,159		30
31	INTENSIVE CARE UNIT	7,859		864		31
31.01	PEDIATRIC ICU	866				31.01
31.02	NEONATAL ICU	4,559				31.02
32	CORONARY CARE UNIT	7,809		588		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	17,003		3,415		40
41	SUBPROVIDER - IRF	5,304		1,134		41
42	SUBPROVIDER I					42
43	NURSERY	5,406		879		43
44	SKILLED NURSING FACILITY	9,556		5		44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	159,568		14,044		200

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

CHECK APPLICABLE BOXES								
[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] 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			187		187	187	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			30,466		30,466	30,466	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			2		2	2	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			4		4	4	56
60	LABORATORY			109,380		109,380	109,380	60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY			16		16	16	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS			1		1	1	65.02
65.03	ENDOSCOPY			2		2	2	65.03
66	PHYSICAL THERAPY			6		6	6	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			9		9	9	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			2		2	2	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHRGED TO PA							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS			236,801		236,801	236,801	73
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		1	1	90
90.01	ANTICOAG CLINIC			1		1	1	90.01
91	EMERGENCY			58		58	58	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)			376,937		376,937	376,937	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] 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	124,143,641	0.000002	0.000002	4,842,022	10			50
50.01	CAREW MEDICAL PARK SURG	6,608,720							50.01
51	RECOVERY ROOM	19,835,161			534,580				51
52	DELIVERY ROOM & LABOR ROOM	1,620,000							52
53	ANESTHESIOLOGY	7,128,920			333,060				53
54	RADIOLOGY-DIAGNOSTIC	176,229,607	0.000173	0.000173	5,082,548	879			54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	843,210							54.05
54.06	RADIOLOGY - CMP	9,223,511							54.06
54.07	RADIOLOGY - WP	541,860							54.07
54.08	RADIOLOGY - PULM CLINIC	98,890	0.000020	0.000020					54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	34,212,255			126,670				55
56	RADIOISOTOPE	5,952,296	0.000001	0.000001	188,060				56
60	LABORATORY	79,670,121	0.001373	0.001373	3,978,123	5,462			60
60.01	ANATOMICAL PATHOLOGY	9,326,924			263,563				60.01
62	WHOLE BLOOD & PACKED RED BLO	4,589,302			321,914				62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
64	INTRAVENOUS THERAPY	1,561							64
65	RESPIRATORY THERAPY	39,896,632			2,873,928				65
65.01	WOUND CARE	4,267,334			321,128				65.01
65.02	DIALYSIS	2,977,375			244,914				65.02
65.03	ENDOSCOPY	20,139,099			292,103				65.03
66	PHYSICAL THERAPY	9,386,800	0.000001	0.000001	417,040				66
66.01	TRANSITIONAL THERAPY	398,154							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	4,309,187			202,166				67
68	SPEECH PATHOLOGY	2,590,531			146,528				68
68.01	NEURO REHAB	2,413,812	0.000004	0.000004					68.01
69	ELECTROCARDIOLOGY	8,638,543			223,167				69
70	ELECTROENCEPHALOGRAPHY	1,733,516			69,418				70
70.01	NUTRITION SUPPORT	141,380			7,567				70.01
70.02	MRI	13,510,497			478,100				70.02
70.03	CARDIAC CATH LAB	88,504,607			1,246,190				70.03
70.04	CARDIAC REHAB SERVICES	602,579							70.04
71	MEDICAL SUPPLIES CHRGED TO P	65,583,750			743,213				71
71.01	COST OF SOLUTIONS	41,153,133			2,731,196				71.01
72	IMPL. DEV. CHARGED TO PATIEN	113,024,746			4,069,786				72
73	DRUGS CHARGED TO PATIENTS	124,151,543	0.001907	0.001907	7,038,393	13,422			73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	478,873	0.000002	0.000002	12,690				90
90.01	ANTICOAG CLINIC	1,989,975	0.000001	0.000001					90.01
91	EMERGENCY	80,588,697	0.000001	0.000001	1,617,299	2			91
91.01	PARTIAL HOSPITALIZATION	153,307							91.01
92	OBSERVATION BEDS	20,749,405							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	12,284,622							95
200	TOTAL (SUM OF LINES 50-199)	1,127,409,454			38,405,366	19,775			200

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

CHECK APPLICABLE BOXES								
[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-0021)	[ ]	SUB (OTHER)	[ ]	S/B-SNF
[ ]	TITLE XVIII-PT B	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF
[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	0.196114		2,045,671			401,185		50
50.01	CAREW MEDICAL PARK SURG	0.297073							50.01
51	RECOVERY ROOM	0.289714		959,045			277,849		51
52	DELIVERY ROOM & LABOR ROOM	0.636628							52
53	ANESTHESIOLOGY	0.067420		184,665			12,450		53
54	RADIOLOGY-DIAGNOSTIC	0.102328		6,218,233			636,299		54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	0.467585							54.05
54.06	RADIOLOGY - CMP	0.128238							54.06
54.07	RADIOLOGY - WP	0.426813							54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365		14,735			39,127		54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	0.312410		2,282,703			713,139		55
56	RADIOISOTOPE	0.167319		523,725			87,629		56
60	LABORATORY	0.197233		2,053,544			405,027		60
60.01	ANATOMICAL PATHOLOGY	0.244327		276,862			67,645		60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696		72,632			64,257		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.003203							64
65	RESPIRATORY THERAPY	0.219036		658,839			144,309		65
65.01	WOUND CARE	0.399346		55,147			22,023		65.01
65.02	DIALYSIS	0.546823		4,987			2,727		65.02
65.03	ENDOSCOPY	0.141534		354,795			50,216		65.03
66	PHYSICAL THERAPY	0.501151		268,107			134,362		66
66.01	TRANSITIONAL THERAPY	0.903944							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	0.485745		212,858			103,395		67
68	SPEECH PATHOLOGY	0.417478		173,554			72,455		68
68.01	NEURO REHAB	0.467724							68.01
69	ELECTROCARDIOLOGY	0.106288		331,614			35,247		69
70	ELECTROENCEPHALOGRAPHY	0.251765		87,818			22,109		70
70.01	NUTRITION SUPPORT	5.395912		2,243			12,103		70.01
70.02	MRI	0.159785		728,189			116,354		70.02
70.03	CARDIAC CATH LAB	0.121349		1,103,125			133,863		70.03
70.04	CARDIAC REHAB SERVICES	0.504501		23,150			11,679		70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270							71
71.01	COST OF SOLUTIONS	0.077051		552,085			42,539		71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893		2,982,840			1,291,251		72
73	DRUGS CHARGED TO PATIENTS	0.397761		3,416,176			1,358,822		73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.881507		4,297			3,788		90
90.01	ANTICOAG CLINIC	0.756624		80,926			61,231		90.01
91	EMERGENCY	0.212347		4,645,349			986,426		91
91.01	PARTIAL HOSPITALIZATION	0.221040							91.01
92	OBSERVATION BEDS	0.407930							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.956311		787,980			753,554		95
200	SUBTOTAL (SEE INSTRUCTIONS)			31,105,894			8,063,060		200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)			31,105,894			8,063,060		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S021)			[ ]	TEFRA
[XX]	TITLE XIX	[ ]	IRF			[ ]	OTHER

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,445,818	124,143,641	0.027757	25,625	711	50
50.01	CAREW MEDICAL PARK SURG	342,264	6,608,720	0.051790			50.01
51	RECOVERY ROOM	576,093	19,835,161	0.029044	22,230	646	51
52	DELIVERY ROOM & LABOR ROOM	338,918	1,620,000	0.209209			52
53	ANESTHESIOLOGY	133,185	7,128,920	0.018682	1,035	19	53
54	RADIOLOGY-DIAGNOSTIC	2,485,381	176,229,607	0.014103	64,003	903	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	51,846	843,210	0.061486			54.05
54.06	RADIOLOGY - CMP	115,322	9,223,511	0.012503			54.06
54.07	RADIOLOGY - WP	11,756	541,860	0.021696			54.07
54.08	RADIOLOGY - PULM CLINIC	41,048	98,890	0.415087			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,642,445	34,212,255	0.077237			55
56	RADIOISOTOPE	143,361	5,952,296	0.024085			56
60	LABORATORY	2,114,942	79,670,121	0.026546	467,677	12,415	60
60.01	ANATOMICAL PATHOLOGY	137,704	9,326,924	0.014764	245	4	60.01
62	WHOLE BLOOD & PACKED RED BLOO	39,528	4,589,302	0.008613			62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
64	INTRAVENOUS THERAPY		1,561	1,561			64
65	RESPIRATORY THERAPY	765,116	39,896,632	0.019177	950	18	65
65.01	WOUND CARE	62,491	4,267,334	0.014644	1,993	29	65.01
65.02	DIALYSIS	38,712	2,977,375	0.013002			65.02
65.03	ENDOSCOPY	229,400	20,139,099	0.011391			65.03
66	PHYSICAL THERAPY	363,315	9,386,800	0.038705			66
66.01	TRANSITIONAL THERAPY	33,996	398,154	0.085384			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	143,569	4,309,187	0.033317	250	8	67
68	SPEECH PATHOLOGY	84,117	2,590,531	0.032471			68
68.01	NEURO REHAB	46,064	2,413,812	0.019084			68.01
69	ELECTROCARDIOLOGY	42,635	8,638,543	0.004935	11,277	56	69
70	ELECTROENCEPHALOGRAPHY	74,711	1,733,516	0.043098	2,200	95	70
70.01	NUTRITION SUPPORT	38,247	141,380	0.270526	2,058	557	70.01
70.02	MRI	542,897	13,510,497	0.040183			70.02
70.03	CARDIAC CATH LAB	1,131,013	88,504,607	0.012779			70.03
70.04	CARDIAC REHAB SERVICES	66,784	602,579	0.110830			70.04
71	MEDICAL SUPPLIES CHRGED TO PA	232,876	65,583,750	0.003551	6,024	21	71
71.01	COST OF SOLUTIONS	111,690	41,153,133	0.002714	11,134	30	71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,135,172	113,024,746	0.010044			72
73	DRUGS CHARGED TO PATIENTS	2,088,259	124,151,543	0.016820	679,413	11,428	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	21,787	478,873	0.045496	187	9	90
90.01	ANTICOAG CLINIC	65,268	1,989,975	0.032798			90.01
91	EMERGENCY	1,301,780	80,588,697	0.016153	368,014	5,945	91
91.01	PARTIAL HOSPITALIZATION	10,902	153,307	0.071112			91.01
92	OBSERVATION BEDS	804,085	20,749,405	0.038752			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	22,054,497	1,127,409,454	1,127,409,454	1,664,315	32,894	200

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

CHECK APPLICABLE BOXES								
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S021)	[ ]	SNF			[ ] TEFRA
[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[ ] 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			187		187	187	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			30,466		30,466	30,466	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			2		2	2	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			4		4	4	56
60	LABORATORY			109,380		109,380	109,380	60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY			16		16	16	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS			1		1	1	65.02
65.03	ENDOSCOPY			2		2	2	65.03
66	PHYSICAL THERAPY			6		6	6	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			9		9	9	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			2		2	2	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHRGED TO PA							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS			236,801		236,801	236,801	73
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		1	1	90
90.01	ANTICOAG CLINIC			1		1	1	90.01
91	EMERGENCY			58		58	58	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)			376,937		376,937	376,937	200

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

CHECK APPLICABLE BOXES									
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S021)	[ ]	SNF			[ ]	TEFRA
[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[ ]	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	124,143,641	0.000002	0.000002	25,625				50
50.01	CAREW MEDICAL PARK SURG	6,608,720							50.01
51	RECOVERY ROOM	19,835,161			22,230				51
52	DELIVERY ROOM & LABOR ROOM	1,620,000							52
53	ANESTHESIOLOGY	7,128,920			1,035				53
54	RADIOLOGY-DIAGNOSTIC	176,229,607	0.000173	0.000173	64,003	11			54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	843,210							54.05
54.06	RADIOLOGY - CMP	9,223,511							54.06
54.07	RADIOLOGY - WP	541,860							54.07
54.08	RADIOLOGY - PULM CLINIC	98,890	0.000020	0.000020					54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	34,212,255							55
56	RADIOISOTOPE	5,952,296	0.000001	0.000001					56
60	LABORATORY	79,670,121	0.001373	0.001373	467,677	642			60
60.01	ANATOMICAL PATHOLOGY	9,326,924			245				60.01
62	WHOLE BLOOD & PACKED RED BLO	4,589,302							62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
64	INTRAVENOUS THERAPY	1,561							64
65	RESPIRATORY THERAPY	39,896,632			950				65
65.01	WOUND CARE	4,267,334			1,993				65.01
65.02	DIALYSIS	2,977,375							65.02
65.03	ENDOSCOPY	20,139,099							65.03
66	PHYSICAL THERAPY	9,386,800	0.000001	0.000001					66
66.01	TRANSITIONAL THERAPY	398,154							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	4,309,187			250				67
68	SPEECH PATHOLOGY	2,590,531							68
68.01	NEURO REHAB	2,413,812	0.000004	0.000004					68.01
69	ELECTROCARDIOLOGY	8,638,543			11,277				69
70	ELECTROENCEPHALOGRAPHY	1,733,516			2,200				70
70.01	NUTRITION SUPPORT	141,380			2,058				70.01
70.02	MRI	13,510,497							70.02
70.03	CARDIAC CATH LAB	88,504,607							70.03
70.04	CARDIAC REHAB SERVICES	602,579							70.04
71	MEDICAL SUPPLIES CHRGED TO P	65,583,750			6,024				71
71.01	COST OF SOLUTIONS	41,153,133			11,134				71.01
72	IMPL. DEV. CHARGED TO PATIEN	113,024,746							72
73	DRUGS CHARGED TO PATIENTS	124,151,543	0.001907	0.001907	679,413	1,296			73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	478,873	0.000002	0.000002	187				90
90.01	ANTICOAG CLINIC	1,989,975	0.000001	0.000001					90.01
91	EMERGENCY	80,588,697	0.000001	0.000001	368,014				91
91.01	PARTIAL HOSPITALIZATION	153,307							91.01
92	OBSERVATION BEDS	20,749,405							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	12,284,622							95
200	TOTAL (SUM OF LINES 50-199)	1,127,409,454			1,664,315	1,949			200

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

CHECK APPLICABLE BOXES									
	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
	[ ]	TITLE XVIII-PT B	[XX]	IPF (15-S021)	[ ]	SNF	[ ]	S/B-NF
	[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	0.196114							50
50.01	CAREW MEDICAL PARK SURG	0.297073							50.01
51	RECOVERY ROOM	0.289714							51
52	DELIVERY ROOM & LABOR ROOM	0.636628							52
53	ANESTHESIOLOGY	0.067420							53
54	RADIOLOGY-DIAGNOSTIC	0.102328		3,297			337		54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	0.467585							54.05
54.06	RADIOLOGY - CMP	0.128238							54.06
54.07	RADIOLOGY - WP	0.426813							54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365							54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	0.312410							55
56	RADIOISOTOPE	0.167319							56
60	LABORATORY	0.197233		7,781			1,535		60
60.01	ANATOMICAL PATHOLOGY	0.244327							60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.003203							64
65	RESPIRATORY THERAPY	0.219036							65
65.01	WOUND CARE	0.399346							65.01
65.02	DIALYSIS	0.546823							65.02
65.03	ENDOSCOPY	0.141534							65.03
66	PHYSICAL THERAPY	0.501151							66
66.01	TRANSITIONAL THERAPY	0.903944							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	0.485745							67
68	SPEECH PATHOLOGY	0.417478							68
68.01	NEURO REHAB	0.467724							68.01
69	ELECTROCARDIOLOGY	0.106288							69
70	ELECTROENCEPHALOGRAPHY	0.251765							70
70.01	NUTRITION SUPPORT	5.395912		31			167		70.01
70.02	MRI	0.159785							70.02
70.03	CARDIAC CATH LAB	0.121349							70.03
70.04	CARDIAC REHAB SERVICES	0.504501							70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270		57			7		71
71.01	COST OF SOLUTIONS	0.077051		338			26		71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893							72
73	DRUGS CHARGED TO PATIENTS	0.397761		3,039			1,209		73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.881507							90
90.01	ANTICOAG CLINIC	0.756624							90.01
91	EMERGENCY	0.212347		14,226			3,021		91
91.01	PARTIAL HOSPITALIZATION	0.221040							91.01
92	OBSERVATION BEDS	0.407930							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.956311							95
200	SUBTOTAL (SEE INSTRUCTIONS)			28,769			6,302		200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)			28,769			6,302		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
[ ]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
[XX]	TITLE XIX	[XX]	IRF (15-T021)			[ ]	OTHER

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,445,818	124,143,641	0.027757	1,940	54	50
50.01	CAREW MEDICAL PARK SURG	342,264	6,608,720	0.051790			50.01
51	RECOVERY ROOM	576,093	19,835,161	0.029044	1,590	46	51
52	DELIVERY ROOM & LABOR ROOM	338,918	1,620,000	0.209209			52
53	ANESTHESIOLOGY	133,185	7,128,920	0.018682			53
54	RADIOLOGY-DIAGNOSTIC	2,485,381	176,229,607	0.014103	35,455	500	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	51,846	843,210	0.061486			54.05
54.06	RADIOLOGY - CMP	115,322	9,223,511	0.012503			54.06
54.07	RADIOLOGY - WP	11,756	541,860	0.021696			54.07
54.08	RADIOLOGY - PULM CLINIC	41,048	98,890	0.415087			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	2,642,445	34,212,255	0.077237	16,212	1,252	55
56	RADIOISOTOPE	143,361	5,952,296	0.024085			56
60	LABORATORY	2,114,942	79,670,121	0.026546	29,974	796	60
60.01	ANATOMICAL PATHOLOGY	137,704	9,326,924	0.014764	469	7	60.01
62	WHOLE BLOOD & PACKED RED BLOO	39,528	4,589,302	0.008613			62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
64	INTRAVENOUS THERAPY		1,561	1,561			64
65	RESPIRATORY THERAPY	765,116	39,896,632	0.019177	13,063	251	65
65.01	WOUND CARE	62,491	4,267,334	0.014644	5,175	76	65.01
65.02	DIALYSIS	38,712	2,977,375	0.013002			65.02
65.03	ENDOSCOPY	229,400	20,139,099	0.011391	1,940	22	65.03
66	PHYSICAL THERAPY	363,315	9,386,800	0.038705	127,832	4,948	66
66.01	TRANSITIONAL THERAPY	33,996	398,154	0.085384			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	143,569	4,309,187	0.033317	122,469	4,080	67
68	SPEECH PATHOLOGY	84,117	2,590,531	0.032471	74,950	2,434	68
68.01	NEURO REHAB	46,064	2,413,812	0.019084			68.01
69	ELECTROCARDIOLOGY	42,635	8,638,543	0.004935	537	3	69
70	ELECTROENCEPHALOGRAPHY	74,711	1,733,516	0.043098	550	24	70
70.01	NUTRITION SUPPORT	38,247	141,380	0.270526	634	172	70.01
70.02	MRI	542,897	13,510,497	0.040183	2,709	109	70.02
70.03	CARDIAC CATH LAB	1,131,013	88,504,607	0.012779			70.03
70.04	CARDIAC REHAB SERVICES	66,784	602,579	0.110830			70.04
71	MEDICAL SUPPLIES CHRGED TO PA	232,876	65,583,750	0.003551	1,572	6	71
71.01	COST OF SOLUTIONS	111,690	41,153,133	0.002714	16,716	45	71.01
72	IMPL. DEV. CHARGED TO PATIENT	1,135,172	113,024,746	0.010044			72
73	DRUGS CHARGED TO PATIENTS	2,088,259	124,151,543	0.016820	78,365	1,318	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	21,787	478,873	0.045496	280	13	90
90.01	ANTICOAG CLINIC	65,268	1,989,975	0.032798			90.01
91	EMERGENCY	1,301,780	80,588,697	0.016153			91
91.01	PARTIAL HOSPITALIZATION	10,902	153,307	0.071112			91.01
92	OBSERVATION BEDS	804,085	20,749,405	0.038752			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	22,054,497	1,127,409,454	1,127,409,454	532,432	16,156	200

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

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ] TEFRA
	[XX]	TITLE XIX	[XX]	IRF (15-T021)	[ ]	NF			[ ] 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			187		187	187	50
50.01	CAREW MEDICAL PARK SURG							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			30,466		30,466	30,466	54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP							54.05
54.06	RADIOLOGY - CMP							54.06
54.07	RADIOLOGY - WP							54.07
54.08	RADIOLOGY - PULM CLINIC			2		2	2	54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			4		4	4	56
60	LABORATORY			109,380		109,380	109,380	60
60.01	ANATOMICAL PATHOLOGY							60.01
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY			16		16	16	65
65.01	WOUND CARE							65.01
65.02	DIALYSIS			1		1	1	65.02
65.03	ENDOSCOPY			2		2	2	65.03
66	PHYSICAL THERAPY			6		6	6	66
66.01	TRANSITIONAL THERAPY							66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
68.01	NEURO REHAB			9		9	9	68.01
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	NUTRITION SUPPORT							70.01
70.02	MRI			2		2	2	70.02
70.03	CARDIAC CATH LAB			1		1	1	70.03
70.04	CARDIAC REHAB SERVICES							70.04
71	MEDICAL SUPPLIES CHRGED TO PA							71
71.01	COST OF SOLUTIONS							71.01
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS			236,801		236,801	236,801	73
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		1	1	90
90.01	ANTICOAG CLINIC			1		1	1	90.01
91	EMERGENCY			58		58	58	91
91.01	PARTIAL HOSPITALIZATION							91.01
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)			376,937		376,937	376,937	200

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

CHECK APPLICABLE BOXES									
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
[XX]	TITLE XIX	[XX]	IRF (15-T021)	[ ]	NF			[ ]	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	124,143,641	0.000002	0.000002	1,940				50
50.01	CAREW MEDICAL PARK SURG	6,608,720							50.01
51	RECOVERY ROOM	19,835,161			1,590				51
52	DELIVERY ROOM & LABOR ROOM	1,620,000							52
53	ANESTHESIOLOGY	7,128,920							53
54	RADIOLOGY-DIAGNOSTIC	176,229,607	0.000173	0.000173	35,455	6			54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	843,210							54.05
54.06	RADIOLOGY - CMP	9,223,511							54.06
54.07	RADIOLOGY - WP	541,860							54.07
54.08	RADIOLOGY - PULM CLINIC	98,890	0.000020	0.000020					54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	34,212,255			16,212				55
56	RADIOISOTOPE	5,952,296	0.000001	0.000001					56
60	LABORATORY	79,670,121	0.001373	0.001373	29,974	41			60
60.01	ANATOMICAL PATHOLOGY	9,326,924			469				60.01
62	WHOLE BLOOD & PACKED RED BLO	4,589,302							62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
64	INTRAVENOUS THERAPY	1,561							64
65	RESPIRATORY THERAPY	39,896,632			13,063				65
65.01	WOUND CARE	4,267,334			5,175				65.01
65.02	DIALYSIS	2,977,375							65.02
65.03	ENDOSCOPY	20,139,099			1,940				65.03
66	PHYSICAL THERAPY	9,386,800	0.000001	0.000001	127,832				66
66.01	TRANSITIONAL THERAPY	398,154							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	4,309,187			122,469				67
68	SPEECH PATHOLOGY	2,590,531			74,950				68
68.01	NEURO REHAB	2,413,812	0.000004	0.000004					68.01
69	ELECTROCARDIOLOGY	8,638,543			537				69
70	ELECTROENCEPHALOGRAPHY	1,733,516			550				70
70.01	NUTRITION SUPPORT	141,380			634				70.01
70.02	MRI	13,510,497			2,709				70.02
70.03	CARDIAC CATH LAB	88,504,607							70.03
70.04	CARDIAC REHAB SERVICES	602,579							70.04
71	MEDICAL SUPPLIES CHRGED TO P	65,583,750			1,572				71
71.01	COST OF SOLUTIONS	41,153,133			16,716				71.01
72	IMPL. DEV. CHARGED TO PATIEN	113,024,746							72
73	DRUGS CHARGED TO PATIENTS	124,151,543	0.001907	0.001907	78,365	149			73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	478,873	0.000002	0.000002	280				90
90.01	ANTICOAG CLINIC	1,989,975	0.000001	0.000001					90.01
91	EMERGENCY	80,588,697	0.000001	0.000001					91
91.01	PARTIAL HOSPITALIZATION	153,307							91.01
92	OBSERVATION BEDS	20,749,405							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	12,284,622							95
200	TOTAL (SUM OF LINES 50-199)	1,127,409,454			532,432	196			200

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

CHECK APPLICABLE BOXES									
	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
	[ ]	TITLE XVIII-PT B	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF
	[XX]	TITLE XIX - O/P	[XX]	IRF (15-T021)	[ ]	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	0.196114							50
50.01	CAREW MEDICAL PARK SURG	0.297073							50.01
51	RECOVERY ROOM	0.289714							51
52	DELIVERY ROOM & LABOR ROOM	0.636628							52
53	ANESTHESIOLOGY	0.067420							53
54	RADIOLOGY-DIAGNOSTIC	0.102328							54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	0.467585							54.05
54.06	RADIOLOGY - CMP	0.128238							54.06
54.07	RADIOLOGY - WP	0.426813							54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365							54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	0.312410							55
56	RADIOISOTOPE	0.167319							56
60	LABORATORY	0.197233							60
60.01	ANATOMICAL PATHOLOGY	0.244327							60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.003203							64
65	RESPIRATORY THERAPY	0.219036							65
65.01	WOUND CARE	0.399346							65.01
65.02	DIALYSIS	0.546823							65.02
65.03	ENDOSCOPY	0.141534							65.03
66	PHYSICAL THERAPY	0.501151							66
66.01	TRANSITIONAL THERAPY	0.903944							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	0.485745							67
68	SPEECH PATHOLOGY	0.417478							68
68.01	NEURO REHAB	0.467724							68.01
69	ELECTROCARDIOLOGY	0.106288							69
70	ELECTROENCEPHALOGRAPHY	0.251765							70
70.01	NUTRITION SUPPORT	5.395912							70.01
70.02	MRI	0.159785							70.02
70.03	CARDIAC CATH LAB	0.121349							70.03
70.04	CARDIAC REHAB SERVICES	0.504501							70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270							71
71.01	COST OF SOLUTIONS	0.077051							71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893							72
73	DRUGS CHARGED TO PATIENTS	0.397761							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.881507							90
90.01	ANTICOAG CLINIC	0.756624							90.01
91	EMERGENCY	0.212347							91
91.01	PARTIAL HOSPITALIZATION	0.221040							91.01
92	OBSERVATION BEDS	0.407930							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.956311							95
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 (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
BOXES	[ ] TITLE XIX-INPT	[ ] IRF	[ ] NF		[ ] OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	101,206	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	101,206	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	101,206	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	29,169	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	69,885,435	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	69,885,435	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	136,471,483	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	136,471,483	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.512088	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)	1,348.45	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)	69,885,435	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART II

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA
BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] 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)	690.53	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	20,142,070	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)	20,142,070	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	12,909,359	7,859	1,642.62	5,491	9,019,626	43
43.01	PEDIATRIC ICU	1,776,462	866	2,051.34			43.01
43.02	NEONATAL ICU	4,573,156	4,559	1,003.11			43.02
44	CORONARY CARE UNIT	12,846,860	7,809	1,645.14	269	442,543	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)					45,120,317	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					74,724,556	49

	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	2,689,588	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	3,180,202	51
52	TOTAL PROGRAM EXCLUDABLE COST	5,869,790	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	68,854,766	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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	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 INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCT (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)	12,210	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)	690.53	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	8,431,371	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	6,635,975	69,885,435	0.094955	8,431,371	800,601	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	99	69,885,435	0.000001	8,431,371	8	92
93	ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK									
	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (15-S021)	[ ]	SNF			[ ] TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF			[ ] OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	17,003	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,003	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,003	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,769	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	11,662,923	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	11,662,923	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	22,893,311	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22,893,311	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.509447	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)	1,346.43	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)	11,662,923	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART II

CHECK	[ ] TITLE V-INPT	[ ] HOSPITAL	[ ] SUB (OTHER)	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (15-S021)		[ ] TEFRA
BOXES	[ ] TITLE XIX-INPT	[ ] IRF		[ ] 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)	685.93	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,271,200	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)	3,271,200	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	558,606	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,829,806	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	346,134	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	41,748	51
52	TOTAL PROGRAM EXCLUDABLE COST	387,882	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,441,924	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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		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 INSTRU (TITLE XVIII ONLY)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCT (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)	48	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)	685.93	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	32,925	89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	1,234,088	11,662,923	0.105813	32,925	3,484	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK										
	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[XX]	IRF (15-T021)	[ ]	NF			[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,304	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,304	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,304	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,548	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,600,463	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,600,463	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,630,346	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,630,346	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.543028	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)	1,250.07	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)	3,600,463	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART II

CHECK							
	[ ] TITLE V-INPT	[ ] HOSPITAL	[ ] SUB (OTHER)	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF		[ ] TEFRA
BOXES	[ ] TITLE XIX-INPT	[XX] IRF (15-T021)		[ ] 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)	678.82	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,050,813	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)	1,050,813	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	939,400	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,990,213	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	125,171	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	68,498	51
52	TOTAL PROGRAM EXCLUDABLE COST	193,669	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,796,544	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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		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 INSTRU (TITLE XVIII ONLY)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCT (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

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK									
	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (15-5516)			[ ] TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF			[ ] OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,556	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,556	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,556	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,490	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,269,313	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,269,313	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,896,151	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,896,151	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.724085	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)	617.01	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)	4,269,313	37

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

CHECK	[ ] TITLE V-INPT	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[XX] SNF (15-5516)		[ ] TEFRA
BOXES	[ ] TITLE XIX-INPT	[ ] IRF	[ ] NF		[ ] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	4,269,313	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	446.77	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	2,452,767	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	2,452,767	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	2,452,767	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,909,064	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	4,361,831	86

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK									
APPLICABLE	[ ] TITLE V-INPT	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
BOXES	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[XX] TITLE XIX-INPT	[ ] IRF	[ ] NF		[ ] OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	101,206	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	101,206	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	101,206	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,159	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)	5,406	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	879	16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	69,885,435	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	69,885,435	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	136,471,483	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	136,471,483	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.512088	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)	1,348.45	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)	69,885,435	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART II

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [XX] PPS
APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA
BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] 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)	690.53	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,943,504	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)	4,943,504	41

		TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42	NURSERY (TITLES V AND XIX ONLY)	3,295,699	5,406	609.64	879	535,874	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	12,909,359	7,859	1,642.62	864	1,419,224	43
43.01	PEDIATRIC ICU	1,776,462	866	2,051.34			43.01
43.02	NEONATAL ICU	4,573,156	4,559	1,003.11			43.02
44	CORONARY CARE UNIT	12,846,860	7,809	1,645.14	588	967,342	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)					9,690,250	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					17,556,194	49

	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	708,007	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	705,436	51
52	TOTAL PROGRAM EXCLUDABLE COST	1,413,443	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	16,142,751	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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	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 INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCT (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)	12,210	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

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK										
	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S021)	[ ]	SNF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF			[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	17,003	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,003	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,003	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,414	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	11,662,923	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	11,662,923	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	22,893,311	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22,893,311	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.509447	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)	1,346.43	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)	11,662,923	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART II

CHECK	[ ] TITLE V-INPT	[ ] HOSPITAL	[ ] SUB (OTHER)	[XX] PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[XX] IPF (15-S021)		[ ] TEFRA
BOXES	[XX] TITLE XIX-INPT	[ ] IRF		[ ] 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)	685.93	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,341,765	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)	2,341,765	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	475,737	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,817,502	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	247,861	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	34,843	51
52	TOTAL PROGRAM EXCLUDABLE COST	282,704	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,534,798	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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		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 INSTRU (TITLE XVIII ONLY)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCT (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

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK										
	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (15-T021)	[ ]	NF			[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,304	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,304	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,304	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,134	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,600,463	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,600,463	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,630,346	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,630,346	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.543028	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)	1,250.07	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)	3,600,463	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART II

CHECK APPLICABLE BOXES							
	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX] PPS
	[ ]	TITLE XVIII-PT A	[ ]	IPF			[ ] TEFRA
	[XX]	TITLE XIX-INPT	[XX]	IRF (15-T021)			[ ] 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)	678.82	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	769,782	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)	769,782	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	212,566	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	982,348	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	91,695	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	16,352	51
52	TOTAL PROGRAM EXCLUDABLE COST	108,047	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	874,301	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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		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 INSTRU (TITLE XVIII ONLY)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCT (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

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] S/B SNF	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] S/B NF	[ ] TEFRA
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF	[ ] ICF/MR	[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		41,451,188		30
31	INTENSIVE CARE UNIT		7,055,499		31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT		10,599,931		32
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196114	21,631,152	4,242,172	50
50.01	CAREW MEDICAL PARK SURG	0.297073			50.01
51	RECOVERY ROOM	0.289714	2,672,978	774,399	51
52	DELIVERY ROOM & LABOR ROOM	0.636628			52
53	ANESTHESIOLOGY	0.067420	2,821,062	190,196	53
54	RADIOLOGY-DIAGNOSTIC	0.102328	25,042,024	2,562,500	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.467585			54.05
54.06	RADIOLOGY - CMP	0.128238			54.06
54.07	RADIOLOGY - WP	0.426813			54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.312441	443,658	138,617	55
56	RADIOISOTOPE	0.167319	1,026,432	171,742	56
60	LABORATORY	0.197256	17,367,454	3,425,835	60
60.01	ANATOMICAL PATHOLOGY	0.244327	878,227	214,575	60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696	1,490,252	1,318,420	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.003203	1,561	5	64
65	RESPIRATORY THERAPY	0.219163	11,242,413	2,463,921	65
65.01	WOUND CARE	0.399346	1,393,831	556,621	65.01
65.02	DIALYSIS	0.546823	1,466,429	801,877	65.02
65.03	ENDOSCOPY	0.141534	1,426,869	201,950	65.03
66	PHYSICAL THERAPY	0.501151	1,644,012	823,898	66
66.01	TRANSITIONAL THERAPY	0.903944			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.485745	276,967	134,535	67
68	SPEECH PATHOLOGY	0.417478	395,851	165,259	68
68.01	NEURO REHAB	0.467783			68.01
69	ELECTROCARDIOLOGY	0.106288	1,496,248	159,033	69
70	ELECTROENCEPHALOGRAPHY	0.251765	353,715	89,053	70
70.01	NUTRITION SUPPORT	5.395912	29,850	161,068	70.01
70.02	MRI	0.159785	1,920,035	306,793	70.02
70.03	CARDIAC CATH LAB	0.121349	8,907,966	1,080,973	70.03
70.04	CARDIAC REHAB SERVICES	0.504501			70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270	11,440,588	1,467,484	71
71.01	COST OF SOLUTIONS	0.077051	10,727,881	826,594	71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893	23,828,724	10,315,288	72
73	DRUGS CHARGED TO PATIENTS	0.397761	27,410,207	10,902,711	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.881507	28,651	25,256	90
90.01	ANTICOAG CLINIC	0.756624	3,314	2,507	90.01
91	EMERGENCY	0.215530	7,409,805	1,597,035	91
91.01	PARTIAL HOSPITALIZATION	0.221040			91.01
92	OBSERVATION BEDS	0.407930			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		184,778,156	45,120,317	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		184,778,156		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] S/B SNF	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (15-S021)	[ ] SNF	[ ] S/B NF	[ ] TEFRA
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF	[ ] ICF/MR	[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF		6,440,548		40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196114	16,298	3,196	50
50.01	CAREW MEDICAL PARK SURG	0.297073			50.01
51	RECOVERY ROOM	0.289714	37,325	10,814	51
52	DELIVERY ROOM & LABOR ROOM	0.636628			52
53	ANESTHESIOLOGY	0.067420	15,954	1,076	53
54	RADIOLOGY-DIAGNOSTIC	0.102328	177,508	18,164	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.467585			54.05
54.06	RADIOLOGY - CMP	0.128238			54.06
54.07	RADIOLOGY - WP	0.426813			54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.312441	4,325	1,351	55
56	RADIOISOTOPE	0.167319			56
60	LABORATORY	0.197256	515,946	101,773	60
60.01	ANATOMICAL PATHOLOGY	0.244327	380	93	60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.003203			64
65	RESPIRATORY THERAPY	0.219163	872	191	65
65.01	WOUND CARE	0.399346	8,924	3,564	65.01
65.02	DIALYSIS	0.546823			65.02
65.03	ENDOSCOPY	0.141534			65.03
66	PHYSICAL THERAPY	0.501151	587	294	66
66.01	TRANSITIONAL THERAPY	0.903944			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.485745	2,782	1,351	67
68	SPEECH PATHOLOGY	0.417478	925	386	68
68.01	NEURO REHAB	0.467783			68.01
69	ELECTROCARDIOLOGY	0.106288	18,891	2,008	69
70	ELECTROENCEPHALOGRAPHY	0.251765	6,240	1,571	70
70.01	NUTRITION SUPPORT	5.395912	4,037	21,783	70.01
70.02	MRI	0.159785	10,209	1,631	70.02
70.03	CARDIAC CATH LAB	0.121349			70.03
70.04	CARDIAC REHAB SERVICES	0.504501			70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270	4,400	564	71
71.01	COST OF SOLUTIONS	0.077051	18,606	1,434	71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893			72
73	DRUGS CHARGED TO PATIENTS	0.397761	777,163	309,125	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.881507	283	249	90
90.01	ANTICOAG CLINIC	0.756624			90.01
91	EMERGENCY	0.215530	361,842	77,988	91
91.01	PARTIAL HOSPITALIZATION	0.221040			91.01
92	OBSERVATION BEDS	0.407930			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		1,983,497	558,606	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		1,983,497		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] S/B SNF	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] S/B NF	[ ] TEFRA
BOXES	[ ] TITLE XIX	[XX] IRF (15-T021)	[ ] NF	[ ] ICF/MR	[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		1,949,919		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196114	4,844	950	50
50.01	CAREW MEDICAL PARK SURG	0.297073	3,196	949	50.01
51	RECOVERY ROOM	0.289714			51
52	DELIVERY ROOM & LABOR ROOM	0.636628			52
53	ANESTHESIOLOGY	0.067420	1,775	120	53
54	RADIOLOGY-DIAGNOSTIC	0.102328	104,386	10,682	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.467585			54.05
54.06	RADIOLOGY - CMP	0.128238			54.06
54.07	RADIOLOGY - WP	0.426813			54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.312441	24,044	7,512	55
56	RADIOISOTOPE	0.167319	10,785	1,805	56
60	LABORATORY	0.197256	136,243	26,875	60
60.01	ANATOMICAL PATHOLOGY	0.244327	637	156	60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.003203			64
65	RESPIRATORY THERAPY	0.219163	23,436	5,136	65
65.01	WOUND CARE	0.399346	15,915	6,356	65.01
65.02	DIALYSIS	0.546823	34,115	18,655	65.02
65.03	ENDOSCOPY	0.141534	3,791	537	65.03
66	PHYSICAL THERAPY	0.501151	583,925	292,635	66
66.01	TRANSITIONAL THERAPY	0.903944			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.485745	560,348	272,186	67
68	SPEECH PATHOLOGY	0.417478	333,057	139,044	68
68.01	NEURO REHAB	0.467783			68.01
69	ELECTROCARDIOLOGY	0.106288	5,260	559	69
70	ELECTROENCEPHALOGRAPHY	0.251765	2,068	521	70
70.01	NUTRITION SUPPORT	5.395912	3,249	17,531	70.01
70.02	MRI	0.159785	4,765	761	70.02
70.03	CARDIAC CATH LAB	0.121349			70.03
70.04	CARDIAC REHAB SERVICES	0.504501			70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270	30,103	3,861	71
71.01	COST OF SOLUTIONS	0.077051	56,077	4,321	71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893			72
73	DRUGS CHARGED TO PATIENTS	0.397761	317,888	126,443	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.881507	2,048	1,805	90
90.01	ANTICOAG CLINIC	0.756624			90.01
91	EMERGENCY	0.215530			91
91.01	PARTIAL HOSPITALIZATION	0.221040			91.01
92	OBSERVATION BEDS	0.407930			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		2,261,955	939,400	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		2,261,955		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] S/B SNF	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[XX] SNF (15-5516)	[ ] S/B NF	[ ] TEFRA
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF	[ ] ICF/MR	[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196114	12,766	2,504	50
50.01	CAREW MEDICAL PARK SURG	0.297073			50.01
51	RECOVERY ROOM	0.289714	5,654	1,638	51
52	DELIVERY ROOM & LABOR ROOM	0.636628			52
53	ANESTHESIOLOGY	0.067420	2,723	184	53
54	RADIOLOGY-DIAGNOSTIC	0.102328	317,591	32,498	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.467585			54.05
54.06	RADIOLOGY - CMP	0.128238			54.06
54.07	RADIOLOGY - WP	0.426813			54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.312410	94,734	29,596	55
56	RADIOISOTOPE	0.167319	13,868	2,320	56
60	LABORATORY	0.197233	566,267	111,687	60
60.01	ANATOMICAL PATHOLOGY	0.244327	7,626	1,863	60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696	23,966	21,203	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.003203			64
65	RESPIRATORY THERAPY	0.219036	163,091	35,723	65
65.01	WOUND CARE	0.399346	203,942	81,443	65.01
65.02	DIALYSIS	0.546823			65.02
65.03	ENDOSCOPY	0.141534	18	3	65.03
66	PHYSICAL THERAPY	0.501151	949,013	475,599	66
66.01	TRANSITIONAL THERAPY	0.903944			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.485745	840,739	408,385	67
68	SPEECH PATHOLOGY	0.417478	164,873	68,831	68
68.01	NEURO REHAB	0.467724			68.01
69	ELECTROCARDIOLOGY	0.106288	19,303	2,052	69
70	ELECTROENCEPHALOGRAPHY	0.251765	4,581	1,153	70
70.01	NUTRITION SUPPORT	5.395912	405	2,185	70.01
70.02	MRI	0.159785	31,200	4,985	70.02
70.03	CARDIAC CATH LAB	0.121349	558	68	70.03
70.04	CARDIAC REHAB SERVICES	0.504501			70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270	108,325	13,895	71
71.01	COST OF SOLUTIONS	0.077051	433,099	33,371	71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893			72
73	DRUGS CHARGED TO PATIENTS	0.397761	1,452,827	577,878	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.881507			90
90.01	ANTICOAG CLINIC	0.756624			90.01
91	EMERGENCY	0.212347			91
91.01	PARTIAL HOSPITALIZATION	0.221040			91.01
92	OBSERVATION BEDS	0.407930			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		5,417,169	1,909,064	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		5,417,169		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK APPLICABLE BOXES								
[ ]	TITLE V	[XX]	HOSPITAL (15-0021)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX] PPS
[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ] TEFRA
[XX]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		9,200,052		30
31	INTENSIVE CARE UNIT		1,685,805		31
31.01	PEDIATRIC ICU		406,500		31.01
31.02	NEONATAL ICU		1,652,605		31.02
32	CORONARY CARE UNIT		2,353,580		32
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
43	NURSERY		32,489		43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196114	4,842,022	949,588	50
50.01	CAREW MEDICAL PARK SURG	0.297073			50.01
51	RECOVERY ROOM	0.289714	534,580	154,875	51
52	DELIVERY ROOM & LABOR ROOM	0.636628			52
53	ANESTHESIOLOGY	0.067420	333,060	22,455	53
54	RADIOLOGY-DIAGNOSTIC	0.102328	5,082,548	520,087	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.467585			54.05
54.06	RADIOLOGY - CMP	0.128238			54.06
54.07	RADIOLOGY - WP	0.426813			54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.312441	126,670	39,577	55
56	RADIOISOTOPE	0.167319	188,060	31,466	56
60	LABORATORY	0.197256	3,978,123	784,709	60
60.01	ANATOMICAL PATHOLOGY	0.244327	263,563	64,396	60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696	321,914	284,796	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.003203			64
65	RESPIRATORY THERAPY	0.219163	2,873,928	629,859	65
65.01	WOUND CARE	0.399346	321,128	128,241	65.01
65.02	DIALYSIS	0.546823	244,914	133,925	65.02
65.03	ENDOSCOPY	0.141534	292,103	41,343	65.03
66	PHYSICAL THERAPY	0.501151	417,040	209,000	66
66.01	TRANSITIONAL THERAPY	0.903944			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.485745	202,166	98,201	67
68	SPEECH PATHOLOGY	0.417478	146,528	61,172	68
68.01	NEURO REHAB	0.467783			68.01
69	ELECTROCARDIOLOGY	0.106288	223,167	23,720	69
70	ELECTROENCEPHALOGRAPHY	0.251765	69,418	17,477	70
70.01	NUTRITION SUPPORT	5.395912	7,567	40,831	70.01
70.02	MRI	0.159785	478,100	76,393	70.02
70.03	CARDIAC CATH LAB	0.121349	1,246,190	151,224	70.03
70.04	CARDIAC REHAB SERVICES	0.504501			70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270	743,213	95,332	71
71.01	COST OF SOLUTIONS	0.077051	2,731,196	210,441	71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893	4,069,786	1,761,782	72
73	DRUGS CHARGED TO PATIENTS	0.397761	7,038,393	2,799,598	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.881507	12,690	11,186	90
90.01	ANTICOAG CLINIC	0.756624			90.01
91	EMERGENCY	0.215530	1,617,299	348,576	91
91.01	PARTIAL HOSPITALIZATION	0.221040			91.01
92	OBSERVATION BEDS	0.407930			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		38,405,366	9,690,250	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		38,405,366		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX] PPS
	[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S021)	[ ]	SNF	[ ]	S/B NF	[ ] TEFRA
	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF		4,549,500		40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196114	25,625	5,025	50
50.01	CAREW MEDICAL PARK SURG	0.297073			50.01
51	RECOVERY ROOM	0.289714	22,230	6,440	51
52	DELIVERY ROOM & LABOR ROOM	0.636628			52
53	ANESTHESIOLOGY	0.067420	1,035	70	53
54	RADIOLOGY-DIAGNOSTIC	0.102328	64,003	6,549	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.467585			54.05
54.06	RADIOLOGY - CMP	0.128238			54.06
54.07	RADIOLOGY - WP	0.426813			54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.312441			55
56	RADIOISOTOPE	0.167319			56
60	LABORATORY	0.197256	467,677	92,252	60
60.01	ANATOMICAL PATHOLOGY	0.244327	245	60	60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.003203			64
65	RESPIRATORY THERAPY	0.219163	950	208	65
65.01	WOUND CARE	0.399346	1,993	796	65.01
65.02	DIALYSIS	0.546823			65.02
65.03	ENDOSCOPY	0.141534			65.03
66	PHYSICAL THERAPY	0.501151			66
66.01	TRANSITIONAL THERAPY	0.903944			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.485745	250	121	67
68	SPEECH PATHOLOGY	0.417478			68
68.01	NEURO REHAB	0.467783			68.01
69	ELECTROCARDIOLOGY	0.106288	11,277	1,199	69
70	ELECTROENCEPHALOGRAPHY	0.251765	2,200	554	70
70.01	NUTRITION SUPPORT	5.395912	2,058	11,105	70.01
70.02	MRI	0.159785			70.02
70.03	CARDIAC CATH LAB	0.121349			70.03
70.04	CARDIAC REHAB SERVICES	0.504501			70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270	6,024	773	71
71.01	COST OF SOLUTIONS	0.077051	11,134	858	71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893			72
73	DRUGS CHARGED TO PATIENTS	0.397761	679,413	270,244	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.881507	187	165	90
90.01	ANTICOAG CLINIC	0.756624			90.01
91	EMERGENCY	0.215530	368,014	79,318	91
91.01	PARTIAL HOSPITALIZATION	0.221040			91.01
92	OBSERVATION BEDS	0.407930			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		1,664,315	475,737	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		1,664,315		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] S/B SNF	[XX] PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] S/B NF	[ ] TEFRA
BOXES	[XX] TITLE XIX	[XX] IRF (15-T021)	[ ] NF	[ ] ICF/MR	[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	PEDIATRIC ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		461,250		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196114	1,940	380	50
50.01	CAREW MEDICAL PARK SURG	0.297073			50.01
51	RECOVERY ROOM	0.289714	1,590	461	51
52	DELIVERY ROOM & LABOR ROOM	0.636628			52
53	ANESTHESIOLOGY	0.067420			53
54	RADIOLOGY-DIAGNOSTIC	0.102328	35,455	3,628	54
54.01	RADIOLOGY - WABASH				54.01
54.02	RADIOLOGY - MANCHESTER				54.02
54.03	RADIOLOGY - EAST STATE				54.03
54.04	RADIOLOGY - JEFFERSON				54.04
54.05	RADIOLOGY - NHMP	0.467585			54.05
54.06	RADIOLOGY - CMP	0.128238			54.06
54.07	RADIOLOGY - WP	0.426813			54.07
54.08	RADIOLOGY - PULM CLINIC	2.655365			54.08
54.09	RADIOLOGY - WHITLEY POOL				54.09
55	RADIOLOGY-THERAPEUTIC	0.312441	16,212	5,065	55
56	RADIOISOTOPE	0.167319			56
60	LABORATORY	0.197256	29,974	5,913	60
60.01	ANATOMICAL PATHOLOGY	0.244327	469	115	60.01
62	WHOLE BLOOD & PACKED RED BLOOD	0.884696			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.003203			64
65	RESPIRATORY THERAPY	0.219163	13,063	2,863	65
65.01	WOUND CARE	0.399346	5,175	2,067	65.01
65.02	DIALYSIS	0.546823			65.02
65.03	ENDOSCOPY	0.141534	1,940	275	65.03
66	PHYSICAL THERAPY	0.501151	127,832	64,063	66
66.01	TRANSITIONAL THERAPY	0.903944			66.01
66.02	PV REHAB OUTREACH				66.02
67	OCCUPATIONAL THERAPY	0.485745	122,469	59,489	67
68	SPEECH PATHOLOGY	0.417478	74,950	31,290	68
68.01	NEURO REHAB	0.467783			68.01
69	ELECTROCARDIOLOGY	0.106288	537	57	69
70	ELECTROENCEPHALOGRAPHY	0.251765	550	138	70
70.01	NUTRITION SUPPORT	5.395912	634	3,421	70.01
70.02	MRI	0.159785	2,709	433	70.02
70.03	CARDIAC CATH LAB	0.121349			70.03
70.04	CARDIAC REHAB SERVICES	0.504501			70.04
71	MEDICAL SUPPLIES CHRGED TO PATI	0.128270	1,572	202	71
71.01	COST OF SOLUTIONS	0.077051	16,716	1,288	71.01
72	IMPL. DEV. CHARGED TO PATIENT	0.432893			72
73	DRUGS CHARGED TO PATIENTS	0.397761	78,365	31,171	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.881507	280	247	90
90.01	ANTICOAG CLINIC	0.756624			90.01
91	EMERGENCY	0.215530			91
91.01	PARTIAL HOSPITALIZATION	0.221040			91.01
92	OBSERVATION BEDS	0.407930			92
	OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		532,432	212,566	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		532,432		202

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART A

CHECK [XX] HOSPITAL (15-0021)
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	53,761,904	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,744,465	2
3	MANAGED CARE SIMULATED PAYMENTS	30,450,180	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	452.55	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	8.32	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	2.09	8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	10.41	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	13.32	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	10.41	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	8.07	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	8.32	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	8.93	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	8.93	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.019733	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.017801	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.017801	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	815,341	22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.80	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	2.91	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	1.80	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.003977	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.001062	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	89,433	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	904,774	29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0498	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2291	31
32	SUM OF LINES 30 AND 31	0.2789	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1222	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,569,705	34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	63,980,848	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	63,980,848	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,992,140	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART A

CHECK [XX] HOSPITAL (15-0021)
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	356,006	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	98,578	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	80,502	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	69,508,074	59
60	PRIMARY PAYER PAYMENTS	103,267	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	69,404,807	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,044,280	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	376,649	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,153,278	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	807,295	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	936,078	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	64,791,173	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	64,791,173	71
72	INTERIM PAYMENTS	64,388,492	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	402,681	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART B

CHECK APPLICABLE BOX: [XX] HOSPITAL (15-0021) [ ] IPF [ ] IRF
[ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	28,458,474	2
3	PPS PAYMENTS	22,288,357	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	269,108	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	29,943	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	22,587,408	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,866,298	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	17,721,110	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	119,286	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	17,840,396	30
31	PRIMARY PAYER PAYMENTS	2,929	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	17,837,467	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)	858,480	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	600,936	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	684,506	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	18,438,403	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	18,438,403	40
41	INTERIM PAYMENTS	18,449,827	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-11,424	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [XX] IPF (15-S021) [ ] IRF
[ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [XX] IRF (15-T021)
[ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [ ] IRF
[ ] SUB (OTHER) [XX] SNF (15-5516)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		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 (15-0021)
[ ] 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				64,428,222		18,388,077	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	08/16/2011	168,846	12/20/2011	87,093	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					3.50
		.51	12/20/2011	208,576	08/16/2011	25,343	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		-39,730		61,750	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)				64,388,492		18,449,827	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					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					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					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)							7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
PART I

CHECK APPLICABLE BOX: [ ] HOSPITAL [XX] IPF (15-S021) [ ] 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				2,981,979			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01		NONE		NONE	3.01
		.02					3.02
	PROGRAM	.03					3.03
	TO	.04					3.04
	PROVIDER	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.50		NONE		NONE	3.50
		.51					3.51
	PROVIDER	.52					3.52
	TO	.53					3.53
	PROGRAM	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		.99					3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)				2,981,979			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					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					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	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)							7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
PART I

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [XX] IRF (15-T021) [ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	INPATIENT PART B MM/DD/YYYY 3	INPATIENT PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				1,981,954			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01		NONE		NONE	3.01
		.02					3.02
	PROGRAM	.03					3.03
	TO	.04					3.04
	PROVIDER	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.50				NONE	3.50
		.51	08/16/2011	15,115			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		-15,115			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)				1,966,839			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					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					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					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)							7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
PART I

CHECK APPLICABLE BOX:
[ ] HOSPITAL
[ ] IPF
[ ] IRF
[ ] SUB (OTHER)
[XX] SNF (15-5516)
[ ] 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			1,919,092			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01		NONE		NONE	3.01
	.02					3.02
	PROGRAM .03					3.03
	TO .04					3.04
	PROVIDER .05					3.05
	.06					3.06
	.07					3.07
	.08					3.08
	.09					3.09
	.50		NONE		NONE	3.50
	.51					3.51
	PROVIDER .52					3.52
	TO .53					3.53
	PROGRAM .54					3.54
	.55					3.55
	.56					3.56
	.57					3.57
	.58					3.58
	.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99					3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			1,919,092			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					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					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					6.01
	PROVIDER TO PROGRAM .02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						7

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK APPLICABLE BOX [XX] HOSPITAL (15-0021) [ ] CAH

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	22,250	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	34,929	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	19,446	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	110,089	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,380,886,505	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	24,727,319	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		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 WORKSHEET E-3 PART II

CHECK [ ] HOSPITAL
APPLICABLE BOX: [XX] IPF (15-S021)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS	3,489,498	1
2	NET IPF PPS OUTLIER PAYMENT	17,723	2
3	NET IPF PPS ECT PAYMENT	8,403	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	46.452055	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 8/LINE 9)) RAISED TO THE POWER OF .5150 -1}		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,515,624	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,515,624	16
17	PRIMARY PAYER PAYMENTS	22,520	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,493,104	18
19	DEDUCTIBLES	464,996	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,028,108	20
21	COINSURANCE	46,129	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,981,979	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	252,182	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	176,527	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	239,039	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	3,158,506	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2,221	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,160,727	31
32	INTERIM PAYMENTS	2,981,979	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	178,748	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)	50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	53

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART III

CHECK [ ] HOSPITAL
APPLICABLE BOX: [XX] IRF (15-T021)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,744,384	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.029000	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	180,345	3
4	OUTLIER PAYMENTS	45,452	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.531507	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 9/LINE 10)) RAISED TO THE POWER OF .6876 -1}		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	1,970,181	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	1,970,181	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	1,970,181	19
20	DEDUCTIBLES		20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	1,970,181	21
22	COINSURANCE	10,188	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	1,959,993	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	3,575	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,503	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	3,575	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	1,962,496	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	812	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,963,308	32
33	INTERIM PAYMENTS	1,966,839	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-3,531	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3
PART VI

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

	PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,138,842	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3,604	3
4	SUBTOTAL (SUM OF LINES 1-3)	2,142,446	4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	219,750	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,215	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	37	9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	862	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	1,923,558	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	1,923,558	15
16	INTERIM PAYMENTS	1,919,092	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	4,466	18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART VII

CHECK APPLICABLE BOXES:							
[ ]	TITLE V	[XX]	HOSPITAL (15-0021)	[ ]	SNF	[XX]	PPS
[XX]	TITLE XIX	[ ]	IPF	[ ]	NF	[ ]	TEFRA
		[ ]	IRF	[ ]	ICF/MR	[ ]	OTHER
		[ ]	SUB (OTHER)				

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

	COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES	8,063,060	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	8,063,060	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	8,063,060	7
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES	69,511,260	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)	69,511,260	12
	CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	69,511,260	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)	61,448,200	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)	8,063,060	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	19,775	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	19,775	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21	8,082,835	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)	8,082,835	31
32	DEDUCTIBLES		32
33	COINSURANCE	17,139	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)	8,065,696	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	8,065,696	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)	8,065,696	40
41	INTERIM PAYMENTS	8,065,696	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART VII

CHECK APPLICABLE BOXES:								
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SNF	[XX]	PPS
[XX]	TITLE XIX	[XX]	IPF (15-S021)	[ ]	NF	[ ]	TEFRA
		[ ]	IRF	[ ]	ICF/MR	[ ]	OTHER
		[ ]	SUB (OTHER)				

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

	COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES	6,302	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	6,302	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	6,302	7
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES	1,693,084	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)	1,693,084	12
	CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,693,084	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)	1,686,782	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)	6,302	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	1,949	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	1,949	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21	8,251	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)	8,251	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)	8,251	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	8,251	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)	8,251	40
41	INTERIM PAYMENTS	8,251	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART VII

CHECK APPLICABLE BOXES:							
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SNF	[XX]	PPS
[XX]	TITLE XIX	[ ]	IPF	[ ]	NF	[ ]	TEFRA
		[XX]	IRF (15-T021)	[ ]	ICF/MR	[ ]	OTHER
		[ ]	SUB (OTHER)				

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

	COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)		4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)		7
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES	532,432	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)	532,432	12
	CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	532,432	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)	532,432	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)		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	196	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	196	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21	196	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)	196	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)	196	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	196	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)	196	40
41	INTERIM PAYMENTS	196	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS WORKSHEET E-4

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

	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			8.53	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			1.46	4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011				4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			9.99	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			13.32	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			9.99	7
		PRIMARY CARE 1	OTHER 2	TOTAL 3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	13.31		13.31	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	9.98		9.98	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	9.98			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	6.70	0.26		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	6.13	1.39		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	7.60	0.55		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	7.60	0.55		17
18	PER RESIDENT AMOUNT	97,871.14	92,678.19		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	743,821	50,973	794,794	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			3.50	20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			3.33	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			3.33	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			87,327.24	23
24	MULTIPLY LINE 22 TIMES LINE 23			290,800	24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			1,085,594	25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	41,246	19,446		26
27	TOTAL INPATIENT DAYS	132,348	132,348		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.311648	0.146931		28
29	PROGRAM DIRECT GME AMOUNT	338,323	159,507		29
30	REDUCTION FOR NURSING/ALLIED HEALTH		22,538		30
31	NET PROGRAM DIRECT GME AMOUNT			475,292	31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			85,139,788	37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			125,787	40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			85,014,001	41
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			28,488,417	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,929	43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			28,485,488	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			113,499,489	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.749025	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.250975	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			475,292	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			356,006	49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			119,286	50

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA	3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)	3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011	4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011	4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	7

		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25

COMPUTATION OF PROGRAM PATIENT LOAD

		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	13,159	17,327	26
27	TOTAL INPATIENT DAYS	132,348	132,348	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.099427	0.130920	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR NURSING/ALLIED HEALTH			30
31	NET PROGRAM DIRECT GME AMOUNT			31

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)	32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)	34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)	35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)	36

APPORTIONMENT OF MEDICARE REASONABLE COST OF GME

PART A REASONABLE COST

37	REASONABLE COST (SEE INSTRUCTIONS)	37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)	38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)	39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)	41

PART B REASONABLE COST

42	REASONABLE COST (SEE INSTRUCTIONS)	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)	47

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

48	TOTAL PROGRAM GME PAYMENT (LINE 31)	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)	49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)	50

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	98,731				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	72,814,868				4
5	OTHER RECEIVABLES	86,374,506				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	9,256,896				7
8	PREPAID EXPENSES	5,347,989				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	173,892,990				11
	FIXED ASSETS					
12	LAND	6,627,744				12
13	LAND IMPROVEMENTS	12,467,781				13
14	ACCUMULATED DEPRECIATION	-8,138,017				14
15	BUILDINGS	235,943,841				15
16	ACCUMULATED DEPRECIATION	-149,519,397				16
17	LEASEHOLD IMPROVEMENTS	9,068,965				17
18	ACCUMULATED AMORTIZATION	-2,770,044				18
19	FIXED EQUIPMENT	578,846				19
20	ACCUMULATED DEPRECIATION	-268,515				20
21	AUTOMOBILES AND TRUCKS	1,059,896				21
22	ACCUMULATED DEPRECIATION	-843,090				22
23	MAJOR MOVABLE EQUIPMENT	179,272,843				23
24	ACCUMULATED DEPRECIATION	-125,691,698				24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE	162,050				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	157,951,205				30
	OTHER ASSETS					
31	INVESTMENTS	16,656,287				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	8,996,988				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	25,653,275				35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	357,497,470				36

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	24,634,037				37
38	SALARIES, WAGES & FEES PAYABLE	9,748,844				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	6,321,123				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	40,704,004				45
	LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	1,972,371				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,972,371				50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	42,676,375				51
	CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	314,821,095				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)	314,821,095				59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	357,497,470				60

STATEMENT OF CHANGES IN FUND BALANCES WORKSHEET G-1

			GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
			1	2	3	4	5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD			312,267,139							1
2	NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)			68,153,382							2
3	TOTAL (SUM OF LINE 1 AND LINE 2)			380,420,521							3
4	ADDITIONS (CREDIT ADJUST-MENTS)										4
5	TRANSFERS	122,986,728									5
6											6
7											7
8											8
9											9
10	TOTAL ADDITIONS (SUM OF LINES 4-9)			122,986,728							10
11	SUBTOTAL (LINE 3 PLUS LINE 10)			503,407,249							11
12	DEDUCTIONS (DEBIT ADJUST-MENTS)										12
13	TRANSFERS	188,586,154									13
14											14
15											15
16											16
17											17
18	TOTAL DEDUCTIONS (SUM OF LINES 12-17)			188,586,154							18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)			314,821,095							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	116,721,759		116,721,759	1
2	SUBPROVIDER IPF	23,132,310		23,132,310	2
3	SUBPROVIDER IRF	6,791,250		6,791,250	3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	5,639,920		5,639,920	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	152,285,239		152,285,239	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	23,788,980		23,788,980	11
11.01	PEDIATRIC ICU	2,166,180		2,166,180	11.01
11.02	NEONATAL ICU	15,830,150		15,830,150	11.02
12	CORONARY CARE UNIT	29,999,290		29,999,290	12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT	16,355		16,355	14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	71,800,955		71,800,955	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	224,086,194		224,086,194	17
18	ANCILLARY SERVICES	597,568,821	625,629,986	1,223,198,807	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		24,770,033	24,770,033	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)	821,655,015	650,400,019	1,472,055,034	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		499,332,379	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)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43	TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		499,332,379	43

STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,472,055,034	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	941,205,748	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	530,849,286	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	499,332,379	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	31,516,907	5
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	3,430,040	6
7	INCOME FROM INVESTMENTS	1,602,890	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	29,161	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	98,569	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,207,439	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	130	21
22	RENTAL OF HOSPITAL SPACE	3,935,586	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (LAB SERVICES BILLED)	17,212,306	24
24.01	OTHER (HEALTH FITNESS INCOME)	873,303	24.01
24.02	OTHER (OTHER OPERATING INCOME)	9,565,439	24.02
24.03	OTHER (GIFT SHOP)	25,557	24.03
24.04	OTHER (INCOME RELATED TO NONREIMBURSEABLE)		24.04
24.05	OTHER (ALL OTHER INCOME)		24.05
24.06	OTHER (ROUNDING)		24.06
24.99	OTHER (GAIN ON SALE OF ASSET)	68,098	24.99
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	39,048,518	25
26	TOTAL (LINE 5 PLUS LINE 25)	70,565,425	26
27	OTHER EXPENSES (UNREALIZED LOSSES)	1,036,193	27
27.01	OTHER EXPENSES (LOSS ON SALE OF ASSETS)		27.01
27.02	OTHER EXPENSES (INTEREST EXPENSE)	236,646	27.02
27.03	OTHER EXPENSES (ROUNDING)	2	27.03
27.04	OTHER EXPENSES (LOSS RELATED TO NON REIMBURSEABLE)	1,139,202	27.04
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	2,412,043	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	68,153,382	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 15-7423 WORKSHEET H

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR-TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDGS & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (SEE INSTRUCTIONS)							4
5	ADMINISTRATIVE AND GENERAL	1,022,912	2,651,435			2,377,453	6,051,800	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	3,154,708		355,779		-96,558	3,413,929	6
7	PHYSICAL THERAPY	485,868		72,105			557,973	7
8	OCCUPATIONAL THERAPY	432,745		33,598			466,343	8
9	SPEECH PATHOLOGY	104,344		15,755			120,099	9
10	MEDICAL SOCIAL SERVICES	54,704		17,519			72,223	10
11	HOME HEALTH AIDE	328,077		144,144			472,221	11
12	SUPPLIES (SEE INSTRUCTIONS)							12
13	DRUGS							13
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS	2,736,603		31,388	1,426,877	571,617	4,766,485	23
24	TOTAL (SUM OF LINES 1-23)	8,319,961	2,651,435	670,288	1,426,877	2,852,512	15,921,073	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 15-7423 WORKSHEET H (CONTINUED)

		RECLASS-IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (SEE INSTRUCTIONS)					4
5	ADMINISTRATIVE AND GENERAL	-4,463,807	1,587,993	-229,003	1,358,990	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		3,413,929		3,413,929	6
7	PHYSICAL THERAPY		557,973		557,973	7
8	OCCUPATIONAL THERAPY		466,343		466,343	8
9	SPEECH PATHOLOGY		120,099		120,099	9
10	MEDICAL SOCIAL SERVICES		72,223		72,223	10
11	HOME HEALTH AIDE		472,221		472,221	11
12	SUPPLIES (SEE INSTRUCTIONS)					12
13	DRUGS					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS	-3,564,499	1,201,986		1,201,986	23
24	TOTAL (SUM OF LINES 1-23)	-8,028,306	7,892,767	-229,003	7,663,764	24

COST ALLOCATION - HHA GENERAL SERVICE COST HHA NO.: 15-7423 WORKSHEET H-1 PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL COSTS BLDG & FIXTURES 1	CAP REL COSTS MVBL EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDGS & FIXT									1
2	CAPITAL RELATED-MOVABLE EQUIP									2
3	PLANT OPERATION & MAINTENANCE									3
4	TRANSPORTATION (SEE INSTR.)									4
5	ADMINISTRATIVE AND GENERAL	1,358,990					1,358,990	1,358,990		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	3,413,929					3,413,929	735,870	4,149,799	6
7	PHYSICAL THERAPY	557,973					557,973	120,271	678,244	7
8	OCCUPATIONAL THERAPY	466,343					466,343	100,520	566,863	8
9	SPEECH PATHOLOGY	120,099					120,099	25,887	145,986	9
10	MEDICAL SOCIAL SERVICES	72,223					72,223	15,568	87,791	10
11	HOME HEALTH AIDE	472,221					472,221	101,787	574,008	11
12	SUPPLIES (SEE INSTRUCTIONS)									12
13	DRUGS									13
14	DME									14
	HHA NONREIMBURSABLE SERVICES									
15	HOME DIALYSIS AIDE SERVICES									15
16	RESPIRATORY THERAPY									16
17	PRIVATE DUTY NURSING									17
18	CLINIC									18
19	HEALTH PROMOTION ACTIVITIES									19
20	DAY CARE PROGRAM									20
21	HOME DELIVERED MEALS PROGRAM									21
22	HOMEMAKER SERVICE									22
23	ALL OTHERS	1,201,986					1,201,986	259,087	1,461,073	23
24	TOTAL (SUM OF LINES 1-23)	7,663,764					7,663,764		7,663,764	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7423

WORKSHEET H-1
PART II

		CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT-ATION (MILEAGE) 4	RECONCIL-IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDGS & FIXT							1
2	CAPITAL RELATED-MOVABLE EQUIP							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (SEE INSTR.)							4
5	ADMINISTRATIVE AND GENERAL					-1,358,990	6,304,774	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						3,413,929	6
7	PHYSICAL THERAPY						557,973	7
8	OCCUPATIONAL THERAPY						466,343	8
9	SPEECH PATHOLOGY						120,099	9
10	MEDICAL SOCIAL SERVICES						72,223	10
11	HOME HEALTH AIDE						472,221	11
12	SUPPLIES (SEE INSTRUCTIONS)							12
13	DRUGS							13
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS						1,201,986	23
23.50	TELEMEDICINE							23.50
24	TOTAL (SUM OF LINES 1-23)					-1,358,990	6,304,774	24
25	COST TO BE ALLOC (PER W/S H)						1,358,990	25
26	UNIT COST MULTIPLIER						0.215549	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2 PART I

	HHA COST CENTER	HHA TRIAL BALANCE 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	OTHER CAP REL COSTS 3	EMPLOYEE BENEFITS 4	COMMUN-CATIONS 5.01	DATA PROCESSING 5.02	MATERIALS MGMT 5.03	
1	ADMINISTRATIVE AND GENERAL		138,888	35,994		862,911	19,351		37,559	1
2	SKILLED NURSING CARE	4,149,799								2
3	PHYSICAL THERAPY	678,244								3
4	OCCUPATIONAL THERAPY	566,863								4
5	SPEECH PATHOLOGY	145,986								5
6	MEDICAL SOCIAL SERVICES	87,791								6
7	HOME HEALTH AIDE	574,008								7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS	1,461,073								19
20	TOTAL (SUM OF LINES 1-19)	7,663,764	138,888	35,994		862,911	19,351		37,559	20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2 PART I

	HHA COST CENTER	PATIENT SERVICES 5.04	PATIENT ACCOUNTING 5.05	AMBULATORY SVCS ADMIN 5.06	SUBTOTAL (COLS.0-4) 4A	OTHER A&G 5.07	CAREW MED PARK ADMIN 5.08	CRITICAL CARE ADMIN 5.09	MAIN-TENANCE & REPAIRS 6	
1	ADMINISTRATIVE AND GENERAL				1,094,703	281,733				1
2	SKILLED NURSING CARE				4,149,799	1,067,991				2
3	PHYSICAL THERAPY				678,244	174,553				3
4	OCCUPATIONAL THERAPY				566,863	145,888				4
5	SPEECH PATHOLOGY				145,986	37,571				5
6	MEDICAL SOCIAL SERVICES				87,791	22,594				6
7	HOME HEALTH AIDE				574,008	147,727				7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS				1,461,073	376,022				19
20	TOTAL (SUM OF LINES 1-19)				8,758,467	2,254,079				20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2 PART I

	HHA COST CENTER	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	
		7	7.01	8	9	10	10.01	10.02	10.03	
1	ADMINISTRATIVE AND GENERAL	128,573	106,175		124,219					1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
20	TOTAL (SUM OF LINES 1-19)	128,573	106,175		124,219					20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2 PART I

	HHA COST CENTER	CAFETERIA 11	MAIN-TENANCE OF PERSONNEL 12	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	OUTPATIENT PHARMACY 15.01	IV SOLUTIONS 15.02	MED SURG SUPPLY 15.03	
1	ADMINISTRATIVE AND GENERAL	655		4,923	707	564,715				1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
20	TOTAL (SUM OF LINES 1-19)	655		4,923	707	564,715				20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2 PART I

	HHA COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		16	17	17.01	19	20	21	22	23	
1	ADMINISTRATIVE AND GENERAL	238,391								1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
20	TOTAL (SUM OF LINES 1-19)	238,391								20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2 PART I

	HHA COST CENTER	PARAMED ED RADIOLOGY 23.01	PARAMED ED PHARMACY 23.02	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP-DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1	ADMINISTRATIVE AND GENERAL		14,168	2,558,962		2,558,962			1
2	SKILLED NURSING CARE			5,217,790		5,217,790	1,385,633	6,603,423	2
3	PHYSICAL THERAPY			852,797		852,797	226,469	1,079,266	3
4	OCCUPATIONAL THERAPY			712,751		712,751	189,278	902,029	4
5	SPEECH PATHOLOGY			183,557		183,557	48,745	232,302	5
6	MEDICAL SOCIAL SERVICES			110,385		110,385	29,314	139,699	6
7	HOME HEALTH AIDE			721,735		721,735	191,664	913,399	7
8	SUPPLIES								8
9	DRUGS								9
10	DME								10
11	HOME DIALYSIS AIDE SERVICES								11
12	RESPIRATORY THERAPY								12
13	PRIVATE DUTY NURSING								13
14	CLINIC								14
15	HEALTH PROMOTION ACTIVITIES								15
16	DAY CARE PROGRAM								16
17	HOME DELIVERED MEALS PROGRAM								17
18	HOMEMAKER SERVICE								18
19	ALL OTHERS			1,837,095		1,837,095	487,859	2,324,954	19
20	TOTAL (SUM OF LINES 1-19)		14,168	12,195,072		12,195,072	2,558,962	12,195,072	20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.						0.265560		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUN-CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	MATERIALS MGMT COSTED REQUISTION 5.03	PATIENT SERVICES INPATIENT REVENUE 5.04	
1	ADMINISTRATIVE AND GENERAL	16,850	34,133		3,856,154	77		626,512		1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTAL (SUM OF LINES 1-19)	16,850	34,133		3,856,154	77		626,512		20
21	TOTAL COST TO BE ALLOCATED	138,888	35,994		862,911	19,351		37,559		21
22	UNIT COST MULTIPLIER	8.242611				251.311688		0.059949		22
22	UNIT COST MULTIPLIER		1.054522		0.223775					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	PATIENT ACCOUNTING GROSS REVENUE 5.05	AMBULATORY SVCS ADMIN FTES 5.06	RECON-CILIATION 4A.07	OTHER A&G ACCUM COST 5.07	CAREW MED PARK ADMIN DIRECT EXPENSES 5.08	CRITICAL CARE ADMIN OTHER 5.09	MAIN-TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL				1,094,703				16,850	1
2	SKILLED NURSING CARE				4,149,799					2
3	PHYSICAL THERAPY				678,244					3
4	OCCUPATIONAL THERAPY				566,863					4
5	SPEECH PATHOLOGY				145,986					5
6	MEDICAL SOCIAL SERVICES				87,791					6
7	HOME HEALTH AIDE				574,008					7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS				1,461,073					19
19.50	TELEMEDICINE									19.50
20	TOTAL (SUM OF LINES 1-19)				8,758,467				16,850	20
21	TOTAL COST TO BE ALLOCATED				2,254,079				128,573	21
22	UNIT COST MULTIPLIER									22
22	UNIT COST MULTIPLIER				0.257360				7.630445	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	FACILITY ENGINEERIN SQUARE FEET 7.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 10.01	CAFETERIA NUMBER OF PERSONNEL 10.02	PREADMITS AND ER MEALS PREADMITS 10.03	CAFETERIA MEALS FTES 11	
1	ADMINISTRATIVE AND GENERAL	16,850		16,850					11	1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTAL (SUM OF LINES 1-19)	16,850		16,850					11	20
21	TOTAL COST TO BE ALLOCATED	106,175		124,219					655	21
22	UNIT COST MULTIPLIER	6.301187		7.372047						22
22	UNIT COST MULTIPLIER								59.545455	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING FTE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	OUTPATIENT PHARMACY PERCENTAGE 1 15.01	IV SOLUTIONS PERCENTAGE 2 15.02	MED SURG SUPPLY PERCENTAGE 3 15.03	MEDICAL RECORDS & LIBRARY TIME SPENT 16	
1	ADMINISTRATIVE AND GENERAL		11	380	1,169,546				440	1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTAL (SUM OF LINES 1-19)		11	380	1,169,546				440	20
21	TOTAL COST TO BE ALLOCATED		4,923	707	564,715				238,391	21
22	UNIT COST MULTIPLIER			1.860526						22
22	UNIT COST MULTIPLIER	447.545455			0.482850				541.797727	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	SOCIAL SERVICE TIME SPENT 17	REHAB ADMIN PERCENTAGE 4 17.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED RADIOLOGY PERCENTAGE 7 23.01	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTAL (SUM OF LINES 1-19)									20
21	TOTAL COST TO BE ALLOCATED									21
22	UNIT COST MULTIPLIER									22
22	UNIT COST MULTIPLIER									22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	PARAMED ED PHARMACY COSTED REQUIS. 23.02	
1	ADMINISTRATIVE AND GENERAL	1,169,546	1
2	SKILLED NURSING CARE		2
3	PHYSICAL THERAPY		3
4	OCCUPATIONAL THERAPY		4
5	SPEECH PATHOLOGY		5
6	MEDICAL SOCIAL SERVICES		6
7	HOME HEALTH AIDE		7
8	SUPPLIES		8
9	DRUGS		9
10	DME		10
11	HOME DIALYSIS AIDE SERVICES		11
12	RESPIRATORY THERAPY		12
13	PRIVATE DUTY NURSING		13
14	CLINIC		14
15	HEALTH PROMOTION ACTIVITIES		15
16	DAY CARE PROGRAM		16
17	HOME DELIVERED MEALS PROGRAM		17
18	HOMEMAKER SERVICE		18
19	ALL OTHERS		19
19.50	TELEMEDICINE		19.50
20	TOTAL (SUM OF LINES 1-19)	1,169,546	20
21	TOTAL COST TO BE ALLOCATED	14,168	21
22	UNIT COST MULTIPLIER	0.012114	22
22	UNIT COST MULTIPLIER		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7423

WORKSHEET H-3
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-2, PART I, COL 28, LINE	FACILITY COSTS (FROM WKST H-2, PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS COLS. 1+2) 3	TOTAL VISITS 4	AVERAGE COST PER VISIT (COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	6,603,423		6,603,423	35,906	183.91	1
2	PHYSICAL THERAPY	3	1,079,266		1,079,266	7,148	150.99	2
3	OCCUPATIONAL THERAPY	4	902,029		902,029	3,039	296.82	3
4	SPEECH PATHOLOGY	5	232,302		232,302	1,042	222.94	4
5	MEDICAL SOCIAL SERVICES	6	139,699		139,699	851	164.16	5
6	HOME HEALTH AIDE	7	913,399		913,399	13,956	65.45	6
7	TOTAL (SUM OF LINES 1-6)		9,870,118		9,870,118	61,942		7

PATIENT SERVICES

8	SKILLED NURSING CARE	8
8.01	SKILLED NURSING CARE	8.01
8.02	SKILLED NURSING CARE	8.02
9	PHYSICAL THERAPY	9
9.01	PHYSICAL THERAPY	9.01
9.02	PHYSICAL THERAPY	9.02
10	OCCUPATIONAL THERAPY	10
10.01	OCCUPATIONAL THERAPY	10.01
10.02	OCCUPATIONAL THERAPY	10.02
11	SPEECH PATHOLOGY	11
11.01	SPEECH PATHOLOGY	11.01
11.02	SPEECH PATHOLOGY	11.02
12	MEDICAL SOCIAL SERVICES	12
12.01	MEDICAL SOCIAL SERVICES	12.01
12.02	MEDICAL SOCIAL SERVICES	12.02
13	HOME HEALTH AIDE	13
13.01	HOME HEALTH AIDE	13.01
13.02	HOME HEALTH AIDE	13.02
14	TOTAL (SUM OF LINES 8-13)	14

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

APPORTIONMENT OF PATIENT SERVICE COSTS HHA NO.: 15-7423 WORKSHEET H-3 PARTS I & II (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			
		PART B			PART B		
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST (SUM OF COLS.9-10)	
	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	8,757	6,353		1,610,500	1,168,380		2,778,880	1
2 PHYSICAL THERAPY	1,897	1,697		286,428	256,230		542,658	2
3 OCCUPATIONAL THERAPY	771	759		228,848	225,286		454,134	3
4 SPEECH PATHOLOGY	205	132		45,703	29,428		75,131	4
5 MEDICAL SOCIAL SERVICES	185	170		30,370	27,907		58,277	5
6 HOME HEALTH AIDE	1,753	4,756		114,734	311,280		426,014	6
7 TOTAL (SUM OF LINES 1-6)	13,568	13,867		2,316,583	2,018,511		4,335,094	7

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS PART A	PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PART B SUBJECT TO DEDUCTIBLES & COINSUR	
	1	2	3	4	
8 SKILLED NURSING CARE	21140		9		8
8.01 SKILLED NURSING CARE	23060	6,744	4,227		8.01
8.02 SKILLED NURSING CARE	99915	2,013	2,117		8.02
9 PHYSICAL THERAPY	21140				9
9.01 PHYSICAL THERAPY	23060	1,474	1,261		9.01
9.02 PHYSICAL THERAPY	99915	423	436		9.02
10 OCCUPATIONAL THERAPY	21140				10
10.01 OCCUPATIONAL THERAPY	23060	620	517		10.01
10.02 OCCUPATIONAL THERAPY	99915	151	242		10.02
11 SPEECH PATHOLOGY	21140				11
11.01 SPEECH PATHOLOGY	23060	178	126		11.01
11.02 SPEECH PATHOLOGY	99915	27	6		11.02
12 MEDICAL SOCIAL SERVICES	21140				12
12.01 MEDICAL SOCIAL SERVICES	23060	151	120		12.01
12.02 MEDICAL SOCIAL SERVICES	99915	34	50		12.02
13 HOME HEALTH AIDE	21140				13
13.01 HOME HEALTH AIDE	23060	1,412	2,952		13.01
13.02 HOME HEALTH AIDE	99915	341	1,804		13.02
14 TOTAL (SUM OF LINES 8-13)		13,568	13,867		14

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

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

	FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
		1	2	3	4	
1 PHYSICAL THERAPY	66	0.501151			COL 2, LINE 2	1
1.01 TRANSITIONAL THERAPY	66.01	0.903944			COL 2, LINE 2	1.01
1.02 PV REHAB OUTREACH	66.02				COL 2, LINE 2	1.02
2 OCCUPATIONAL THERAPY	67	0.485745			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.417478			COL 2, LINE 4	3
3.01 NEURO REHAB	68.01	0.467724			COL 2, LINE 4	3.01
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.128270			COL 2, LINE 15	4
4.01 COST OF SOLUTIONS	71.01	0.077051			COL 2, LINE 15	4.01
5 DRUGS CHARGED TO PATIENTS	73	0.397761			COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT HHA NO.: 15-7423 WORKSHEET H-4 PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				1
2	TOTAL CHARGES	2,185,787			2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5	RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,185,787			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	2,185,787			7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9	PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,757,398	1,394,876	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	9,906	30,520	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	36,597	21,628	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	17,386	7,565	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	29,402	55,312	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22	SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,850,689	1,509,901	22
23	EXCESS REASONABLE COST (FROM LINE 8)			23
24	SUBTOTAL (LINE 22 MINUS LINE 23)	1,850,689	1,509,901	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26	NET COST (LINE 24 MINUS LINE 25)	1,850,689	1,509,901	26
27	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,850,689	1,509,901	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31	SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,850,689	1,509,901	31
32	INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,850,689	1,509,901	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 15-7423

WORKSHEET H-5

DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				1,850,689		1,509,901	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01		NONE		NONE	3.01
		.02					3.02
	PROGRAM	.03					3.03
	TO	.04					3.04
	PROVIDER	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.50		NONE		NONE	3.50
		.51					3.51
	PROVIDER	.52					3.52
	TO	.53					3.53
	PROGRAM	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		.99					3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)				1,850,689		1,509,901	4

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
		.04					5.04
		.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
	PROVIDER	.50					5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
		.53					5.53
		.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)		.99					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)							7

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 15-1552

WORKSHEET K

		SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS-PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3	PLANT OPERATION AND MAINTENANCE							3
4	TRANSPORTATION - STAFF							4
5	VOLUNTEER SERVICE COORDINATION	85,407	26,306				111,713	5
6	ADMINISTRATIVE AND GENERAL	73,391	22,604				95,995	6
	INPATIENT CARE SERVICE							
7	INPATIENT - GENERAL CARE				624,150		624,150	7
8	INPATIENT - RESPITE CARE							8
	VISITING SERVICES							
9	PHYSICIAN SERVICES	135,356			3,078		138,434	9
10	NURSING CARE	156,440	48,183				204,623	10
11	NURSING CARE-CONTINUOUS HOME CARE	1,356,780	417,888				1,774,668	11
12	PHYSICAL THERAPY	8,141	2,507				10,648	12
13	OCCUPATIONAL THERAPY	3,759	1,158				4,917	13
14	SPEECH/LANGUAGE PATHOLOGY	916	282				1,198	14
15	MEDICAL SOCIAL SERVICES	290,693	89,534				380,227	15
16	SPIRITUAL COUNSELING	133,362	41,076				174,438	16
17	DIETARY COUNSELING	13,192	4,063				17,255	17
18	COUNSELING - OTHER							18
19	HOME HEALTH AIDE AND HOMEMAKER	260,304	80,174				340,478	19
20	HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21	OTHER	52,839	16,274				69,113	21
	OTHER HOSPICE SERVICE COSTS							
22	DRUGS, BIOLOGICAL & INFUSION THERAPY							22
23	ANALGESICS							23
24	SEDATIVES/HYPNOTICS							24
25	OTHER - SPECIFY							25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN							26
27	PATIENT TRANSPORTATION				21,484		21,484	27
28	IMAGING SERVICES				3,209		3,209	28
29	LABS AND DIAGNOSTICS							29
30	MEDICAL SUPPLIES							30
31	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				11,141		11,141	31
32	RADIATION THERAPY							32
33	CHEMOTHERAPY							33
34	OTHER	420,156			701,019		1,121,175	34
	HOSPICE NONREIMBURSABLE SERVICE							
35	BEREAVEMENT PROGRAM COSTS							35
36	VOLUNTEER PROGRAM COSTS							36
37	FUNDRAISING							37
38	OTHER PROGRAM COSTS							38
39	TOTAL (SUM OF LINES 1-38)	2,990,736	750,049		1,364,081		5,104,866	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 15-1552

WORKSHEET K
(CONTINUED)

		RECLASSIFI-CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST-MENTS 9	TOTAL (COL.8 ± COL.9) 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION		111,713		111,713	5
6	ADMINISTRATIVE AND GENERAL	998,203	1,094,198		1,094,198	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE		624,150		624,150	7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES		138,434		138,434	9
10	NURSING CARE		204,623		204,623	10
11	NURSING CARE-CONTINUOUS HOME CARE		1,774,668		1,774,668	11
12	PHYSICAL THERAPY		10,648		10,648	12
13	OCCUPATIONAL THERAPY		4,917		4,917	13
14	SPEECH/LANGUAGE PATHOLOGY		1,198		1,198	14
15	MEDICAL SOCIAL SERVICES		380,227		380,227	15
16	SPIRITUAL COUNSELING		174,438		174,438	16
17	DIETARY COUNSELING		17,255		17,255	17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER		340,478		340,478	19
20	HH AIDE & HOMEMAKER-CONT. HOME CARE					20
21	OTHER		69,113		69,113	21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL & INFUSION THERAPY					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION		21,484		21,484	27
28	IMAGING SERVICES		3,209		3,209	28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)		11,141		11,141	31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER		1,121,175		1,121,175	34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (SUM OF LINES 1-38)	1,996,406	6,103,069		6,103,069	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES HOSPICE NO.: 15-1552 WORKSHEET K-1

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.								85,407	85,407	5
6	ADMINISTRATIVE AND GENERAL								73,391	73,391	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES								135,356	135,356	9
10	NURSING CARE				156,440					156,440	10
11	NURSING CARE-CONT.HOME CARE					1,356,780				1,356,780	11
12	PHYSICAL THERAPY						8,141			8,141	12
13	OCCUPATIONAL THERAPY						3,759			3,759	13
14	SPEECH/LANGUAGE PATHOLOGY						916			916	14
15	MEDICAL SOCIAL SERVICES			290,693						290,693	15
16	SPIRITUAL COUNSELING								133,362	133,362	16
17	DIETARY COUNSELING								13,192	13,192	17
18	COUNSELING - OTHER										18
19	HH AIDE AND HOMEMAKER							260,304		260,304	19
20	HH AIDE & HMKR-CONT.HME CARE										20
21	OTHER								52,839	52,839	21
	OTHER HOSPICE SERVICE COSTS										
22	DRUGS, BIOL. & INFUS. THER.										22
23	ANALGESICS										23
24	SEDATIVES / HYPNOTICS										24
25	OTHER - SPECIFY										25
26	DURABLE MED. EQUIP./OXYGEN										26
27	PATIENT TRANSPORTATION										27
28	IMAGING SERVICES										28
29	LABS AND DIAGNOSTICS										29
30	MEDICAL SUPPLIES										30
31	OUTPAT.SERV.(INCL.E/R DEPT.)										31
32	RADIATION THERAPY										32
33	CHEMOTHERAPY										33
34	OTHER								420,156	420,156	34
	HOSPICE NONREIMBURSABLE SERVICE										
35	BEREAVEMENT PROGRAM COSTS										35
36	VOLUNTEER PROGRAM COSTS										36
37	FUNDRAISING										37
38	OTHER PROGRAM COSTS										38
39	TOTAL (SUM OF LINES 1-38)			290,693	156,440	1,356,780	12,816	260,304	913,703	2,990,736	39

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED) HOSPICE NO.: 15-1552 WORKSHEET K-2

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.								26,306	26,306	5
6	ADMINISTRATIVE AND GENERAL								22,604	22,604	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES										9
10	NURSING CARE				48,183					48,183	10
11	NURSING CARE-CONT.HOME CARE					417,888				417,888	11
12	PHYSICAL THERAPY						2,507			2,507	12
13	OCCUPATIONAL THERAPY						1,158			1,158	13
14	SPEECH/LANGUAGE PATHOLOGY						282			282	14
15	MEDICAL SOCIAL SERVICES			89,534						89,534	15
16	SPIRITUAL COUNSELING								41,076	41,076	16
17	DIETARY COUNSELING								4,063	4,063	17
18	COUNSELING - OTHER										18
19	HH AIDE AND HOMEMAKER							80,174		80,174	19
20	HH AIDE & HMKR-CONT.HME CARE										20
21	OTHER								16,274	16,274	21
	OTHER HOSPICE SERVICE COSTS										
22	DRUGS, BIOL. & INFUS. THER.										22
23	ANALGESICS										23
24	SEDATIVES / HYPNOTICS										24
25	OTHER - SPECIFY										25
26	DURABLE MED. EQUIP./OXYGEN										26
27	PATIENT TRANSPORTATION										27
28	IMAGING SERVICES										28
29	LABS AND DIAGNOSTICS										29
30	MEDICAL SUPPLIES										30
31	OUTPAT.SERV.(INCL.E/R DEPT.)										31
32	RADIATION THERAPY										32
33	CHEMOTHERAPY										33
34	OTHER										34
	HOSPICE NONREIMBURSABLE SERVICE										
35	BEREAVEMENT PROGRAM COSTS										35
36	VOLUNTEER PROGRAM COSTS										36
37	FUNDRAISING										37
38	OTHER PROGRAM COSTS										38
39	TOTAL (SUM OF LINES 1-38)			89,534	48,183	417,888	3,947	80,174	110,323	750,049	39

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 15-1552 WORKSHEET K-3

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.										5
6	ADMINISTRATIVE AND GENERAL										6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE								624,150	624,150	7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES								3,078	3,078	9
10	NURSING CARE										10
11	NURSING CARE-CONT.HOME CARE										11
12	PHYSICAL THERAPY										12
13	OCCUPATIONAL THERAPY										13
14	SPEECH/LANGUAGE PATHOLOGY										14
15	MEDICAL SOCIAL SERVICES										15
16	SPIRITUAL COUNSELING										16
17	DIETARY COUNSELING										17
18	COUNSELING - OTHER										18
19	HH AIDE AND HOMEMAKER										19
20	HH AIDE & HMKR-CONT.HME CARE										20
21	OTHER										21
	OTHER HOSPICE SERVICE COSTS										
22	DRUGS, BIOL. & INFUS. THER.										22
23	ANALGESICS										23
24	SEDATIVES / HYPNOTICS										24
25	OTHER - SPECIFY										25
26	DURABLE MED. EQUIP./OXYGEN										26
27	PATIENT TRANSPORTATION								21,484	21,484	27
28	IMAGING SERVICES								3,209	3,209	28
29	LABS AND DIAGNOSTICS										29
30	MEDICAL SUPPLIES										30
31	OUTPAT.SERV.(INCL.E/R DEPT.)								11,141	11,141	31
32	RADIATION THERAPY										32
33	CHEMOTHERAPY										33
34	OTHER								701,019	701,019	34
	HOSPICE NONREIMBURSABLE SERVICE										
35	BEREAVEMENT PROGRAM COSTS										35
36	VOLUNTEER PROGRAM COSTS										36
37	FUNDRAISING										37
38	OTHER PROGRAM COSTS										38
39	TOTAL (SUM OF LINES 1-38)								1,364,081	1,364,081	39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST HOSPICE NO.: 15-1552 WORKSHEET K-4 PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL COSTS BLDG & FIXTURES 1	CAP REL COSTS MVBL EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPO-RTATION 4	VOLUNTEER SERV. CO-ORDINATOR 5	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.	111,713					111,713				5
6	ADMINISTRATIVE AND GENERAL	1,094,198					111,713	1,205,911	1,205,911		6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE	624,150						624,150	153,695	777,845	7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES	138,434						138,434	34,089	172,523	9
10	NURSING CARE	204,623						204,623	50,388	255,011	10
11	NURSING CARE-CONTINUOUS HOME	1,774,668						1,774,668	437,007	2,211,675	11
12	PHYSICAL THERAPY	10,648						10,648	2,622	13,270	12
13	OCCUPATIONAL THERAPY	4,917						4,917	1,211	6,128	13
14	SPEECH/LANGUAGE PATHOLOGY	1,198						1,198	295	1,493	14
15	MEDICAL SOCIAL SERVICES	380,227						380,227	93,630	473,857	15
16	SPIRITUAL COUNSELING	174,438						174,438	42,955	217,393	16
17	DIETARY COUNSELING	17,255						17,255	4,249	21,504	17
18	COUNSELING - OTHER										18
19	HH AIDE AND HOMEMAKER	340,478						340,478	83,842	424,320	19
20	HH AIDE & HMKR-CONT. HOME CA										20
21	OTHER	69,113						69,113	17,019	86,132	21
	OTHER HOSPICE SERVICE COSTS										
22	DRUGS, BIOL. & INFUS. THER.										22
23	ANALGESICS										23
24	SEDATIVES / HYPNOTICS										24
25	OTHER - SPECIFY										25
26	DURABLE MED. EQUIP./OXYGEN										26
27	PATIENT TRANSPORTATION	21,484						21,484	5,290	26,774	27
28	IMAGING SERVICES	3,209						3,209	790	3,999	28
29	LABS AND DIAGNOSTICS										29
30	MEDICAL SUPPLIES										30
31	OUTPAT.SERV.(INCL.E/R DEPT.)	11,141						11,141	2,743	13,884	31
32	RADIATION THERAPY										32
33	CHEMOTHERAPY										33
34	OTHER	1,121,175						1,121,175	276,086	1,397,261	34
	HOSPICE NONREIMBURSABLE SERV.										
35	BEREAVEMENT PROGRAM COSTS										35
36	VOLUNTEER PROGRAM COSTS										36
37	FUNDRAISING										37
38	OTHER PROGRAM COSTS										38
39	TOTAL (SUM OF LINES 1-38)	6,103,069					111,713	6,103,069		6,103,069	39

COST ALLOCATION - HOSPICE STATISTICAL BASIS HOSPICE NO.: 15-1552 WORKSHEET K-4 PART II

		CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPO-RTATION (MILEAGE) 4	VOLUNTEER SERV. CO-ORDINATOR (HOURS) 5	RECONCIL-IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	GENERAL SERVICE COST CENTER								
1	CAP REL COSTS-BLDG AND FIXT.								1
2	CAP REL COSTS-MOVABLE EQUIP.								2
3	PLANT OPERATION & MAINT.								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORD.					3,885			5
6	ADMINISTRATIVE AND GENERAL					3,885	-1,205,911	4,897,158	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE							624,150	7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES							138,434	9
10	NURSING CARE							204,623	10
11	NURSING CARE-CONTINUOUS HOME							1,774,668	11
12	PHYSICAL THERAPY							10,648	12
13	OCCUPATIONAL THERAPY							4,917	13
14	SPEECH/LANGUAGE PATHOLOGY							1,198	14
15	MEDICAL SOCIAL SERVICES							380,227	15
16	SPIRITUAL COUNSELING							174,438	16
17	DIETARY COUNSELING							17,255	17
18	COUNSELING - OTHER								18
19	HH AIDE AND HOMEMAKER							340,478	19
20	HH AIDE & HMKR-CONT. HOME CA								20
21	OTHER							69,113	21
	OTHER HOSPICE SERVICE COSTS								
22	DRUGS, BIOL. & INFUS. THER.								22
23	ANALGESICS								23
24	SEDATIVES / HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MED. EQUIP./OXYGEN								26
27	PATIENT TRANSPORTATION							21,484	27
28	IMAGING SERVICES							3,209	28
29	LABS AND DIAGNOSTICS								29
30	MEDICAL SUPPLIES								30
31	OUTPAT.SERV.(INCL.E/R DEPT.)							11,141	31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER							1,121,175	34
	HOSPICE NONREIMBURSABLE SERVICE								
35	BEREAVEMENT PROGRAM COSTS								35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	COST TO BE ALLOCATED					111,713		1,205,911	39
40	UNIT COST MULTIPLIER					28.754955		0.246247	40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5 PART I

	HOSPICE COST CENTER	HOSPICE TRIAL BALANCE 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	OTHER CAP REL COSTS 3	EMPLOYEE BENEFITS 4	COMMUN-CATIONS 5.01	DATA PROCESSING 5.02	MATERIALS MGMT 5.03	
1	ADMINISTRATIVE AND GENERAL					672,703				1
2	INPATIENT - GENERAL CARE	777,845								2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES	172,523								4
5	NURSING CARE	255,011								5
6	NURSING CARE-CONTINUOUS HOM	2,211,675								6
7	PHYSICAL THERAPY	13,270								7
8	OCCUPATIONAL THERAPY	6,128								8
9	SPEECH/LANGUAGE PATHOLOGY	1,493								9
10	MEDICAL SOCIAL SERV. - DIRE	473,857								10
11	SPIRITUAL COUNSELING	217,393								11
12	DIETARY COUNSELING	21,504								12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS	424,320								14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER	86,132								16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION	26,774								22
23	IMAGING SERVICES	3,999								23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT	13,884								26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER	1,397,261								29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)	6,103,069				672,703				34
35	UNIT COST MULTIPLIER									35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5 PART I

	HOSPICE COST CENTER	PATIENT SERVICES 5.04	PATIENT ACCOUNTING 5.05	AMBULATORY SVCS ADMIN 5.06	SUBTOTAL 4A	OTHER A&G 5.07	CAREW MED PARK ADMIN 5.08	CRITICAL CARE ADMIN 5.09	MAIN-TENANCE & REPAIRS 6	
1	ADMINISTRATIVE AND GENERAL				672,703	173,127				1
2	INPATIENT - GENERAL CARE				777,845	200,186				2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES				172,523	44,401				4
5	NURSING CARE				255,011	65,630				5
6	NURSING CARE-CONTINUOUS HOM				2,211,675	569,197				6
7	PHYSICAL THERAPY				13,270	3,415				7
8	OCCUPATIONAL THERAPY				6,128	1,577				8
9	SPEECH/LANGUAGE PATHOLOGY				1,493	384				9
10	MEDICAL SOCIAL SERV. - DIRE				473,857	121,952				10
11	SPIRITUAL COUNSELING				217,393	55,948				11
12	DIETARY COUNSELING				21,504	5,534				12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS				424,320	109,203				14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER				86,132	22,167				16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION				26,774	6,891				22
23	IMAGING SERVICES				3,999	1,029				23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT				13,884	3,573				26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER				1,397,261	359,599				29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)				6,775,772	1,743,813				34
35	UNIT COST MULTIPLIER									35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5 PART I

	HOSPICE COST CENTER	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	
		7	7.01	8	9	10	10.01	10.02	10.03	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
6	NURSING CARE-CONTINUOUS HOM									6
7	PHYSICAL THERAPY									7
8	OCCUPATIONAL THERAPY									8
9	SPEECH/LANGUAGE PATHOLOGY									9
10	MEDICAL SOCIAL SERV. - DIRE									10
11	SPIRITUAL COUNSELING									11
12	DIETARY COUNSELING									12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS									14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER									16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION									22
23	IMAGING SERVICES									23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT									26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER									29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)									34
35	UNIT COST MULTIPLIER									35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5 PART I

	HOSPICE COST CENTER	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		11	12	13	14	15	15.01	15.02	15.03	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
6	NURSING CARE-CONTINUOUS HOM									6
7	PHYSICAL THERAPY									7
8	OCCUPATIONAL THERAPY									8
9	SPEECH/LANGUAGE PATHOLOGY									9
10	MEDICAL SOCIAL SERV. - DIRE									10
11	SPIRITUAL COUNSELING									11
12	DIETARY COUNSELING									12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS									14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER									16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION									22
23	IMAGING SERVICES									23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT									26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER									29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)									34
35	UNIT COST MULTIPLIER									35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5 PART I

	HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	REHAB ADMIN 17.01	NONPHYSIC. ANESTHET. 19	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
6	NURSING CARE-CONTINUOUS HOM									6
7	PHYSICAL THERAPY									7
8	OCCUPATIONAL THERAPY									8
9	SPEECH/LANGUAGE PATHOLOGY									9
10	MEDICAL SOCIAL SERV. - DIRE									10
11	SPIRITUAL COUNSELING									11
12	DIETARY COUNSELING									12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS									14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER									16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION									22
23	IMAGING SERVICES									23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT									26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER									29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)									34
35	UNIT COST MULTIPLIER									35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5 PART I

	HOSPICE COST CENTER	PARAMED ED RADIOLOGY 23.01	PARAMED ED PHARMACY 23.02	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP-DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1	ADMINISTRATIVE AND GENERAL			845,830		845,830			1
2	INPATIENT - GENERAL CARE			978,031		978,031	107,802	1,085,833	2
3	INPATIENT - RESPITE CARE								3
4	PHYSICIAN SERVICES			216,924		216,924	23,910	240,834	4
5	NURSING CARE			320,641		320,641	35,342	355,983	5
6	NURSING CARE-CONTINUOUS HOM			2,780,872		2,780,872	306,519	3,087,391	6
7	PHYSICAL THERAPY			16,685		16,685	1,839	18,524	7
8	OCCUPATIONAL THERAPY			7,705		7,705	849	8,554	8
9	SPEECH/LANGUAGE PATHOLOGY			1,877		1,877	207	2,084	9
10	MEDICAL SOCIAL SERV. - DIRE			595,809		595,809	65,672	661,481	10
11	SPIRITUAL COUNSELING			273,341		273,341	30,129	303,470	11
12	DIETARY COUNSELING			27,038		27,038	2,980	30,018	12
13	COUNSELING - OTHER								13
14	HOME HLTH AIDE & HOMEMAKERS			533,523		533,523	58,807	592,330	14
15	HH AIDE & HMKR-CONT. HOME C								15
16	OTHER			108,299		108,299	11,937	120,236	16
17	DRUGS,BIOLOGICALS & INFUSIO								17
18	ANALGESICS								18
19	SEDATIVES / HYPNOTICS								19
20	OTHER - SPECIFY								20
21	DURABLE MED. EQUIP./OXYGEN								21
22	PATIENT TRANSPORTATION			33,665		33,665	3,711	37,376	22
23	IMAGING SERVICES			5,028		5,028	554	5,582	23
24	LABS AND DIAGNOSTICS								24
25	MEDICAL SUPPLIES								25
26	OUTPAT. SERV.(INCL.E/R DEPT			17,457		17,457	1,924	19,381	26
27	RADIATION THERAPY								27
28	CHEMOTHERAPY								28
29	OTHER			1,756,860		1,756,860	193,648	1,950,508	29
30	BEREAVEMENT PROGRAM COSTS								30
31	VOLUNTEER PROGRAM COSTS								31
32	FUNDRAISING								32
33	OTHER PROGRAM COSTS								33
34	TOTALS (SUM OF LINES 1-33)			8,519,585		8,519,585		8,519,585	34
35	UNIT COST MULTIPLIER						0.110224		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUN-CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	MATERIALS MGMT COSTED REQUISTION 5.03	PATIENT SERVICES INPATIENT REVENUE 5.04	
1	ADMINISTRATIVE AND GENERAL				3,006,158					1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
6	NURSING CARE-CONTINUOUS HOM									6
7	PHYSICAL THERAPY									7
8	OCCUPATIONAL THERAPY									8
9	SPEECH/LANGUAGE PATHOLOGY									9
10	MEDICAL SOCIAL SERV. - DIRE									10
11	SPIRITUAL COUNSELING									11
12	DIETARY COUNSELING									12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS									14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER									16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION									22
23	IMAGING SERVICES									23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT									26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER									29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)				3,006,158					34
35	TOTAL COST TO BE ALLOCATED				672,703					35
36	UNIT COST MULTIPLIER				0.223775					36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	PATIENT ACCOUNTING GROSS REVENUE 5.05	AMBULATORY SVCS ADMIN FTES 5.06	RECON-CILIATION 4A.07	OTHER A&G ACCUM COST 5.07	CAREW MED PARK ADMIN DIRECT EXPENSES 5.08	CRITICAL CARE ADMIN OTHER 5.09	MAIN-TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL				672,703					1
2	INPATIENT - GENERAL CARE				777,845					2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES				172,523					4
5	NURSING CARE				255,011					5
6	NURSING CARE-CONTINUOUS HOM				2,211,675					6
7	PHYSICAL THERAPY				13,270					7
8	OCCUPATIONAL THERAPY				6,128					8
9	SPEECH/LANGUAGE PATHOLOGY				1,493					9
10	MEDICAL SOCIAL SERV. - DIRE				473,857					10
11	SPIRITUAL COUNSELING				217,393					11
12	DIETARY COUNSELING				21,504					12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS				424,320					14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER				86,132					16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION				26,774					22
23	IMAGING SERVICES				3,999					23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT				13,884					26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER				1,397,261					29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)				6,775,772					34
35	TOTAL COST TO BE ALLOCATED				1,743,813					35
36	UNIT COST MULTIPLIER				0.257360					36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	
		SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	MEALS SERVED	NUMBER OF PERSONNEL	MEALS PREADMITS	MEALS FTES	
		7.01	8	9	10	10.01	10.02	10.03	11	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
6	NURSING CARE-CONTINUOUS HOM									6
7	PHYSICAL THERAPY									7
8	OCCUPATIONAL THERAPY									8
9	SPEECH/LANGUAGE PATHOLOGY									9
10	MEDICAL SOCIAL SERV. - DIRE									10
11	SPIRITUAL COUNSELING									11
12	DIETARY COUNSELING									12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS									14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER									16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION									22
23	IMAGING SERVICES									23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT									26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER									29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)									34
35	TOTAL COST TO BE ALLOCATED									35
36	UNIT COST MULTIPLIER									36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING FTE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	OUTPATIENT PHARMACY PERCENTAGE 1 15.01	IV SOLUTIONS PERCENTAGE 2 15.02	MED SURG SUPPLY PERCENTAGE 3 15.03	MEDICAL RECORDS & LIBRARY TIME SPENT 16	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
6	NURSING CARE-CONTINUOUS HOM									6
7	PHYSICAL THERAPY									7
8	OCCUPATIONAL THERAPY									8
9	SPEECH/LANGUAGE PATHOLOGY									9
10	MEDICAL SOCIAL SERV. - DIRE									10
11	SPIRITUAL COUNSELING									11
12	DIETARY COUNSELING									12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS									14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER									16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION									22
23	IMAGING SERVICES									23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT									26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER									29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)									34
35	TOTAL COST TO BE ALLOCATED									35
36	UNIT COST MULTIPLIER									36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	SOCIAL SERVICE TIME SPENT 17	REHAB ADMIN PERCENTAGE 4 17.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED ED RADIOLOGY PERCENTAGE 7 23.01	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
6	NURSING CARE-CONTINUOUS HOM									6
7	PHYSICAL THERAPY									7
8	OCCUPATIONAL THERAPY									8
9	SPEECH/LANGUAGE PATHOLOGY									9
10	MEDICAL SOCIAL SERV. - DIRE									10
11	SPIRITUAL COUNSELING									11
12	DIETARY COUNSELING									12
13	COUNSELING - OTHER									13
14	HOME HLTH AIDE & HOMEMAKERS									14
15	HH AIDE & HMKR-CONT. HOME C									15
16	OTHER									16
17	DRUGS,BIOLOGICALS & INFUSIO									17
18	ANALGESICS									18
19	SEDATIVES / HYPNOTICS									19
20	OTHER - SPECIFY									20
21	DURABLE MED. EQUIP./OXYGEN									21
22	PATIENT TRANSPORTATION									22
23	IMAGING SERVICES									23
24	LABS AND DIAGNOSTICS									24
25	MEDICAL SUPPLIES									25
26	OUTPAT. SERV.(INCL.E/R DEPT									26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER									29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33	OTHER PROGRAM COSTS									33
34	TOTALS (SUM OF LINES 1-33)									34
35	TOTAL COST TO BE ALLOCATED									35
36	UNIT COST MULTIPLIER									36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	PARAMED ED PHARMACY COSTED REQUIS. 23.02	
1	ADMINISTRATIVE AND GENERAL		1
2	INPATIENT - GENERAL CARE		2
3	INPATIENT - RESPITE CARE		3
4	PHYSICIAN SERVICES		4
5	NURSING CARE		5
6	NURSING CARE-CONTINUOUS HOM		6
7	PHYSICAL THERAPY		7
8	OCCUPATIONAL THERAPY		8
9	SPEECH/LANGUAGE PATHOLOGY		9
10	MEDICAL SOCIAL SERV. - DIRE		10
11	SPIRITUAL COUNSELING		11
12	DIETARY COUNSELING		12
13	COUNSELING - OTHER		13
14	HOME HLTH AIDE & HOMEMAKERS		14
15	HH AIDE & HMKR-CONT. HOME C		15
16	OTHER		16
17	DRUGS,BIOLOGICALS & INFUSIO		17
18	ANALGESICS		18
19	SEDATIVES / HYPNOTICS		19
20	OTHER - SPECIFY		20
21	DURABLE MED. EQUIP./OXYGEN		21
22	PATIENT TRANSPORTATION		22
23	IMAGING SERVICES		23
24	LABS AND DIAGNOSTICS		24
25	MEDICAL SUPPLIES		25
26	OUTPAT. SERV.(INCL.E/R DEPT		26
27	RADIATION THERAPY		27
28	CHEMOTHERAPY		28
29	OTHER		29
30	BEREAVEMENT PROGRAM COSTS		30
31	VOLUNTEER PROGRAM COSTS		31
32	FUNDRAISING		32
33	OTHER PROGRAM COSTS		33
34	TOTALS (SUM OF LINES 1-33)		34
35	TOTAL COST TO BE ALLOCATED		35
36	UNIT COST MULTIPLIER		36

APPORTIONMENT OF HOSPICE SHARED SERVICES HOSPICE NO.: 15-1552 WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

		WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.501151			1
1.01	TRANSITIONAL THERAPY	66.01	0.903944			1.01
1.02	PV REHAB OUTREACH	66.02				1.02
2	OCCUPATIONAL THERAPY	67	0.485745			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.417478			3
3.01	NEURO REHAB	68.01	0.467724			3.01
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.397761			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.197233			6
6.01	ANATOMICAL PATHOLOGY	60.01	0.244327			6.01
7	MEDICAL SUPPLIES	71	0.128270			7
7.01	COST OF SOLUTIONS	71.01	0.077051			7.01
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93				8
9	RADIATION THERAPY	55	0.312410			9
10	OTHER ANCILLARY (SPECIFY)	76				10
10.97	CARDIAC REHABILITATION	76.97				10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	TOTALS (SUM OF LINES 1-10)					11

CALCULATION OF HOSPICE PER DIEM COST HOSPICE NO.: 15-1552 WORKSHEET K-6

	COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1	TOTAL COST (SEE INSTRUCTIONS)				8,519,585	1
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				41,710	2
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				204.26	3
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	37,769				4
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	7,714,696				5
6	UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		1,600			6
7	AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		326,816			7
8	UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10	UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		4,824			10
11	AGGREGATE NF COST (LINE 3 TIMES LINE 10)		985,350			11
12	OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			2,341		12
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			478,173		13

CALCULATION OF CAPITAL PAYMENT WORKSHEET L

CHECK APPLICABLE BOXES						
	[ ]	TITLE V	[XX]	HOSPITAL ((15-002)	[XX]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB (OTHER)	[ ]	COST METHOD
	[ ]	TITLE XIX				

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	4,341,266	1
2	CAPITAL DRG OUTLIER PAYMENTS	355,667	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	308.50	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	10.73	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0099	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	42,979	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0498	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2291	8
9	SUM OF LINES 7 AND 8	0.2789	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0581	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	252,228	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,992,140	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

CALCULATION OF CAPITAL PAYMENT WORKSHEET L

CHECK APPLICABLE BOXES						
	[ ]	TITLE V	[XX]	HOSPITAL ((15-002)	[XX]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB (OTHER)	[ ]	COST METHOD
	[XX]	TITLE XIX				

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT	
1	CAPITAL DRG OTHER THAN OUTLIER	1
2	CAPITAL DRG OUTLIER PAYMENTS	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9	SUM OF LINES 7 AND 8	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSIN						5.02
5.03	MATERIALS MANAGEMENT						5.03
5.04	PATIENT SERVICES						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	AMBULATORY SVCS ADMIN						5.06
5.07	OTHER A&G						5.07
5.08	CAREW MEDICAL PARK ADMIN						5.08
5.09	CRITICAL CARE ADMIN						5.09
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	FACILITY ENGINEERING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
10.01	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	CAFETERIA						10.02
10.03	PREADMITS AND ER						10.03
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
15.01	OUTPATIENT PHARMACY						15.01
15.02	IV SOLUTIONS						15.02
15.03	MED SURG SUPPLY						15.03
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	REHAB ADMIN						17.01
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
23.01	PARAMED ED RADIOLOGY						23.01
23.02	PARAMED ED PHARMACY						23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
31.01	PEDIATRIC ICU						31.01
31.02	NEONATAL ICU						31.02
32	CORONARY CARE UNIT						32
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
50.01	CAREW MEDICAL PARK SURG						50.01
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP						54.05
54.06	RADIOLOGY - CMP						54.06
54.07	RADIOLOGY - WP						54.07
54.08	RADIOLOGY - PULM CLINIC						54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
60	LABORATORY						60
60.01	ANATOMICAL PATHOLOGY						60.01
62	WHOLE BLOOD & PACKED RED BLOOD						62
62.30	BLOOD CLOTTING FOR HEMOPHILIAC						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65

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

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
65.01	WOUND CARE						65.01
65.02	DIALYSIS						65.02
65.03	ENDOSCOPY						65.03
66	PHYSICAL THERAPY						66
66.01	TRANSITIONAL THERAPY						66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
68.01	NEURO REHAB						68.01
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
70.01	NUTRITION SUPPORT						70.01
70.02	MRI						70.02
70.03	CARDIAC CATH LAB						70.03
70.04	CARDIAC REHAB SERVICES						70.04
71	MEDICAL SUPPLIES CHRGED TO PAT						71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	ANTICOAG CLINIC						90.01
91	EMERGENCY						91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAP						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CA						190
194	NON ALLOWABLE						194
194.01	TELEVISION						194.01
194.02	PHYSICIAN PRACTICES						194.02
194.03	OP CLINIC						194.03
194.04	PHYS. ANSWERING SERVICE						194.04
194.05	EDUCARE CTR						194.05
194.06	STUCKY RESEARCH CTR						194.06
194.07	OCCUPATIONAL HEALTH						194.07
194.08	FOUNDATION						194.08
194.09	LV HEALTH PLAN						194.09
194.10	PV RESPIRATORY OUTREACH						194.10
194.11	OUTREACH TRANSCRIPTION						194.11
194.12	GUEST SERVICES						194.12
194.13	HUNTINGTON ARC						194.13
194.14	SENIOR HEALTH SERVICES						194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREAC						194.15
194.16	FITNESS						194.16
194.17	NONALLOWABLE ADVERTISING						194.17
194.18	BREAST DIAGNOSTIC CTR						194.18
194.19	REGIONAL PAIN CLINIC						194.19
194.20	START-UP COSTS NORTH						194.20
194.21	RONALD MCDONALD FAMILY ROOM						194.21
194.22	EBT						194.22
194.23	MEDICAL OFFICE BUILDINGS						194.23
194.24	START-UP COSTS ORTHO						194.24
194.25	PREMIER SURGERY CENTER						194.25
194.26	ISH						194.26
194.27	MCHA BRYAN HOPD						194.27
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