NET EXPENSES FOR COST RELATED COSTS RE	WORKSHEET B, PART I		
COST CENTER DESCRIPTIONS			
Capital Related Costs-Buildings and Fatures	OPERATION OF PLANT		
1 Capital Related Costs-Buildings and Fixtures 2 Capital Related Costs-Movable Equipment 4 Employee Benefits Department 5 Administrative and General 6 Maintenance and Repairs 7 Operation of Plant 8 Laundry and Linen Service 9 Housekeeping 10 Dietury 11 Cafeteria 12 Maintenance of Personnel 13 Nursing Administration 14 Central Services and Supply 15 Pharmacy 16 Medical Records & Medical Records Library 17 Social Service 18 Other General Service (specify) 19 Nonphysician Anesthetists 10 Nonphysician Anesthetists 11 Dieture & Res. Other Program Costs (Approved) 12 Intern & Res. Service-Salary & Fringes (Approved) 13 Paramacelia Education Program (Costs (Approved) 14 Dieture & Res. Other Program Costs (Approved) 15 Paramacelia Education Program (Specify) 16 Nonphysician Anesthetists 17 Paramacelia Education Program (Specify) 18 Nonphysician Anesthetists 19 North Res. Other Program (Costs (Approved) 10 Internative Care Unit 10 Coronary Care Unit 11 Elementer Care Unit 12 Coronary Care Unit (Specify) 13 Other Special Care Unit (Specify)	7	7	
2 Capital Related Costs-Movable Equipment 4 Employee Benefits Department 5 Administrative and General 6 Maintenance and Repairs 7 Operation of Plant 8 Laundry and Linen Service 9 Housekeeping 10 Dictary 11 Caffeeria 12 Maintenance of Personnel 13 Nursing Administration 14 Central Services and Supply 15 Pharmacy 16 Medical Records & Medical Records Library 17 Social Service 18 Other General Service (specify) 19 Nondphysician Anesthetists 20 Nursing School 21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Service-Salary & Fringes (Approved) 23 Paramedical Education Program (specify) NPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Surp Special Intensive Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			
4 Employee Benefits Department 5 Administrative and General 7 Operation of Plant 8 Laundry and Linen Service 9 Housekeeping 10 Dietary 11 Cafeteria 12 Maintenance of Personnel 13 Nursing Administration 14 Central Services and Supply 15 Pharmacy 16 Medical Records & Medical Records Library 17 Social Service 18 Other General Service (specify) 19 Nonphysician Anesthetists 20 Nursing School 21 Intern & Res. Service-Salary & Pringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) 24 Naviral Service Cost Central Service (specify) 25 Paramacy 26 Intern & Res. Cotter Program Costs (Approved) 27 Intern & Res. Cotter Program Costs (Approved) 28 Paramedical Education Program (specify) 29 Naviral Service Cost Central Service (specify) 30 Adults and Pediatrics (General Routine Care) 31 Internies Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)	_		1
5 Administrative and General 6 6 Maintenance and Repairs			2
6 Maintenance and Repairs 7 Operation of Plant 8 Laundry and Linen Service 9 Housekeeping 10 Dietary 11 Cafeteria			4
7 Operation of Plant]		5
B Laundry and Linen Service			6
Housekeeping			7
10 Dietary			8
11 Cafeteria			9
12 Maintenance of Personnel			10
13 Nursing Administration 14 Central Services and Supply 15 Pharmacy 16 Medical Records & Medical Records Library 17 Social Service 18 Other General Service (specify) 19 Norphysician Anesthetists 20 Nursing School 21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) 10 NPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			11
14 Central Services and Supply 15 Pharmacy 16 Medical Records & Medical Records Library 17 Social Service 18 Other General Service (specify) 19 Nonphysician Anesthetists 10 Nursing School 21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) 18 NPATIENT ROUTINE SERVICE COST CENTERS 19 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			12
15 Pharmacy 16 Medical Records & Medical Records Library 17 Social Service 18 Other General Service (specify) 19 Nonphysician Anesthetists 20 Nursing School 21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) 10 NPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			13
15 Pharmacy 16 Medical Records & Medical Records Library 17 Social Service 18 Other General Service (specify) 19 Nonphysician Anesthetists 20 Nursing School 21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) 10 NPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			14
17 Social Service			15
18 Other General Service (specify) 19 Nonphysician Anesthetists 20 Nursing School 21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) INPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			16
19 Nonphysician Anesthetists 20 Nursing School 21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) INPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			17
20 Nursing School 21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) INPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			18
21 Intern & Res. Service-Salary & Fringes (Approved) 22 Intern & Res. Other Program Costs (Approved) 23 Paramedical Education Program (specify) INPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			19
22 Intern & Res. Other Program Costs (Approved)			20
22 Intern & Res. Other Program Costs (Approved)			21
23 Paramedical Education Program (specify) INPATIENT ROUTINE SERVICE COST CENTERS 30 Adults and Pediatrics (General Routine Care) 31 Intensive Care Unit 32 Coronary Care Unit 33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			22
INPATIENT ROUTINE SERVICE COST CENTERS			23
31 Intensive Care Unit			
31 Intensive Care Unit			30
33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			31
33 Burn Intensive Care Unit 34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			32
34 Surgical Intensive Care Unit 35 Other Special Care Unit (specify)			33
35 Other Special Care Unit (specify)			34
			35
40 Subprovider IPF			40
41 Subprovider IRF			41
42 Subprovider (specify)			42

43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care		·			46

COST ALLOCATION - GENERAL SERVICE COSTS				PROVIDER CCN:		PERIOD: FROM	_	WORKSHEET B, PART I	
	NET EXPENSES FOR COST		ITAL D COSTS			ТО			
COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst. A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	0	1	2	4	4A	5	6	7	
ANCILLARY SERVICE COST CENTERS									4_
50 Operating Room									50
51 Recovery Room									51
52 Labor Room and Delivery Room									52
53 Anesthesiology									53
54 Radiology-Diagnostic						1			54
55 Radiology-Therapeutic									55
56 Radioisotope									56
57 Computed Tomography (CT) Scan									57
58 Magnetic Resonance Imaging (MRI)									58
59 Cardiac Catheterization									59
60 Laboratory									60
61 PBP Clinical Laboratory Services-Program Only									61
62 Whole Blood & Packed Red Blood Cells									62
63 Blood Storing, Processing, & Trans.									63
64 Intravenous Therapy									64
65 Respiratory Therapy									65
66 Physical Therapy									66
67 Occupational Therapy									67
68 Speech Pathology									68
69 Electrocardiology									69
70 Electroencephalography						1			70
71 Medical Supplies Charged to Patients						1			71
72 Implantable Devices Charged to Patients						1			72
73 Drugs Charged to Patients									73
74 Renal Dialysis									74
75 ASC (Non-Distinct Part)									75
76 Other Ancillary (specify)									76
OUTPATIENT SERVICE COST CENTERS									
88 Rural Health Clinic (RHC)									88
89 Federally Qualified Health Center (FQHC)									89
90 Clinic	1					1			90
91 Emergency						1	1	1	91

92	Observation Beds					92
93	Other Outpatient Service (specify)					93

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COST	ALLOCATION - GENERAL SERVICE COSTS				PROVIDER CCN:		PERIOD: FROM		WORKSHEET B, PART I	
		NET EXPENSES FOR COST		ITAL D COSTS			ТО			Π
	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst. A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	4	4A	5	6	7	
0.4	OTHER REIMBURSABLE COST CENTERS									04
94	Č ,									94
95	Ambulance Services									95
	Durable Medical Equipment-Rented									96
97	Durable Medical Equipment-Sold									97
98	Other Reimbursable (specify)									98
99	Outpatient Rehabilitation Provider (specify)									99
100	Intern-Resident Service (not appvd. tchng. prgm.)									100
101	Home Health Agency									101
105	SPECIAL PURPOSE COST CENTERS									105
105	Kidney Acquisition									105
106	Heart Acquisition									106
107	Lung Acquisition									107
109	Lung Acquisition									109
110	Pancreas Acquisition									110
	Intestinal Acquisition									111
111	Islet Acquisition									111
112										
115	Ambulatory Surgical Center (Distinct Part)									115
	Other Special Purpose (specify)				+					116
	SUBTOTALS (sum of lines 1-117)									_
118	NONREIMBURSABLE COST CENTERS									118
190	Gift, Flower, Coffee Shop, & Canteen									190
191	Research						1			191
191	Physicians' Private Offices						†			191
193							†			193
193	Other Nonreimbursable (specify)				†				1	193
200	Cross Foot Adjustments									200
201	Negative Cost Centers									201
202	TOTAL (sum lines 118-201)						1			202

COST	ALLOCATION - GENERAL SERVICE COSTS				PROVIDER CO	CN:		PERIOD: FROM TO			WORKSHEET PART I	ΓВ,
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	CENEDAL CEDIUCE COCT CENTERS	8	9	10	11	12	13	14	15	16	17	
	GENERAL SERVICE COST CENTERS											1
	Capital Related Costs-Buildings and Fixtures	_										<u> </u>
2	Capital Related Costs-Movable Equipment	_										2
4	Employee Benefits <i>Department</i>	-										5
5	Administrative and General	_										6
7		_										7
- 8	Operation of Plant											8
9	Laundry and Linen Service											9
10	Housekeeping Dietary				-							10
11	Cafeteria Cafeteria					1						11
12	Maintenance of Personnel											12
13	Nursing Administration							1				13
14	Central Services and Supply											14
15												15
16	Medical Records & Medical Records Library					†		1			1	16
17	Social Service					†		1				17
18	Other General Service (specify)											18
19	Nonphysician Anesthetists				<u></u>							19
20												20
21	Intern & Res. Service-Salary & Fringes (Approved)											21
22												22
23	* **											23
	INPATIENT ROUTINE SERVICE COST CENTERS											
30	Adults and Pediatrics (General Routine Care)											30
31	Intensive Care Unit											31
32	Coronary Care Unit											32
33	Burn Intensive Care Unit											33
34	Surgical Intensive Care Unit											34
35	Other Special Care Unit (specify)											35
40	Subprovider IPF											40
41	Subprovider IRF											41
	Subprovider (specify)											42

43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
46	Other Long Term Care						46

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COST	ALLOCATION - GENERAL SERVICE COSTS				PROVIDER CO	CN:		PERIOD: FROM TO			WORKSHEET PART I	В,
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	-
	ANCILLARY SERVICE COST CENTERS	Ü		10		12	15		13	10	11	
50	Operating Room											50
51												51
52	Labor Room and Delivery Room											52
53	Anesthesiology											53
54	Radiology-Diagnostic											54
55												55
56												56
57	Computed Tomography (CT) Scan											57
58	Magnetic Resonance Imaging (MRI)											58
59	Cardiac Catheterization											59
60	Laboratory											60
61	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
64	Intravenous Therapy											64
65	Respiratory Therapy											65
66	Physical Therapy											66
67	Occupational Therapy											67
68	Speech Pathology											68
69	Electrocardiology											69
70	Electroencephalography											70
71	Medical Supplies Charged to Patients											71
72	Implantable Devices Charged to Patients											72
73	Drugs Charged to Patients											73
74	Renal Dialysis											74
75	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
	OUTPATIENT SERVICE COST CENTERS											
88	Rural Health Clinic (RHC)											88
89	Federally Qualified Health Center (FQHC)											89
90	Clinic											90
91	Emergency											91

92	Observation Beds						92
93	Other Outpatient Service (specify)						93

COST	ALLOCATION - GENERAL SERVICE COSTS				PROVIDER CO	CN:		PERIOD: FROM TO			WORKSHEET PART I	В,
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
	OTHER REIMBURSABLE COST CENTERS											
94	Home Program Dialysis											94
95	Ambulance Services											95
96												96
97	Durable Medical Equipment-Sold											97
98	Other Reimbursable (specify)											98
99	Outpatient Rehabilitation Provider (specify)											99
100	Intern-Resident Service (not appvd. tchng. prgm.)											100
101	Home Health Agency											101
	SPECIAL PURPOSE COST CENTERS											
105	Kidney Acquisition											105
106	Heart Acquisition											106
107	Liver Acquisition											107
108	Lung Acquisition											108
109	Pancreas Acquisition											109
110	Intestinal Acquisition											110
111	Islet Acquisition											111
112	Other Organ Acquisition (specify)											112
115	Ambulatory Surgical Center (Distinct Part)											115
116	Hospice											116
117	Other Special Purpose (specify)											117
118	SUBTOTALS (sum of lines 1-117)											118
	NONREIMBURSABLE COST CENTERS											
190	Gift, Flower, Coffee Shop, & Canteen											190
191	Research											191
192	Physicians' Private Offices											192
193	Nonpaid Workers											193
194	Other Nonreimbursable (specify)											194
200	Cross Foot Adjustments											200
201	Negative Cost Centers											201
202	TOTAL (sum lines 118-201)											202

COST	ALLOCATION - GENERAL SERVICE COSTS					PROVIDER CCN	[: -	PERIOD: FROM TO	_	WORKSHEET E PART I	3,
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE 18	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS	10	17	20	21	22	23	2-7	23	20	
	Capital Related Costs-Buildings and Fixtures										1
2	Capital Related Costs-Movable Equipment	-									2
4	Employee Benefits Department	-									4
	Administrative and General	1									5
6											6
7											7
- 8	Laundry and Linen Service										8
9	Housekeeping										9
	Dietary										10
11											11
12	Maintenance of Personnel										12
13											13
14											14
	Pharmacy										15
16											16
17	Social Service										17
18			1								18
19											19
20					1						20
	Intern & Res. Service-Salary & Fringes (Approved)										21
	Intern & Res. Other Program Costs (Approved)						1				22
	Paramedical Education Program (specify)							1			23
	INPATIENT ROUTINE SERVICE COST CENTERS										
30											30
31	· · · · · · · · · · · · · · · · · · ·										31
32											32
33	Burn Intensive Care Unit										33
34											34
35	Other Special Care Unit (specify)										35
	Subprovider IPF										40
41	Subprovider IRF										41
	Subprovider (specify)									1	42

43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46

COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER CCN	I: -	PERIOD: FROM TO		WORKSHEET I	В,
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	18	19	20	21	22	23	24	25	26	
ANCILLARY SERVICE COST CENTERS										
50 Operating Room					ļ					50
51 Recovery Room										51
52 Labor Room and Delivery Room										52
53 Anesthesiology										53
54 Radiology-Diagnostic										54
55 Radiology-Therapeutic										55
56 Radioisotope										56
57 Computed Tomography (CT) Scan										57
58 Magnetic Resonance Imaging (MRI)										58
59 Cardiac Catheterization										59
60 Laboratory										60
61 PBP Clinical Laboratory Services-Program Only										61
62 Whole Blood & Packed Red Blood Cells										62
63 Blood Storing, Processing, & Trans.										63
64 Intravenous Therapy										64
65 Respiratory Therapy										65
66 Physical Therapy										66
67 Occupational Therapy										67
68 Speech Pathology										68
69 Electrocardiology										69
70 Electroencephalography										70
71 Medical Supplies Charged to Patients										71
72 Implantable Devices Charged to Patients										72
73 Drugs Charged to Patients										73
74 Renal Dialysis										74
75 ASC (Non-Distinct Part)										75
76 Other Ancillary (specify)										76
OUTPATIENT SERVICE COST CENTERS										
88 Rural Health Clinic (RHC)										88
89 Federally Qualified Health Center (FQHC)										89
90 Clinic										90
91 Emergency		1			1				İ	91

92	Observation Beds					92
93	Other Outpatient Service (specify)					93

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COST	ALLOCATION - GENERAL SERVICE COSTS					PROVIDER CCN	:	PERIOD: FROM TO		WORKSHEET E PART I	3,
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE 18	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
	OTHER REIMBURSABLE COST CENTERS	10	1/	20			25	2.	20	20	
94	Home Program Dialysis										94
95	Ambulance Services										95
96											96
	Durable Medical Equipment-Sold										97
98	Other Reimbursable (specify)										98
99	Outpatient Rehabilitation Provider (specify)										99
100	Intern-Resident Service (not appvd. tchng. prgm.)										100
101	Home Health Agency										101
	SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition										105
106	Heart Acquisition										106
107	Liver Acquisition										107
108	Lung Acquisition										108
109	Pancreas Acquisition										109
110	Intestinal Acquisition										110
111	Islet Acquisition										111
112	Other Organ Acquisition (specify)										112
115	Ambulatory Surgical Center (Distinct Part)										115
116	Hospice										116
117	Other Special Purpose (specify)										117
118	SUBTOTALS (sum of lines 1-117)										118
	NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen										190
191	Research										191
192	Physicians' Private Offices										192
193	Nonpaid Workers					ļ	ļ	ļ			193
194	Other Nonreimbursable (specify)										194
200	Cross Foot Adjustments										200
201	Negative Cost Centers										201
202	TOTAL (sum lines 118-201)										202

ALLOCATIO	ON OF CAPITAL-RELATED COSTS				PROVIDER CCN:		PERIOD: FROM		WORKSHEET B, PART II	
		DIRECTLY ASSIGNED		PITAL ED COSTS			то	<u> </u>		
	COST CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	SUBTOTAL (sum of (cols. 0-2)	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	2A	4	5	6	7	1
GENE	RAL SERVICE COST CENTERS									
1 Capita	al Related Costs-Buildings and Fixtures									1
2 Capita	al Related Costs-Movable Equipment									2
4 Emplo	oyee Benefits Department									4
5 Admi	nistrative and General									5
6 Maint	enance and Repairs									6
7 Opera	ation of Plant									7
8 Laund	lry and Linen Service									8
9 House	ekeeping									9
10 Dietar	ту									10
11 Cafete	eria									11
12 Maint	enance of Personnel									12
13 Nursii	ng Administration									13
14 Centra	al Services and Supply									14
15 Pharm	nacy									15
16 Medic	cal Records & Medical Records Library									16
17 Social	Service									17
18 Other	General Service (specify)									18
19 Nonpl	hysician Anesthetists									19
20 Nursii	ng School									20
21 Intern	& Res. Service-Salary & Fringes (Approved)									21
22 Intern	& Res. Other Program Costs (Approved)									22
23 Param	nedical Education Program (specify)									23
INPAT	TIENT ROUTINE SERVICE COST CENTERS									
30 Adult	s and Pediatrics (General Routine Care)									30
31 Intens	ive Care Unit									31
32 Coron	nary Care Unit									32
33 Burn	Intensive Care Unit									33
34 Surgio	cal Intensive Care Unit									34
35 Other	Special Care Unit (specify)									35
40 Subpr	ovider IPF									40
41 Subpr	ovider IRF									41
42 Subpr	rovider (specify)					-				42
43 Nurse	ry	\Box]	43

44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46

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ALLO	OCATION OF CAPITAL-RELATED COSTS				PROVIDER CCN:		PERIOD: FROM		WORKSHEET B, PART II	
		DIRECTLY ASSIGNED		PITAL ED COSTS			ТО			
	COST CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	SUBTOTAL (sum of (cols. 0-2)	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	2A	4	5	6	7	1
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Labor Room and Delivery Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	Computed Tomography (CT) Scan									57
58	Magnetic Resonance Imaging (MRI)									58
59	Cardiac Catheterization									59
60	Laboratory									60
61	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
64	Intravenous Therapy									64
65										65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71										71
72	Implantable Devices Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	ASC (Non-Distinct Part)									75
	Other Ancillary (specify)									76
	OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)									89
	Clinic									90
91	Emergency									91
92	Observation Beds									92

93 Other Outpatient Service (specify)					0.3
55 Other Outpatient Service (specify)					23

ALLC	CATION OF CAPITAL-RELATED COSTS				PROVIDER CCN:		PERIOD: FROM		WORKSHEET B, PART II	
		DIRECTLY ASSIGNED		TTAL D COSTS			ТО			Π
	COST CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	SUBTOTAL (sum of (cols. 0-2)	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	2A	4	5	6	7	—
	OTHER REIMBURSABLE COST CENTERS									4
94	Home Program Dialysis									94
95	Ambulance Services									95
	Durable Medical Equipment-Rented									96
97	Durable Medical Equipment-Sold									97
98	Other Reimbursable (specify)									98
99	Outpatient Rehabilitation Provider (specify)									99
100	Intern-Resident Service (not appvd. tchng. prgm.)	-								100
101	Home Health Agency									101
	SPECIAL PURPOSE COST CENTERS									4
105	Kidney Acquisition	-								105
106	Heart Acquisition									106
107	Liver Acquisition									107
108	Lung Acquisition									108
109	Pancreas Acquisition	-								109
110	Intestinal Acquisition									110
111	Islet Acquisition									111
112	Other Organ Acquisition (specify)									112
115	Ambulatory Surgical Center (Distinct Part)									115
116	Hospice									116
117	Other Special Purpose (specify)									117
118	SUBTOTALS (sum of lines 1-117)									118
	NONREIMBURSABLE COST CENTERS									4—
190	Gift, Flower, Coffee Shop, & Canteen									190
191	Research									191
192	Physicians' Private Offices									192
193	Nonpaid Workers									193
194	Other Nonreimbursable (specify)									194
200	Cross Foot Adjustments									200
201	Negative Cost Centers									201
202	TOTAL (sum lines 118-201)						<u> </u>			202

ALLO	OCATION OF CAPITAL-RELATED COSTS				PROVIDER C	CN:		PERIOD: FROM TO			WORKSHEET PART II	В,
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	1	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		8	9	10	11	12	13	14	15	16	17	+-
	GENERAL SERVICE COST CENTERS											+-
	Capital Related Costs-Buildings and Fixtures	-										1
2	Capital Related Costs-Movable Equipment	-										2
4	Employee Benefits <i>Department</i>	4										4
5	Administrative and General	-										5
	Maintenance and Repairs	┨										6
7	Operation of Plant											7
8	Laundry and Linen Service			-								8
9	Housekeeping											9
10	Dietary					1						10
11	Cafeteria											11
12	Maintenance of Personnel Nursing Administration							-				13
14												14
15	Central Services and Supply Pharmacy											15
16	Medical Records & Medical Records Library											16
17	Social Service											17
18	Other General Service (specify)					†						18
19	Nonphysician Anesthetists	┪ '										19
20												20
21	Intern & Res. Service-Salary & Fringes (Approved)											21
22	Intern & Res. Other Program Costs (Approved)											22
	Paramedical Education Program (specify)											23
	INPATIENT ROUTINE SERVICE COST CENTERS											
30	Adults and Pediatrics (General Routine Care)											30
31	Intensive Care Unit											31
32	Coronary Care Unit											32
33	Burn Intensive Care Unit											33
34	Surgical Intensive Care Unit											34
35	Other Special Care Unit (specify)											35
40	Subprovider IPF											40
41	Subprovider IRF											41
42	Subprovider (specify)											42
43	Nursery											43

44	Skilled Nursing Facility						44
45	Nursing Facility						45
46	Other Long Term Care						46

ALLC	CATION OF CAPITAL-RELATED COSTS				PROVIDER C	CN:		PERIOD: FROM			WORKSHEET PART II	В,
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN	HOUSE-			MAIN- TENANCE OF	NURSING ADMINIS-	CENTRAL SERVICES &		MEDICAL RECORDS &	SOCIAL	
		SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE	4
	ANGULADA GEDANGE COGT CENTERS	8	9	10	11	12	13	14	15	16	17	+
	ANCILLARY SERVICE COST CENTERS											
50	Operating Room											50
51	Recovery Room											51
52	Labor Room and Delivery Room											52
	Anesthesiology					-						53
54	Radiology-Diagnostic											54
55	Radiology-Therapeutic											55
56	Radioisotope											56
	Computed Tomography (CT) Scan											57
58	Magnetic Resonance Imaging (MRI)											58
59	Cardiac Catheterization											59
60	, , , , , , , , , , , , , , , , , , ,											60
61	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
64	Intravenous Therapy											64
65	Respiratory Therapy											65
66	Physical Therapy											66
67	Occupational Therapy											67
68	Speech Pathology											68
69	Electrocardiology											69
70	Electroencephalography											70
71	Medical Supplies Charged to Patients											71
72	Implantable Devices Charged to Patients											72
73	Drugs Charged to Patients											73
74	Renal Dialysis											74
75	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
	OUTPATIENT SERVICE COST CENTERS											
88	Rural Health Clinic (RHC)											88
89	Federally Qualified Health Center (FQHC)											89
90	Clinic											90
91	Emergency											91
	Observation Beds											92

93 Other Outpatient Service (specify)						03
33 Other Outpatient Service (specify))3

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ALLOCATION OF CAPITAL-RELATED COSTS				PROVIDER C	CN:		PERIOD: FROM TO			WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
OTHER REIMBURSABLE COST CENTERS											\vdash
94 Home Program Dialysis											94
95 Ambulance Services											95
96 Durable Medical Equipment-Rented											96
97 Durable Medical Equipment-Sold											97
98 Other Reimbursable (specify)											98
99 Outpatient Rehabilitation Provider (specify)											99
100 Intern-Resident Service (not appvd. tchng. prgm.)											100
101 Home Health Agency											101
SPECIAL PURPOSE COST CENTERS											
105 Kidney Acquisition											105
106 Heart Acquisition											106
107 Liver Acquisition											107
108 Lung Acquisition											108
109 Pancreas Acquisition											109
110 Intestinal Acquisition											110
111 Islet Acquisition											111
112 Other Organ Acquisition (specify)											112
115 Ambulatory Surgical Center (Distinct Part)											115
116 Hospice											116
117 Other Special Purpose (specify)											117
118 SUBTOTALS (sum of lines 1-117)											118
NONREIMBURSABLE COST CENTERS											
190 Gift, Flower, Coffee Shop, & Canteen											190
191 Research											191
192 Physicians' Private Offices											192
193 Nonpaid Workers											193
194 Other Nonreimbursable (specify)											194
200 Cross Foot Adjustments											200
201 Negative Cost Centers											201
202 TOTAL (sum lines 118-201)]	<u> </u>]	<u> </u>				202

ALLOCATION OF CAPITAL-RELATED COSTS					PROVIDER CC	N:	PERIOD: FROM		WORKSHEET PART II	В,
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	1	
GENERAL GERMAN GOOT GENTERS	18	19	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS										1
1 Capital Related Costs-Buildings and Fixtures										1
2 Capital Related Costs-Movable Equipment										2
4 Employee Benefits <i>Department</i>										4
5 Administrative and General	_									5
6 Maintenance and Repairs	_									6
7 Operation of Plant										7
8 Laundry and Linen Service	_									8
9 Housekeeping										9
10 Dietary										10
11 Cafeteria										11
12 Maintenance of Personnel										12
13 Nursing Administration										13
14 Central Services and Supply										14
15 Pharmacy										15
16 Medical Records & Medical Records Library										16
17 Social Service										17
18 Other General Service (specify)										18
19 Nonphysician Anesthetists										19
20 Nursing School]					20
21 Intern & Res. Service-Salary & Fringes (Approved)										21
22 Intern & Res. Other Program Costs (Approved)										22
23 Paramedical Education Program (specify)										23
INPATIENT ROUTINE SERVICE COST CENTERS										
30 Adults and Pediatrics (General Routine Care)										30
31 Intensive Care Unit										31
32 Coronary Care Unit										32
33 Burn Intensive Care Unit										33
34 Surgical Intensive Care Unit										34
35 Other Special Care Unit (specify)										35
40 Subprovider IPF										40
41 Subprovider IRF										41
42 Subprovider (specify)										42
43 Nursery										43

44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46

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ALLO	OCATION OF CAPITAL-RELATED COSTS					PROVIDER CC	N: -	PERIOD: FROM TO		WORKSHEET PART II	`В,
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26	
	ANCILLARY SERVICE COST CENTERS										
50	Operating Room										50
51	Recovery Room										51
52	Labor Room and Delivery Room										52
53	Anesthesiology										53
54	Radiology-Diagnostic										54
55	Radiology-Therapeutic										55
56	Radioisotope										56
57	Computed Tomography (CT) Scan										57
58	Magnetic Resonance Imaging (MRI)										58
59	Cardiac Catheterization										59
60	Laboratory										60
61	PBP Clinical Laboratory Services-Program Only										61
62	Whole Blood & Packed Red Blood Cells										62
	Blood Storing, Processing, & Trans.										63
	Intravenous Therapy										64
	Respiratory Therapy										65
	Physical Therapy										66
	Occupational Therapy										67
68											68
69	Electrocardiology										69
	Electroencephalography										70
	Medical Supplies Charged to Patients										71
	Implantable Devices Charged to Patients										72
	Drugs Charged to Patients										73
	Renal Dialysis										74
	ASC (Non-Distinct Part)										75
	Other Ancillary (specify)										76
	OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)										88
	Federally Qualified Health Center (FQHC)										89
	Clinic										90
	Emergency										91
	Observation Beds										92

'I						
93 Other 0	Outpatient Service (specify)					93

ALLC	CATION OF CAPITAL-RELATED COSTS					PROVIDER CC	N: -	PERIOD: FROM TO		WORKSHEET PART II	В,
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE 18	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL 20	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY) 23	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
	OTHER REIMBURSABLE COST CENTERS	10		20			25	2.	20	20	_
94	Home Program Dialysis										94
95	Ambulance Services										95
	Durable Medical Equipment-Rented										96
	Durable Medical Equipment-Sold										97
98	Other Reimbursable (specify)										98
99	Outpatient Rehabilitation Provider (specify)										99
	Intern-Resident Service (not appvd. tchng. prgm.)										100
	Home Health Agency										101
	SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition										105
106	Heart Acquisition										106
107	Liver Acquisition										107
108	Lung Acquisition										108
109	Pancreas Acquisition										109
110	Intestinal Acquisition										110
111	Islet Acquisition										111
112	Other Organ Acquisition (specify)										112
115	Ambulatory Surgical Center (Distinct Part)										115
116	Hospice										116
117	Other Special Purpose (specify)										117
118	SUBTOTALS (sum of lines 1-117)										118
	NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen										190
191	Research										191
192	Physicians' Private Offices										192
193	Nonpaid Workers	1									193
194	Other Nonreimbursable (specify)										194
200	Cross Foot Adjustments										200
201	Negative Cost Centers										201
202	TOTAL (sum lines 118-201)				l	l			l	l	202

COST	ALLOCATION - STATISTICAL BASIS			PROVIDER CCN:		PERIOD: FROM TO		WORKSHEET B-	1
		CAPITAL RE BLDGS. &	LATED COST MOVABLE	EMPLOYEE BENEFITS		ADMINIS- TRATIVE &	MAIN- TENANCE &	OPERATION	
		FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT	
	COST CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
	COST CENTER DESCRIPTIONS	FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)	
		1	2	4	5A	5	6	7	1
	GENERAL SERVICE COST CENTERS		_						
1	Capital Related Costs-Buildings and Fixtures								1
2	Capital Related Costs-Movable Equipment								2
4									4
5	Administrative and General								5
6	Maintenance and Repairs							1	6
7	Operation of Plant								7
8	Laundry and Linen Service								8
9	Housekeeping								9
10	• •								10
11	Cafeteria								11
12	Maintenance of Personnel								12
13	Nursing Administration								13
14									14
15									15
16	Medical Records & Medical Records Library								16
17	Social Service								17
18	Other General Service (specify)								18
19	Nonphysician Anesthetists								19
20	Nursing School								20
21	Intern & Res. Service-Salary & Fringes (Approved)								21
22	Intern & Res. Other Program Costs (Approved)								22
23	Paramedical Education Program (specify)								23
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults and Pediatrics (General Routine Care)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34									34
35	Other Special Care Unit (specify)								35
40									40
41	Subprovider IRF								41
42	Subprovider (specify)								42

43	Nursery				43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
46	Other Long Term Care				46

COST	ALLOCATION - STATISTICAL BASIS			PROVIDER CCN:		PERIOD: FROMTO		WORKSHEET B-	1
		CAPITAL RE	LATED COST	EMPLOYEE		ADMINIS-	MAIN-		T
		BLDGS. &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OPERATION	
		FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT	
	COST CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
		FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)	4
		1	2	4	5A	5	6	7	₩
	ANCILLARY SERVICE COST CENTERS								4
	Operating Room					1			50
51	'					1			51
52	Labor Room and Delivery Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan								57
58	Magnetic Resonance Imaging (MRI)								58
59	Cardiac Catheterization								59
60	Laboratory								60
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								6
65	Respiratory Therapy								65
66	Physical Therapy								60
67	Occupational Therapy								6
68	Speech Pathology								6
69	Electrocardiology								69
70	Electroencephalography								70
	Medical Supplies Charged to Patients								7:
72	Implantable Devices Charged to Patients								72
73									73
74									74
	ASC (Non-Distinct Part)								7:
	Other Ancillary (specify)								70
, ,	OUTPATIENT SERVICE COST CENTERS								Ť
88	Rural Health Clinic (RHC)								88
	Federally Qualified Health Center (FQHC)					†			89
90	Clinic					 			90
	Emergency					+			91

92	Observation Beds				92
93	Other Outpatient Service (specify)				93

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COST	ALLOCATION - STATISTICAL BASIS			PROVIDER CCN:		PERIOD: FROMTO		WORKSHEET B-	1
			LATED COST	EMPLOYEE		ADMINIS-	MAIN-	ODED ATTION	T
		BLDGS. &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OPERATION	
		FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT	
	COST CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
		FEET)	VALUE)	SALARIES) 4	IATION 5A	COST)	FEET)	FEET)	-
	OTHER REIMBURSABLE COST CENTERS	1	2	4	JA	3	0	,	
94	Home Program Dialysis								94
95									95
	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98									98
99									99
100	Intern-Resident Service (not appvd. tchng. prgm.)								100
101	Home Health Agency								101
	SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition								105
106	Heart Acquisition								106
107	Liver Acquisition								107
108	Lung Acquisition								108
109	Pancreas Acquisition								109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
115	Ambulatory Surgical Center (Distinct Part)								115
	Hospice								116
	Other Special Purpose (specify)								117
	SUBTOTALS (sum of lines 1-117)								118
	NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen								190
191	Research								191
192	Physicians' Private Offices								192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)								194
200	Cross foot adjustments								200
201	Negative cost centers								201
202	Cost to be allocated (per Worksheet B, Part I)								202
203	Unit cost multiplier (Worksheet B, Part I)								203
204	Cost to be allocated (per Worksheet B, Part II)								204

205 Unit of	cost multiplier (Worksheet B, Part II)				205

	o (Com)						1		1			
COST	ALLOCATION - STATISTICAL BASIS						PROVIDER C	CN:	PERIOD: FROM		WORKSHEET	г В-1
								_	TO			
		LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL		T
		& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &	SOCIAL	
		SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE	
	COST CENTER DESCRIPTIONS	(POUNDS OF	(HOURS OF	(MEALS	(MEALS	(NUMBER	(DIRECT	(COSTED	(COSTED	(TIME	(TIME	
		LAUNDRY)	SERVICE)	SERVED)	SERVED)	HOUSED)	NURS. HRS)	REQUIS.)	REQUIS.)	SPENT)	SPENT)	
		8	9	10	11	12	13	14	15	16	17	1
	GENERAL SERVICE COST CENTERS											
1	Capital Related Costs-Buildings and Fixtures											1
2	Capital Related Costs-Movable Equipment											2
4	Employee Benefits Department											_
5	Administrative and General											5
6	Maintenance and Repairs											e
7	Operation of Plant											7
8	Laundry and Linen Service											8
9	Housekeeping											9
10	Dietary											10
11	Cafeteria											1
12	Maintenance of Personnel											13
13	Nursing Administration											13
14	Central Services and Supply											14
15	Pharmacy											1:
16	Medical Records & Medical Records Library											10
17	Social Service											1
18	Other General Service (specify)											18
19	Nonphysician Anesthetists											19
20	Nursing School											20
21	Intern & Res. Service-Salary & Fringes (Approved)											2
22	Intern & Res. Other Program Costs (Approved)											2
23	Paramedical Education Program (specify)											23
	INPATIENT ROUTINE SERVICE COST CENTERS											
30	Adults and Pediatrics (General Routine Care)											30
31	Intensive Care Unit											3
32	Coronary Care Unit											32
33	Burn Intensive Care Unit											33
34	Surgical Intensive Care Unit											34
35	Other Special Care Unit (specify)											35
40	Subprovider IPF											40
41	Subprovider IRF											4
42	Subprovider (specify)	1	1				1				ĺ	42

43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
46	Other Long Term Care						46

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COST	ALLOCATION - STATISTICAL BASIS		PROVIDER C	CN:	PERIOD: FROMTO		WORKSHEET	ГВ-1				
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS- TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	ANCILLARY SERVICE COST CENTERS	0	9	10	11	12	13	14	13	10	17	
50	Operating Room											50
51	Recovery Room											51
52	Labor Room and Delivery Room											52
53	Anesthesiology											53
54	Radiology-Diagnostic							†		†		54
55	Radiology-Diagnostic Radiology-Therapeutic											55
56								†		†		56
57	Computed Tomography (CT) Scan											57
58	Magnetic Resonance Imaging (MRI)				1							58
59	Cardiac Catheterization				1							59
60	Laboratory											60
61	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
64	Intravenous Therapy											64
65	Respiratory Therapy				1							65
66	Physical Therapy				1							66
67	Occupational Therapy											67
68	Speech Pathology				1							68
69	Electrocardiology											69
	Electroencephalography											70
	Medical Supplies Charged to Patients											71
72	Implantable Devices Charged to Patients											72
73	Drugs Charged to Patients											73
74	Renal Dialysis											74
75	•											75
	Other Ancillary (specify)											76
	OUTPATIENT SERVICE COST CENTERS											1,0
88												88
	Federally Qualified Health Center (FQHC)											89
90	Clinic											90
	Emergency											91

92	Observation Beds						92
93	Other Outpatient Service (specify)						93

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COST	ALLOCATION - STATISTICAL BASIS			PROVIDER C	CN:	PERIOD: FROM TO		WORKSHEET	Г В-1			
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS- TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	OTHER REIMBURSABLE COST CENTERS	8	9	10	11	12	13	14	13	10	17	\vdash
94	Home Program Dialysis											94
95	Ambulance Services				1							95
	Durable Medical Equipment-Rented											96
97	Durable Medical Equipment-Sold	1							†			97
98	Other Reimbursable (specify)											98
99	Outpatient Rehabilitation Provider (specify)											99
100	Intern-Resident Service (not appvd. tchng. prgm.)											100
	Home Health Agency											101
101	SPECIAL PURPOSE COST CENTERS											101
105	Kidney Acquisition											105
106	Heart Acquisition											105
107	Liver Acquisition											107
108	Lung Acquisition											108
109	Pancreas Acquisition											109
110	Intestinal Acquisition											110
111	Islet Acquisition											111
112	Other Organ Acquisition (specify)											112
115	Ambulatory Surgical Center (Distinct Part)											115
116	Hospice											116
117	Other Special Purpose (specify)											117
	SUBTOTALS (sum of lines 1-117)											118
	NONREIMBURSABLE COST CENTERS											
190	Gift, Flower, Coffee Shop, & Canteen											190
191	Research						<u> </u>					191
192	Physicians' Private Offices											192
193	Nonpaid Workers						<u> </u>					193
194	Other Nonreimbursable (specify)											194
200	Cross foot adjustments											200
201	Negative cost centers											201
	Cost to be allocated (per Worksheet B, Part I)											202
203	Unit cost multiplier (Worksheet B, Part I)						<u> </u>					203
	Cost to be allocated (per Worksheet B, Part II)				1	Ì		<u> </u>		<u> </u>	1	204

205 Unit cost munipher (worksheet B, Part II)	205 Unit cost multiplier (Worksheet B, Part II)											205
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COST	ALLOCATION - STATISTICAL BASIS					PROVIDER CC	N:	PERIOD: FROM		WORKSHEET	
								TO			
			NON-		INTERNS &	RESIDENTS	PARA-	10	INTERN &		Т
		OTHER	PHYSICIAN	NURSING	SALARY AND		MEDICAL		RESIDENT		
		GENERAL	ANES-	SCHOOL	FRINGES	COSTS	EDUCATION		COST & POST		
	COST CENTER DESCRIPTIONS	SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN		
		(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26	1
	GENERAL SERVICE COST CENTERS										
1	Capital Related Costs-Buildings and Fixtures										
2	Capital Related Costs-Movable Equipment	7									
4	Employee Benefits <i>Department</i>	7									
5	Administrative and General	$ lab{1}$									
6	Maintenance and Repairs	1									
7	Operation of Plant]									
8	Laundry and Linen Service	1									
9	Housekeeping										
10	Dietary]									1
11	Cafeteria										1
12	Maintenance of Personnel]									1
13	Nursing Administration	<u> </u>									1
14	Central Services and Supply]									1
15	Pharmacy	<u> </u>									1
16	Medical Records & Medical Records Library	1									1
17	Social Service										1
18	Other General Service (specify)										1
19	Nonphysician Anesthetists										1
20	Nursing School										2
21	Intern & Res. Service-Salary & Fringes (Approved)										2
22	Intern & Res. Other Program Costs (Approved)	1						1			2
23	Paramedical Education Program (specify)										2
	INPATIENT ROUTINE SERVICE COST CENTERS										
30	Adults and Pediatrics (General Routine Care)	1									3
31	Intensive Care Unit	1									3
32	Coronary Care Unit	1									3
33	Burn Intensive Care Unit	<u> </u>									3
34	Surgical Intensive Care Unit	1									3
35	Other Special Care Unit (specify)										9.
40	Subprovider IPF										4
41	Subprovider IRF										4
42	Subprovider (specify)										4

43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46

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COST	ALLOCATION - STATISTICAL BASIS	PROVIDER CC	N:	PERIOD: FROM TO		WORKSHEET	B-1				
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL (ASSIGNED	SALARY AND FRINGES (ASSIGNED	PROGRAM COSTS (ASSIGNED	PARA- MEDICAL EDUCATION (ASSIGNED		INTERN & RESIDENT COST & POST STEPDOWN		
		(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENTS	1	-
	ANCILLARY SERVICE COST CENTERS	18	19	20	21	22	23	24	25	26	
50	Operating Room										50
51	Recovery Room										51
52	Labor Room and Delivery Room										52
53	Anesthesiology										53
	Radiology-Diagnostic										54
55	Radiology-Therapeutic										55
56	Radioisotope										56
57	Computed Tomography (CT) Scan										57
58	Magnetic Resonance Imaging (MRI)										58
59	Cardiac Catheterization										59
	Laboratory										60
	PBP Clinical Laboratory Services-Program Only										61
62	Whole Blood & Packed Red Blood Cells										62
63	Blood Storing, Processing, & Trans.										63
64	Intravenous Therapy										64
	Respiratory Therapy										65
	Physical Therapy										66
67	Occupational Therapy										67
68	Speech Pathology										68
	Electrocardiology										69
70	Electroencephalography										70
	Medical Supplies Charged to Patients										71
	Implantable Devices Charged to Patients										72
	Drugs Charged to Patients										73
	Renal Dialysis										74
75	ASC (Non-Distinct Part)										75
	Other Ancillary (specify)										76
	OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)										88
89	Federally Qualified Health Center (FQHC)										89
90	Clinic										90
91	Emergency										91

92	Observation Beds					92
93	Other Outpatient Service (specify)					93

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER CCI	N:	PERIOD: FROMTO		WORKSHEET	`B-1
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	PARA- MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	18	19	20	21	22	23	24	25	26	\bot
OTHER REIMBURSABLE COST CENTERS										_
94 Home Program Dialysis										94
95 Ambulance Services										95
96 Durable Medical Equipment-Rented										96
97 Durable Medical Equipment-Sold										97
98 Other Reimbursable (specify)										98
99 Outpatient Rehabilitation Provider (specify)										99
100 Intern-Resident Service (not appvd. tchng. prgn	n.)									100
101 Home Health Agency										101
SPECIAL PURPOSE COST CENTERS										
105 Kidney Acquisition										105
106 Heart Acquisition										106
107 Liver Acquisition										107
108 Lung Acquisition										108
109 Pancreas Acquisition										109
110 Intestinal Acquisition										110
111 Islet Acquisition										111
112 Other Organ Acquisition (specify)										112
115 Ambulatory Surgical Center (Distinct Part)										115
116 Hospice										116
117 Other Special Purpose (specify)										117
118 SUBTOTALS (sum of lines 1-117)										118
NONREIMBURSABLE COST CENTERS										
190 Gift, Flower, Coffee Shop, & Canteen										190
191 Research										191
192 Physicians' Private Offices										192
193 Nonpaid Workers										193
194 Other Nonreimbursable (specify)										194
200 Cross foot adjustments										200
201 Negative cost centers										201
202 Cost to be allocated (per Worksheet B, Part I)										202
203 Unit cost multiplier (Worksheet B, Part I)										203
204 Cost to be allocated (per Worksheet B, Part II)						1				204

205 H					
205 Unit cost multiplier (Worksheet B. Part II)					205

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POST STEPDOWN ADJUSTMENTS PROVIDER CCN:		PERIOD: FROM TO		WORKSHEET B-2		
			WORKSHEET			T
	DESCRIPTION		PART	LINE NO.	AMOUNT	
	1		2	3	4	7
1			1	74		1
2		er	1	94		2
3	Adjustment for ARANESP costs in Renal Dialysis cost center		1	74		3
4	Adjustment for ARANESP costs in Home Program Dialysis cost	st center	1	94		4
5	Adjustment for ESA costs in Renal Dialysis cost center (see inst	tructions)	1	74		5
6	Adjustment for ESA costs in Home Program Dialysis cost center	er (see instructions)	1	94		6
7						7
8						8
9						9
10			+			10
11						11
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