

CR Hospital Reference Report

A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
BAPTIST HOSPITAL		MIAMI, FL 33176		10/01/2007	09/30/2008
D00	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
1	Part 1 Apportionment of Inpatient Routine Service Capital Costs				
A18	Hospital Medicare				
02500	Adults and Pediatrics - General Routine Care	0600	New Capital - Cost	17,417,345.	
02500	Adults and Pediatrics - General Routine Care	0700	Total Patient Days	151,098.	Days
02500	Adults and Pediatrics - General Routine Care	0800	Inpatient Program Days	38,418.	Days
02500	Adults and Pediatrics - General Routine Care	1200	New Capital - Inpatient	4,428,443.	
02600	Intensive Care Unit	0600	New Capital - Cost	2,680,338.	
02600	Intensive Care Unit	0700	Total Patient Days	11,578.	Days
02600	Intensive Care Unit	0800	Inpatient Program Days	3,830.	Days
02600	Intensive Care Unit	1200	New Capital - Inpatient	886,645.	
03000	Other Special Care	0600	New Capital - Cost	228,144.	CC 02060
03000	Other Special Care	0700	Total Patient Days	5,282.	Days
03100	Subprovider	0600	New Capital - Cost	1,636,997.	
03100	Subprovider	0700	Total Patient Days	6,357.	Days
03100	Subprovider	0800	Inpatient Program Days	3,534.	Days
03100	Subprovider	1200	New Capital - Inpatient	910,040.	
03300	Nursery	0600	New Capital - Cost	1,127,057.	
03300	Nursery	0700	Total Patient Days	16,976.	Days
10100	Worksheet D Part 1 Total (Lines 25 to 33)	0600	New Capital - Cost	23,089,881.	
10100	Worksheet D Part 1 Total (Lines 25 to 33)	0700	Total Patient Days	191,291.	Days
10100	Worksheet D Part 1 Total (Lines 25 to 33)	0800	Inpatient Program Days	45,782.	Days
10100	Worksheet D Part 1 Total (Lines 25 to 33)	1200	New Capital - Inpatient	6,225,128.	
2	Part 2 Apportionment of Inpatient Ancillary Service Capital Costs				
A18	Hospital Medicare				
03700	Operating Room	0800	New Capital - Cost	61,404.	CC 03330
03700	Operating Room	0800	New Capital - Cost	653,689.	
03800	Recovery Room	0800	New Capital - Cost	114,355.	
03900	Delivery Room and Labor Room	0800	New Capital - Cost	1,337.	
04000	Anesthesiology	0800	New Capital - Cost	30,228.	
04100	Radiology-Diagnostic	0800	New Capital - Cost	389,572.	
04200	Radiology-Therapeutic	0800	New Capital - Cost	27,500.	
04400	Laboratory	0800	New Capital - Cost	512,004.	
04700	Blood Storing, Processing and Transportation	0800	New Capital - Cost	36,514.	
04900	Respiratory Therapy	0800	New Capital - Cost	196,275.	
05300	Electrocardiology	0800	New Capital - Cost	828,223.	CC 03120
05300	Electrocardiology	0800	New Capital - Cost	132,613.	
05400	Electroencephalography	0800	New Capital - Cost	25,118.	
05500	Medical Supplies charged to patients	0800	New Capital - Cost	23,652.	
05600	Drugs Charged to Patients	0800	New Capital - Cost	479,740.	
05900	Other Ancillary Cost	0800	New Capital - Cost	558,614.	CC 03950
05900	Other Ancillary Cost	0800	New Capital - Cost	110,156.	CC 03952
06000	Clinic	0800	New Capital - Cost	532.	CC 06002
06100	Emergency Department	0800	New Capital - Cost	405,967.	
06200	Observation Beds	0800	New Capital - Cost	5,811.	
10100	Worksheet D Part 2 Total (Sum of Lines 37 to 68)	0800	New Capital - Cost	4,593,304.	
3	Part 3 Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				

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D00	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
3	Part 3 Apportionment of Inpatient Routine Service - Other Pass Through Cost				
A18	Hospital Medicare				
02500	Adults and Pediatrics - General Routine Care	0500	Total Patient Days	151,098.	Days
02500	Adults and Pediatrics - General Routine Care	0700	Program Inpatient Days	38,418.	Days
02600	Intensive Care Unit	0500	Total Patient Days	11,578.	Days
02600	Intensive Care Unit	0700	Program Inpatient Days	3,830.	Days
03000	Other Special Care	0500	Total Patient Days	5,282.	Days
03100	Subprovider	0500	Total Patient Days	6,357.	Days
03100	Subprovider	0700	Program Inpatient Days	3,534.	Days
03300	Nursery	0500	Total Patient Days	16,976.	Days
10100	Worksheet D Part 3 Total (Sum of Lines 25 to 35)	0500	Total Patient Days	191,291.	Days
10100	Worksheet D Part 3 Total (Sum of Lines 25 to 35)	0700	Program Inpatient Days	45,782.	Days
4	Part 4 Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
03700	Operating Room	0600	Inpatient Charges	1,912,010.	CC 03330
03700	Operating Room	0800	Outpatient Charges	3,377,436.	CC 03330
03700	Operating Room	0600	Inpatient Charges	57,366,339.	
03700	Operating Room	0800	Outpatient Charges	17,430,735.	
03800	Recovery Room	0600	Inpatient Charges	3,010,136.	
03800	Recovery Room	0800	Outpatient Charges	2,093,060.	
03900	Delivery Room and Labor Room	0600	Inpatient Charges	15,553.	
04000	Anesthesiology	0600	Inpatient Charges	10,330,893.	
04000	Anesthesiology	0800	Outpatient Charges	3,671,961.	
04100	Radiology-Diagnostic	0600	Inpatient Charges	49,120,116.	
04100	Radiology-Diagnostic	0800	Outpatient Charges	24,575,002.	
04200	Radiology-Therapeutic	0600	Inpatient Charges	740,659.	
04200	Radiology-Therapeutic	0800	Outpatient Charges	7,791,262.	
04400	Laboratory	0600	Inpatient Charges	46,947,042.	
04400	Laboratory	0800	Outpatient Charges	3,107,227.	
04700	Blood Storing, Processing and Transportation	0600	Inpatient Charges	3,857,838.	
04700	Blood Storing, Processing and Transportation	0800	Outpatient Charges	604,205.	
04900	Respiratory Therapy	0600	Inpatient Charges	32,234,351.	
04900	Respiratory Therapy	0800	Outpatient Charges	585,618.	
05300	Electrocardiology	0600	Inpatient Charges	44,145,993.	CC 03120
05300	Electrocardiology	0800	Outpatient Charges	24,303,898.	CC 03120
05300	Electrocardiology	0800	Outpatient Charges	227,422.	CC 03160
05300	Electrocardiology	0600	Inpatient Charges	17,140,156.	
05300	Electrocardiology	0800	Outpatient Charges	7,882,042.	
05400	Electroencephalography	0600	Inpatient Charges	1,174,934.	
05400	Electroencephalography	0800	Outpatient Charges	1,285,688.	
05500	Medical Supplies charged to patients	0600	Inpatient Charges	4,774,353.	
05500	Medical Supplies charged to patients	0800	Outpatient Charges	896,660.	
05600	Drugs Charged to Patients	0600	Inpatient Charges	72,809,212.	
05600	Drugs Charged to Patients	0800	Outpatient Charges	15,484,025.	
05900	Other Ancillary Cost	0600	Inpatient Charges	4,140,915.	CC 03950
05900	Other Ancillary Cost	0600	Inpatient Charges	7,076,248.	CC 03952
05900	Other Ancillary Cost	0800	Outpatient Charges	690,560.	CC 03952
06000	Clinic	0600	Inpatient Charges	3,649.	CC 06002

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Line	Line Description	Col	Column Description	Value	Type
D00	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
4	Part 4 Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
A18	Hospital Medicare				
06000	Clinic	0800	Outpatient Charges	209,804.	CC 06002
06100	Emergency Department	0600	Inpatient Charges	14,073,102.	
06100	Emergency Department	0800	Outpatient Charges	10,343,004.	
06200	Observation Beds	0600	Inpatient Charges	103,612.	
06200	Observation Beds	0800	Outpatient Charges	4,667,238.	
10100	Worksheet D Part 4 Total (Sum of Lines 37 to 68)	0600	Inpatient Charges	370,977,111.	
10100	Worksheet D Part 4 Total (Sum of Lines 37 to 68)	0800	Outpatient Charges	129,226,847.	
5	Part 5 Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
03700	Operating Room	0100	CC Ratio Wkst C 2 8	0.271007	CC Ratio
03700	Operating Room	0501	Charges - PPS Services	3,377,436.	CC 03330
03700	Operating Room	0901	Costs - PPS	915,309.	CC 03330
03700	Operating Room	0100	CC Ratio Wkst C 2 8	0.215618	CC Ratio
03700	Operating Room	0501	Charges - PPS Services	17,430,735.	
03700	Operating Room	0502	Charges - All Other	2.	
03700	Operating Room	0901	Costs - PPS	3,758,380.	
03800	Recovery Room	0100	CC Ratio Wkst C 2 8	0.361830	CC Ratio
03800	Recovery Room	0501	Charges - PPS Services	2,093,060.	
03800	Recovery Room	0901	Costs - PPS	757,332.	
03900	Delivery Room and Labor Room	0100	CC Ratio Wkst C 2 8	0.510097	CC Ratio
04000	Anesthesiology	0100	CC Ratio Wkst C 2 8	0.055522	CC Ratio
04000	Anesthesiology	0501	Charges - PPS Services	3,671,961.	
04000	Anesthesiology	0901	Costs - PPS	203,875.	
04100	Radiology-Diagnositc	0100	CC Ratio Wkst C 2 8	0.096990	CC Ratio
04100	Radiology-Diagnositc	0501	Charges - PPS Services	24,575,002.	
04100	Radiology-Diagnositc	0502	Charges - All Other	106.	
04100	Radiology-Diagnositc	0901	Costs - PPS	2,383,529.	
04100	Radiology-Diagnositc	0902	Costs - All Other	10.	
04200	Radiology-Therapeutic	0100	CC Ratio Wkst C 2 8	0.285168	CC Ratio
04200	Radiology-Therapeutic	0501	Charges - PPS Services	7,791,262.	
04200	Radiology-Therapeutic	0901	Costs - PPS	2,221,819.	
04400	Laboratory	0100	CC Ratio Wkst C 2 8	0.112220	CC Ratio
04400	Laboratory	0501	Charges - PPS Services	3,107,227.	
04400	Laboratory	0901	Costs - PPS	348,693.	
04700	Blood Storing, Processing and Transporation	0100	CC Ratio Wkst C 2 8	0.515354	CC Ratio
04700	Blood Storing, Processing and Transporation	0501	Charges - PPS Services	604,205.	
04700	Blood Storing, Processing and Transporation	0901	Costs - PPS	311,379.	
04900	Respiratory Therapy	0100	CC Ratio Wkst C 2 8	0.113622	CC Ratio
04900	Respiratory Therapy	0501	Charges - PPS Services	585,618.	
04900	Respiratory Therapy	0901	Costs - PPS	66,539.	
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	0.213949	CC Ratio
05300	Electrocardiology	0501	Charges - PPS Services	24,303,898.	CC 03120
05300	Electrocardiology	0502	Charges - All Other	95.	CC 03120
05300	Electrocardiology	0901	Costs - PPS	5,199,795.	CC 03120
05300	Electrocardiology	0902	Costs - All Other	20.	CC 03120
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	2.161675	CC Ratio

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Line	Line Description	Col	Column Description	Value	Type
D00	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
5	Part 5 Apportionment of Medical and Other Health Service Cost				
A18	Hospital Medicare				
05300	Electrocardiology	0501	Charges - PPS Services	227,422.	CC 03160
05300	Electrocardiology	0901	Costs - PPS	491,612.	CC 03160
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	0.201602	CC Ratio
05300	Electrocardiology	0501	Charges - PPS Services	7,882,042.	
05300	Electrocardiology	0502	Charges - All Other	55.	
05300	Electrocardiology	0901	Costs - PPS	1,589,035.	
05300	Electrocardiology	0902	Costs - All Other	11.	
05400	Electroencephalography	0100	CC Ratio Wkst C 2 8	0.195793	CC Ratio
05400	Electroencephalography	0501	Charges - PPS Services	1,285,688.	
05400	Electroencephalography	0901	Costs - PPS	251,729.	
05500	Medical Supplies charged to patients	0100	CC Ratio Wkst C 2 8	0.263724	CC Ratio
05500	Medical Supplies charged to patients	0501	Charges - PPS Services	896,660.	
05500	Medical Supplies charged to patients	0901	Costs - PPS	236,471.	
05600	Drugs Charged to Patients	0100	CC Ratio Wkst C 2 8	0.141666	CC Ratio
05600	Drugs Charged to Patients	0501	Charges - PPS Services	15,484,025.	
05600	Drugs Charged to Patients	0502	Charges - All Other	7,293.	
05600	Drugs Charged to Patients	0901	Costs - PPS	2,193,560.	
05600	Drugs Charged to Patients	0902	Costs - All Other	1,033.	
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.554944	CC Ratio
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.537838	CC Ratio
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.191437	CC Ratio
05900	Other Ancillary Cost	0501	Charges - PPS Services	690,560.	CC 03952
05900	Other Ancillary Cost	0901	Costs - PPS	132,199.	CC 03952
06000	Clinic	0100	CC Ratio Wkst C 2 8	1.556529	CC Ratio
06000	Clinic	0501	Charges - PPS Services	209,804.	CC 06002
06000	Clinic	0901	Costs - PPS	326,566.	CC 06002
06100	Emergency Department	0100	CC Ratio Wkst C 2 8	0.329623	CC Ratio
06100	Emergency Department	0501	Charges - PPS Services	10,343,004.	
06100	Emergency Department	0901	Costs - PPS	3,409,292.	
06200	Observation Beds	0100	CC Ratio Wkst C 2 8	0.465745	CC Ratio
06200	Observation Beds	0501	Charges - PPS Services	4,667,238.	
06200	Observation Beds	0901	Costs - PPS	2,173,743.	
10100	Sub Total (Sum of Lines 37 to 68)	0501	Charges - PPS Services	129,226,847.	
10100	Sub Total (Sum of Lines 37 to 68)	0502	Charges - All Other	7,551.	
10100	Sub Total (Sum of Lines 37 to 68)	0901	Costs - PPS	26,970,857.	
10100	Sub Total (Sum of Lines 37 to 68)	0902	Costs - All Other	1,074.	
10400	Worksheet D Part 5 Net Charges (Sum of Lines 101 plus or minus lines 102 and 103)	0501	Charges - PPS Services	129,226,847.	
10400	Worksheet D Part 5 Net Charges (Sum of Lines 101 plus or minus lines 102 and 103)	0502	Charges - All Other	7,551.	
10400	Worksheet D Part 5 Net Charges (Sum of Lines 101 plus or minus lines 102 and 103)	0901	Costs - PPS	26,970,857.	
10400	Worksheet D Part 5 Net Charges (Sum of Lines 101 plus or minus lines 102 and 103)	0902	Costs - All Other	1,074.	
A19	Hospital Medicaid				
03700	Operating Room	0100	CC Ratio Wkst C 2 8	0.271007	CC Ratio
03700	Operating Room	0500	Charges - All Other	630,172.	CC 03330

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Line	Line Description	Col	Column Description	Value	Type
D00	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
5	Part 5 Apportionment of Medical and Other Health Service Cost				
A19	Hospital Medicaid				
03700	Operating Room	0900	Costs - All Other	170,781.	CC 03330
03700	Operating Room	0100	CC Ratio Wkst C 2 8	0.215618	CC Ratio
03700	Operating Room	0500	Charges - All Other	3,675,688.	
03700	Operating Room	0900	Costs - All Other	792,544.	
03800	Recovery Room	0100	CC Ratio Wkst C 2 8	0.361830	CC Ratio
03800	Recovery Room	0500	Charges - All Other	754,018.	
03800	Recovery Room	0900	Costs - All Other	272,826.	
03900	Delivery Room and Labor Room	0100	CC Ratio Wkst C 2 8	0.510097	CC Ratio
03900	Delivery Room and Labor Room	0500	Charges - All Other	567,614.	
03900	Delivery Room and Labor Room	0900	Costs - All Other	289,538.	
04000	Anesthesiology	0100	CC Ratio Wkst C 2 8	0.055522	CC Ratio
04000	Anesthesiology	0500	Charges - All Other	1,048,183.	
04000	Anesthesiology	0900	Costs - All Other	58,197.	
04100	Radiology-Diagnositc	0100	CC Ratio Wkst C 2 8	0.096990	CC Ratio
04100	Radiology-Diagnositc	0500	Charges - All Other	10,118,638.	
04100	Radiology-Diagnositc	0900	Costs - All Other	981,407.	
04200	Radiology-Therapeutic	0100	CC Ratio Wkst C 2 8	0.285168	CC Ratio
04200	Radiology-Therapeutic	0500	Charges - All Other	1,290,481.	
04200	Radiology-Therapeutic	0900	Costs - All Other	368,004.	
04400	Laboratory	0100	CC Ratio Wkst C 2 8	0.112220	CC Ratio
04400	Laboratory	0500	Charges - All Other	6,754,118.	
04400	Laboratory	0900	Costs - All Other	757,947.	
04700	Blood Storing, Processing and Transporation	0100	CC Ratio Wkst C 2 8	0.515354	CC Ratio
04700	Blood Storing, Processing and Transporation	0500	Charges - All Other	213,373.	
04700	Blood Storing, Processing and Transporation	0900	Costs - All Other	109,963.	
04900	Respiratory Therapy	0100	CC Ratio Wkst C 2 8	0.113622	CC Ratio
04900	Respiratory Therapy	0500	Charges - All Other	403,028.	
04900	Respiratory Therapy	0900	Costs - All Other	45,793.	
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	0.213949	CC Ratio
05300	Electrocardiology	0500	Charges - All Other	2,197,750.	CC 03120
05300	Electrocardiology	0900	Costs - All Other	470,206.	CC 03120
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	2.161675	CC Ratio
05300	Electrocardiology	0500	Charges - All Other	1,582.	CC 03160
05300	Electrocardiology	0900	Costs - All Other	3,420.	CC 03160
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	0.201602	CC Ratio
05300	Electrocardiology	0500	Charges - All Other	1,023,487.	
05300	Electrocardiology	0900	Costs - All Other	206,337.	
05400	Electroencephalography	0100	CC Ratio Wkst C 2 8	0.195793	CC Ratio
05400	Electroencephalography	0500	Charges - All Other	519,634.	
05400	Electroencephalography	0900	Costs - All Other	101,741.	
05500	Medical Supplies charged to patients	0100	CC Ratio Wkst C 2 8	0.263724	CC Ratio
05500	Medical Supplies charged to patients	0500	Charges - All Other	215,821.	
05500	Medical Supplies charged to patients	0900	Costs - All Other	56,917.	
05600	Drugs Charged to Patients	0100	CC Ratio Wkst C 2 8	0.141666	CC Ratio
05600	Drugs Charged to Patients	0500	Charges - All Other	3,395,679.	

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D00	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
5	Part 5 Apportionment of Medical and Other Health Service Cost				
A19	Hospital Medicaid				
05600	Drugs Charged to Patients	0900	Costs - All Other	481,052.	
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.554944	CC Ratio
05900	Other Ancillary Cost	0500	Charges - All Other	390,083.	CC 03950
05900	Other Ancillary Cost	0900	Costs - All Other	216,474.	CC 03950
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.537838	CC Ratio
05900	Other Ancillary Cost	0500	Charges - All Other	1,685,701.	CC 03951
05900	Other Ancillary Cost	0900	Costs - All Other	906,634.	CC 03951
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.191437	CC Ratio
05900	Other Ancillary Cost	0500	Charges - All Other	69,845.	CC 03952
05900	Other Ancillary Cost	0900	Costs - All Other	13,371.	CC 03952
06000	Clinic	0100	CC Ratio Wkst C 2 8	1.556529	CC Ratio
06000	Clinic	0500	Charges - All Other	33,510.	CC 06002
06000	Clinic	0900	Costs - All Other	52,159.	CC 06002
06100	Emergency Department	0100	CC Ratio Wkst C 2 8	0.329623	CC Ratio
06100	Emergency Department	0500	Charges - All Other	8,441,270.	
06100	Emergency Department	0900	Costs - All Other	2,782,437.	
06200	Observation Beds	0100	CC Ratio Wkst C 2 8	0.465745	CC Ratio
06200	Observation Beds	0500	Charges - All Other	1,211,276.	
06200	Observation Beds	0900	Costs - All Other	564,146.	
10100	Sub Total (Sum of Lines 37 to 68)	0500	Charges - All Other	44,640,951.	
10100	Sub Total (Sum of Lines 37 to 68)	0900	Costs - All Other	9,701,894.	
10400	Worksheet D Part 5 Net Charges (Sum of Lines 101 plus or minus lines 102 and 103)	0500	Charges - All Other	44,640,951.	
10400	Worksheet D Part 5 Net Charges (Sum of Lines 101 plus or minus lines 102 and 103)	0900	Costs - All Other	9,701,894.	
D01	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
2	Part 2 Apportionment of Inpatient Ancillary Service Capital Costs				
B18	Provider Medicare				
03700	Operating Room	0800	New Capital - Cost	427.	CC 03330
03700	Operating Room	0800	New Capital - Cost	418.	
03800	Recovery Room	0800	New Capital - Cost	272.	
04000	Anesthesiology	0800	New Capital - Cost	68.	
04100	Radiology-Diagnostic	0800	New Capital - Cost	3,870.	
04200	Radiology-Therapeutic	0800	New Capital - Cost	14.	
04400	Laboratory	0800	New Capital - Cost	6,342.	
04700	Blood Storing, Processing and Transportation	0800	New Capital - Cost	184.	
04900	Respiratory Therapy	0800	New Capital - Cost	2,921.	
05300	Electrocardiology	0800	New Capital - Cost	4,450.	CC 03120
05300	Electrocardiology	0800	New Capital - Cost	695.	
05400	Electroencephalography	0800	New Capital - Cost	291.	
05500	Medical Supplies charged to patients	0800	New Capital - Cost	183.	
05600	Drugs Charged to Patients	0800	New Capital - Cost	7,647.	
05900	Other Ancillary Cost	0800	New Capital - Cost	527,157.	CC 03950
05900	Other Ancillary Cost	0800	New Capital - Cost	3,384.	CC 03952
06100	Emergency Department	0800	New Capital - Cost	1,110.	
10100	Worksheet D Part 2 Total (Sum of Lines 37 to 68)	0800	New Capital - Cost	559,433.	

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D01	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
4	Part 4 Apportionment of Inpatient/Outpatient Ancillary Service - Other Pass Through Cost				
B18	Provider Medicare				
03700	Operating Room	0600	Inpatient Charges	13,311.	CC 03330
03700	Operating Room	0600	Inpatient Charges	36,663.	
03700	Operating Room	0800	Outpatient Charges	22.	
03800	Recovery Room	0600	Inpatient Charges	7,160.	
04000	Anesthesiology	0600	Inpatient Charges	23,357.	
04100	Radiology-Diagnositc	0600	Inpatient Charges	487,903.	
04100	Radiology-Diagnositc	0800	Outpatient Charges	6,018.	
04200	Radiology-Therapeutic	0600	Inpatient Charges	370.	
04200	Radiology-Therapeutic	0800	Outpatient Charges	8.	
04400	Laboratory	0600	Inpatient Charges	581,472.	
04700	Blood Storing, Processing and Transporation	0600	Inpatient Charges	19,463.	
04900	Respiratory Therapy	0600	Inpatient Charges	479,741.	
05300	Electrocardiology	0600	Inpatient Charges	237,218.	CC 03120
05300	Electrocardiology	0800	Outpatient Charges	584.	CC 03120
05300	Electrocardiology	0600	Inpatient Charges	89,867.	
05300	Electrocardiology	0800	Outpatient Charges	1,622.	
05400	Electroencephalography	0600	Inpatient Charges	13,613.	
05500	Medical Supplies charged to patients	0600	Inpatient Charges	36,975.	
05500	Medical Supplies charged to patients	0800	Outpatient Charges	6.	
05600	Drugs Charged to Patients	0600	Inpatient Charges	1,160,608.	
05600	Drugs Charged to Patients	0800	Outpatient Charges	3,097.	
05900	Other Ancillary Cost	0600	Inpatient Charges	3,907,732.	CC 03950
05900	Other Ancillary Cost	0600	Inpatient Charges	217,354.	CC 03952
06000	Clinic	0600	Inpatient Charges	1.	CC 06002
06100	Emergency Department	0600	Inpatient Charges	38,465.	
06100	Emergency Department	0800	Outpatient Charges	1,257.	
10100	Worksheet D Part 4 Total (Sum of Lines 37 to 68)	0600	Inpatient Charges	7,351,273.	
10100	Worksheet D Part 4 Total (Sum of Lines 37 to 68)	0800	Outpatient Charges	12,614.	
5	Part 5 Apportionment of Medical and Other Health Service Cost				
B18	Provider Medicare				
03700	Operating Room	0100	CC Ratio Wkst C 2 8	0.271007	CC Ratio
03700	Operating Room	0100	CC Ratio Wkst C 2 8	0.215618	CC Ratio
03700	Operating Room	0501	Charges - PPS Services	22.	
03700	Operating Room	0901	Costs - PPS	5.	
03800	Recovery Room	0100	CC Ratio Wkst C 2 8	0.361830	CC Ratio
03900	Delivery Room and Labor Room	0100	CC Ratio Wkst C 2 8	0.510097	CC Ratio
04000	Anesthesiology	0100	CC Ratio Wkst C 2 8	0.055522	CC Ratio
04100	Radiology-Diagnositc	0100	CC Ratio Wkst C 2 8	0.096990	CC Ratio
04100	Radiology-Diagnositc	0501	Charges - PPS Services	6,018.	
04100	Radiology-Diagnositc	0901	Costs - PPS	584.	
04200	Radiology-Therapeutic	0100	CC Ratio Wkst C 2 8	0.285168	CC Ratio
04200	Radiology-Therapeutic	0501	Charges - PPS Services	8.	
04200	Radiology-Therapeutic	0901	Costs - PPS	2.	
04400	Laboratory	0100	CC Ratio Wkst C 2 8	0.112220	CC Ratio
04700	Blood Storing, Processing and Transporation	0100	CC Ratio Wkst C 2 8	0.515354	CC Ratio
04900	Respiratory Therapy	0100	CC Ratio Wkst C 2 8	0.113622	CC Ratio

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A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D01	Wkst D Apportionment of Inpatient Routine Service Capital Costs				
5	Part 5 Apportionment of Medical and Other Health Service Cost				
B18	Provider Medicare				
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	0.213949	CC Ratio
05300	Electrocardiology	0501	Charges - PPS Services	584.	CC 03120
05300	Electrocardiology	0901	Costs - PPS	125.	CC 03120
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	2.161675	CC Ratio
05300	Electrocardiology	0100	CC Ratio Wkst C 2 8	0.201602	CC Ratio
05300	Electrocardiology	0501	Charges - PPS Services	1,622.	
05300	Electrocardiology	0901	Costs - PPS	327.	
05400	Electroencephalography	0100	CC Ratio Wkst C 2 8	0.195793	CC Ratio
05500	Medical Supplies charged to patients	0100	CC Ratio Wkst C 2 8	0.263724	CC Ratio
05500	Medical Supplies charged to patients	0501	Charges - PPS Services	6.	
05500	Medical Supplies charged to patients	0901	Costs - PPS	2.	
05600	Drugs Charged to Patients	0100	CC Ratio Wkst C 2 8	0.141666	CC Ratio
05600	Drugs Charged to Patients	0501	Charges - PPS Services	3,097.	
05600	Drugs Charged to Patients	0901	Costs - PPS	439.	
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.554944	CC Ratio
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.537838	CC Ratio
05900	Other Ancillary Cost	0100	CC Ratio Wkst C 2 8	0.191437	CC Ratio
06000	Clinic	0100	CC Ratio Wkst C 2 8	1.556529	CC Ratio
06100	Emergency Department	0100	CC Ratio Wkst C 2 8	0.329623	CC Ratio
06100	Emergency Department	0501	Charges - PPS Services	1,257.	
06100	Emergency Department	0901	Costs - PPS	414.	
06200	Observation Beds	0100	CC Ratio Wkst C 2 8	0.465745	CC Ratio
10100	Sub Total (Sum of Lines 37 to 68)	0501	Charges - PPS Services	12,614.	
10100	Sub Total (Sum of Lines 37 to 68)	0901	Costs - PPS	1,898.	
10400	Worksheet D Part 5 Net Charges (Sum of Lines 101 plus or minus lines 102 and 103)	0501	Charges - PPS Services	12,614.	
10400	Worksheet D Part 5 Net Charges (Sum of Lines 101 plus or minus lines 102 and 103)	0901	Costs - PPS	1,898.	
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 All Provider Components				
A18	Hospital Part A Medicare				
00100	Inpatient Days (including private room days and swing-bed days, excluding newborn)	0100	Inpatient Cost	151,098.	Days
00200	Inpatient Days (including private room days and excluding swing-bed days and newborn)	0100	Inpatient Cost	151,098.	Days
00300	Private Room days (Excluding swing-bed private room days)	0100	Inpatient Cost	117,668.	Days
00400	Semi-Private Room Days	0100	Inpatient Cost	33,430.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and	0100	Inpatient Cost	38,418.	Days
01400	Medically necessary private room days applicable to the program (excluding swing-bed days)	0100	Inpatient Cost	33,360.	Days
02060	Medicaid rate for swing-bed NF services applicable to services after December 31 of the reporting p	0200	Inpatient Days	5282.00	Rate
02060	Medicaid rate for swing-bed NF services applicable to services after December 31 of the reporting p	0300	Average Per Diem	1153.00	Rate
02100	Total general inpatient routine service cost	0100	Inpatient Cost	144,651,254.	
02600	Total Swing-bed Cost (Sum lines 22-25)	0200	Inpatient Days	11,578.	Days
02600	Total Swing-bed Cost (Sum lines 22-25)	0300	Average Per Diem	2624.41	Per Diem

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A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 All Provider Components				
A18	Hospital Part A Medicare				
02600	Total Swing-bed Cost (Sum lines 22-25)	0400	Program Days	3,830.	Days
02600	Total Swing-bed Cost (Sum lines 22-25)	0500	Program Cost	10,051,490.	
02700	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	0100	Inpatient Cost	144,651,254.	
02800	General inpatient routine service charges (excluding swing-bed charges)	0100	Inpatient Cost	279,564,963.	
02900	Private Room charges (excluding swing-bed charges)	0100	Inpatient Cost	219,249,489.	
03000	Semi-private room charges (excluding swing-bed charges)	0100	Inpatient Cost	60,315,474.	
03100	General inpatient routine service cost/charge ratio (Line 27 divided by Line 28)	0100	Inpatient Cost	0.517416	CC Ratio
03200	Average private room per diem charge (Line 29 divided by Line 3)	0100	Inpatient Cost	1863.29	Per Diem
03300	Average semi-private room per diem charge (Line 20 divided by Line 4)	0100	Inpatient Cost	1804.23	Per Diem
03400	Average per diem private room charge differential (Line 32 minus line 33)	0100	Inpatient Cost	59.06	Per Diem
03500	Average per diem private room cost differential (Line 34 times 31)	0100	Inpatient Cost	30.56	Per Diem
03600	Private room cost differential adjustment (Line 3 times 37)	0100	Inpatient Cost	3,595,934.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (Lin	0100	Inpatient Cost	141,055,320.	
03800	Adjusted general inpatient routine service cost per diem	0100	Inpatient Cost	957.33	Per Diem
03900	Program general inpatient routine service cost (Line 9 times line 38)	0100	Inpatient Cost	36,778,704.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (Lin	0100	Inpatient Cost	36,778,704.	
04800	Program inpatient ancillary service cost (Worksteet D-4 column 3 Line 101)	0100	Inpatient Cost	63,503,222.	
04900	Total Program inpatient cost (sum of Lines 41 to 48)	0100	Inpatient Cost	110,333,416.	
05000	Pass through cost applicable to Program inpatient routine services (Worksheet D sum of Parts 1 and 3	0100	Inpatient Cost	5,315,088.	
05100	Pass through cost applicable to Program inpatient routine services (Worksheet D sum of Parts 2 and 4	0100	Inpatient Cost	4,593,304.	
05200	Total program excluded cost (sum of lines 50 and 51)	0100	Inpatient Cost	9,908,392.	
05300	Total Program inpatient operating cost excluding Capital related, nonphysician anesthetist and medic	0100	Inpatient Cost	100,425,024.	
08300	Total observation bed days	0100	Inpatient Cost	10,635.	Days
08400	Adjusted general inpatient routine cost per diem (Line 27 / Line 2)	0100	Inpatient Cost	957.33	Per Diem
08500	Worksheet D-1 Part 1 Observation bed cost (line 83 times Line 84)	0100	Inpatient Cost	10,181,205.	
08700	New Capital - Related Cost	0500	Program Cost	1,225,909.	
A19	Hospital Part A Medicaid				
00100	Inpatient Days (including private room days and swing-bed days, excluding newborn)	0100	Inpatient Cost	151,098.	Days
00200	Inpatient Days (including private room days and excluding swing-bed days and newborn)	0100	Inpatient Cost	151,098.	Days
00300	Private Room days (Excluding swing-bed private room days)	0100	Inpatient Cost	117,668.	Days
00400	Semi-Private Room Days	0100	Inpatient Cost	33,430.	Days

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A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 All Provider Components				
A19	Hospital Part A Medicaid				
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and	0100	Inpatient Cost	14,795.	Days
01400	Medically necessary private room days applicable to the program (excluding swing-bed days)	0100	Inpatient Cost	8,953.	Days
01500	Total nursery days	0100	Inpatient Cost	16,976.	Days
01600	Nursery days (Title 5 and 19)	0100	Inpatient Cost	3,446.	Days
02060	Medicaid rate for swing-bed NF services applicalble to services after December 31 of the reporting p	0200	Inpatient Days	5282.00	Rate
02060	Medicaid rate for swing-bed NF services applicalble to services after December 31 of the reporting p	0300	Average Per Diem	1153.00	Rate
02060	Medicaid rate for swing-bed NF services applicalble to services after December 31 of the reporting p	0400	Program Days	5010.00	Rate
02060	Medicaid rate for swing-bed NF services applicalble to services after December 31 of the reporting p	0500	Program Cost	5776530.00	Rate
02100	Total general inpatient routine service cost	0100	Inpatient Cost	144,651,254.	
02600	Total Swing-bed Cost (Sum lines 22-25)	0200	Inpatient Days	11,578.	Days
02600	Total Swing-bed Cost (Sum lines 22-25)	0300	Average Per Diem	2624.41	Per Diem
02600	Total Swing-bed Cost (Sum lines 22-25)	0400	Program Days	1,795.	Days
02600	Total Swing-bed Cost (Sum lines 22-25)	0500	Program Cost	4,710,816.	
02700	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	0100	Inpatient Cost	144,651,254.	
02800	General inpatient routine service charges (excluding swing-bed charges)	0100	Inpatient Cost	279,564,963.	
02900	Private Room charges (excluding swing-bed charges)	0100	Inpatient Cost	219,249,489.	
03000	Semi-private room charges (excluding swing-bed charges)	0100	Inpatient Cost	60,315,474.	
03100	General inpatient routine service cost/charge ratio (Line 27 divided by Line 28)	0100	Inpatient Cost	0.517416	CC Ratio
03200	Average private room per diem charge (Line 29 divided by Line 3)	0100	Inpatient Cost	1863.29	Per Diem
03300	Average semi-private room per diem charge (Line 20 divided by Line 4)	0100	Inpatient Cost	1804.23	Per Diem
03400	Average per diem private room charge differential (Line 32 minus line 33)	0100	Inpatient Cost	59.06	Per Diem
03500	Average per diem private room cost differential (Line 34 times 31)	0100	Inpatient Cost	30.56	Per Diem
03600	Private room cost differential adjustment (Line 3 times 37)	0100	Inpatient Cost	3,595,934.	
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (Lin	0100	Inpatient Cost	141,055,320.	
03800	Adjusted general inpatient routine service cost per diem	0100	Inpatient Cost	933.54	Per Diem
03900	Program general inpatient routine service cost (Line 9 times line 38)	0100	Inpatient Cost	13,811,724.	
04000	Private room cost differential adjustment (Line 3 times 37)	0100	Inpatient Cost	273,604.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (Lin	0100	Inpatient Cost	14,085,328.	
04200	Nursery (Title 5 and 19)	0200	Inpatient Days	16,976.	Days
04200	Nursery (Title 5 and 19)	0300	Average Per Diem	747.09	Per Diem
04200	Nursery (Title 5 and 19)	0400	Program Days	3,446.	Days
04200	Nursery (Title 5 and 19)	0500	Program Cost	2,574,472.	

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A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D10	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 All Provider Components				
A19	Hospital Part A Medicaid				
04800	Program inpatient ancillary service cost (Worksteet D-4 column 3 Line 101)	0100	Inpatient Cost	23,812,145.	
04900	Total Program inpatient cost (sum of Lines 41 to 48)	0100	Inpatient Cost	50,959,291.	
08300	Total observation bed days	0100	Inpatient Cost	10,635.	Days
08400	Adjusted general inpatient routine cost per diem (Line 27 / Line 2)	0100	Inpatient Cost	957.33	Per Diem
08500	Worksheet D-1 Part 1 Observation bed cost (line 83 times Line 84)	0100	Inpatient Cost	10,181,205.	
D11	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 All Provider Components				
B18	Provider Part A Medicare				
00100	Inpatient Days (including private room days and swing-bed days, excluding newborn)	0100	Inpatient Cost	6,357.	Days
00200	Inpatient Days (including private room days and excluding swing-bed days and newborn)	0100	Inpatient Cost	6,357.	Days
00300	Private Room days (Excluding swing-bed private room days)	0100	Inpatient Cost	3,173.	Days
00400	Semi-Private Room Days	0100	Inpatient Cost	3,184.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and	0100	Inpatient Cost	3,534.	Days
01400	Medically necessary private room days applicable to the program (excluding swing-bed days)	0100	Inpatient Cost	1,503.	Days
02100	Total general inpatient routine service cost	0100	Inpatient Cost	7,311,259.	
02700	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	0100	Inpatient Cost	7,311,259.	
02800	General inpatient routine service charges (excluding swing-bed charges)	0100	Inpatient Cost	9,420,925.	
02900	Private Room charges (excluding swing-bed charges)	0100	Inpatient Cost	3,947,212.	
03000	Semi-private room charges (excluding swing-bed charges)	0100	Inpatient Cost	5,473,713.	
03100	General inpatient routine service cost/charge ratio (Line 27 divided by Line 28)	0100	Inpatient Cost	0.776066	CC Ratio
03200	Average private room per diem charge (Line 29 divided by Line 3)	0100	Inpatient Cost	1244.00	Per Diem
03300	Average semi-private room per diem charge (Line 20 divided by Line 4)	0100	Inpatient Cost	1719.13	Per Diem
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (Lin	0100	Inpatient Cost	7,311,259.	
03800	Adjusted general inpatient routine service cost per diem	0100	Inpatient Cost	1150.11	Per Diem
03900	Program general inpatient routine service cost (Line 9 times line 38)	0100	Inpatient Cost	4,064,489.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (Lin	0100	Inpatient Cost	4,064,489.	
04800	Program inpatient ancillary service cost (Worksteet D-4 column 3 Line 101)	0100	Inpatient Cost	2,661,197.	
04900	Total Program inpatient cost (sum of Lines 41 to 48)	0100	Inpatient Cost	6,725,686.	
05000	Pass through cost applicable to Program inpatient routine services (Worksheet D sum of Parts 1 and 3	0100	Inpatient Cost	910,040.	
05100	Pass through cost applicable to Program inpatient routine services (Worksheet D sum of Parts 2 and 4	0100	Inpatient Cost	559,433.	
05200	Total program excluded cost (sum of lines 50 and 51)	0100	Inpatient Cost	1,469,473.	

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A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D11	Wkst D-1 Computation of Inpatient Operating Costs				
1	Part 1 All Provider Components				
B18	Provider Part A Medicare				
05300	Total Program inpatient operating cost excluding Capitla related, nonphysician anesthetist and medic	0100	Inpatient Cost	5,256,213.	
08400	Adjusted general inpatient routine cost per diem (Line 27 / Line 2)	0100	Inpatient Cost	1150.11	Per Diem
B19	Provider Part B Medicaid				
00100	Inpatient Days (including private room days and swing-bed days, excluding newborn)	0100	Inpatient Cost	6,357.	Days
00200	Inpatient Days (including private room days and excluding swing-bed days and newborn)	0100	Inpatient Cost	6,357.	Days
00300	Private Room days (Excluding swing-bed private room days)	0100	Inpatient Cost	3,173.	Days
00400	Semi-Private Room Days	0100	Inpatient Cost	3,184.	Days
00900	Total inpatient days including private room days applicable to the program (excluding swing-bed and	0100	Inpatient Cost	182.	Days
02100	Total general inpatient routine service cost	0100	Inpatient Cost	7,311,259.	
02700	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	0100	Inpatient Cost	7,311,259.	
02800	General inpatient routine service charges (excluding swing-bed charges)	0100	Inpatient Cost	9,420,925.	
02900	Private Room charges (excluding swing-bed charges)	0100	Inpatient Cost	3,947,212.	
03000	Semi-private room charges (excluding swing-bed charges)	0100	Inpatient Cost	5,473,713.	
03100	General inpatient routine service cost/charge ratio (Line 27 divided by Line 28)	0100	Inpatient Cost	0.776066	CC Ratio
03200	Average private room per diem charge (Line 29 divided by Line 3)	0100	Inpatient Cost	1244.00	Per Diem
03300	Average semi-private room per diem charge (Line 20 divided by Line 4)	0100	Inpatient Cost	1719.13	Per Diem
03700	General inpatient routine service cost net of swing-bed cost and private room cost differential (Lin	0100	Inpatient Cost	7,311,259.	
03800	Adjusted general inpatient routine service cost per diem	0100	Inpatient Cost	1150.11	Per Diem
03900	Program heneral inpatient routine service cost (Line 9 times line 38)	0100	Inpatient Cost	209,320.	
04100	General inpatient routine service cost net of swing-bed cost and private room cost differential (Lin	0100	Inpatient Cost	209,320.	
04900	Total Program inpatient cost (sum of Lines 41 to 48)	0100	Inpatient Cost	209,320.	
08400	Adjusted general inpatient routine cost per diem (Line 27 / Line 2)	0100	Inpatient Cost	1150.11	Per Diem
D20	Wkst D-2 Apportionment of Cost of Services Rendered by Interns and Residents				
00900	See Worksheet D-2 for Line Descriptions (CE)	0900	Teaching - Exp. Title 18	507,454.	
00900	See Worksheet D-2 for Line Descriptions (CE)	1000	Teaching - Exp. Title 19	205,218.	
D40	Wkst D-4 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
02500	Adults and Pediatrics - General Routine Care	0200	Inpatient Charges	89,910,743.	
02600	Intensive Care Unit	0200	Inpatient Charges	15,452,706.	
03700	Operating Room	0100	Cost to Charge Ratio	0.271007	CC Ratio
03700	Operating Room	0200	Inpatient Charges	1,912,010.	CC 03330
03700	Operating Room	0300	Inpatient Cost	518,168.	CC 03330
03700	Operating Room	0100	Cost to Charge Ratio	0.215618	CC Ratio
03700	Operating Room	0200	Inpatient Charges	57,366,339.	

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A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D40	Wkst D-4 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
03700	Operating Room	0300	Inpatient Cost	12,369,215.	
03800	Recovery Room	0100	Cost to Charge Ratio	0.361830	CC Ratio
03800	Recovery Room	0200	Inpatient Charges	3,010,136.	
03800	Recovery Room	0300	Inpatient Cost	1,089,158.	
03900	Delivery Room and Labor Room	0100	Cost to Charge Ratio	0.510097	CC Ratio
03900	Delivery Room and Labor Room	0200	Inpatient Charges	15,553.	
03900	Delivery Room and Labor Room	0300	Inpatient Cost	7,934.	
04000	Anesthesiology	0100	Cost to Charge Ratio	0.055522	CC Ratio
04000	Anesthesiology	0200	Inpatient Charges	10,330,893.	
04000	Anesthesiology	0300	Inpatient Cost	573,592.	
04100	Radiology-Diagnositc	0100	Cost to Charge Ratio	0.096990	CC Ratio
04100	Radiology-Diagnositc	0200	Inpatient Charges	49,120,116.	
04100	Radiology-Diagnositc	0300	Inpatient Cost	4,764,160.	
04200	Radiology-Therapeutic	0100	Cost to Charge Ratio	0.285168	CC Ratio
04200	Radiology-Therapeutic	0200	Inpatient Charges	740,659.	
04200	Radiology-Therapeutic	0300	Inpatient Cost	211,212.	
04400	Laboratory	0100	Cost to Charge Ratio	0.112231	CC Ratio
04400	Laboratory	0200	Inpatient Charges	46,947,042.	
04400	Laboratory	0300	Inpatient Cost	5,268,913.	
04700	Blood Storing, Processing and Transporation	0100	Cost to Charge Ratio	0.515354	CC Ratio
04700	Blood Storing, Processing and Transporation	0200	Inpatient Charges	3,857,838.	
04700	Blood Storing, Processing and Transporation	0300	Inpatient Cost	1,988,152.	
04900	Respiratory Therapy	0100	Cost to Charge Ratio	0.113622	CC Ratio
04900	Respiratory Therapy	0200	Inpatient Charges	32,234,351.	
04900	Respiratory Therapy	0300	Inpatient Cost	3,662,531.	
05300	Electrocardiology	0100	Cost to Charge Ratio	0.213962	CC Ratio
05300	Electrocardiology	0200	Inpatient Charges	44,145,993.	CC 03120
05300	Electrocardiology	0300	Inpatient Cost	9,445,565.	CC 03120
05300	Electrocardiology	0100	Cost to Charge Ratio	2.161675	CC Ratio
05300	Electrocardiology	0100	Cost to Charge Ratio	0.201602	CC Ratio
05300	Electrocardiology	0200	Inpatient Charges	17,140,156.	
05300	Electrocardiology	0300	Inpatient Cost	3,455,490.	
05400	Electroencephalography	0100	Cost to Charge Ratio	0.195793	CC Ratio
05400	Electroencephalography	0200	Inpatient Charges	1,174,934.	
05400	Electroencephalography	0300	Inpatient Cost	230,044.	
05500	Medical Supplies charged to patients	0100	Cost to Charge Ratio	0.263724	CC Ratio
05500	Medical Supplies charged to patients	0200	Inpatient Charges	4,774,353.	
05500	Medical Supplies charged to patients	0300	Inpatient Cost	1,259,111.	
05600	Drugs Charged to Patients	0100	Cost to Charge Ratio	0.141666	CC Ratio
05600	Drugs Charged to Patients	0200	Inpatient Charges	72,809,212.	
05600	Drugs Charged to Patients	0300	Inpatient Cost	10,314,590.	
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.554944	CC Ratio
05900	Other Ancillary Cost	0200	Inpatient Charges	4,140,915.	CC 03950
05900	Other Ancillary Cost	0300	Inpatient Cost	2,297,976.	CC 03950
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.537838	CC Ratio
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.191437	CC Ratio

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A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D40	Wkst D-4 Inpatient Ancillary Service Cost Apportionment				
A18	Hospital Medicare				
05900	Other Ancillary Cost	0200	Inpatient Charges	7,076,248.	CC 03952
05900	Other Ancillary Cost	0300	Inpatient Cost	1,354,656.	CC 03952
06000	Clinic	0100	Cost to Charge Ratio	1.556529	CC Ratio
06000	Clinic	0200	Inpatient Charges	3,649.	CC 06002
06000	Clinic	0300	Inpatient Cost	5,680.	CC 06002
06100	Emergency Department	0100	Cost to Charge Ratio	0.329623	CC Ratio
06100	Emergency Department	0200	Inpatient Charges	14,073,102.	
06100	Emergency Department	0300	Inpatient Cost	4,638,818.	
06200	Observation Beds	0100	Cost to Charge Ratio	0.465745	CC Ratio
06200	Observation Beds	0200	Inpatient Charges	103,612.	
06200	Observation Beds	0300	Inpatient Cost	48,257.	
10100	Total (Sum of Lines 37-64 and 66-68)	0200	Inpatient Charges	370,977,111.	
10100	Total (Sum of Lines 37-64 and 66-68)	0300	Inpatient Cost	63,503,222.	
10300	Worksheet D-4 Net Charges (Line 101 minus 102)	0200	Inpatient Charges	370,977,111.	
A19	Hospital Medicaid				
02500	Adults and Pediatrics - General Routine Care	0200	Inpatient Charges	40,138,352.	
02600	Intensive Care Unit	0200	Inpatient Charges	5,971,400.	
03000	Other Special Care	0200	Inpatient Charges	11,937,256.	CC 02060
03700	Operating Room	0100	Cost to Charge Ratio	0.271007	CC Ratio
03700	Operating Room	0200	Inpatient Charges	370,295.	CC 03330
03700	Operating Room	0300	Inpatient Cost	100,353.	CC 03330
03700	Operating Room	0100	Cost to Charge Ratio	0.215618	CC Ratio
03700	Operating Room	0200	Inpatient Charges	8,721,667.	
03700	Operating Room	0300	Inpatient Cost	1,880,548.	
03800	Recovery Room	0100	Cost to Charge Ratio	0.361830	CC Ratio
03800	Recovery Room	0200	Inpatient Charges	756,475.	
03800	Recovery Room	0300	Inpatient Cost	273,715.	
03900	Delivery Room and Labor Room	0100	Cost to Charge Ratio	0.510097	CC Ratio
03900	Delivery Room and Labor Room	0200	Inpatient Charges	9,581,301.	
03900	Delivery Room and Labor Room	0300	Inpatient Cost	4,887,393.	
04000	Anesthesiology	0100	Cost to Charge Ratio	0.055522	CC Ratio
04000	Anesthesiology	0200	Inpatient Charges	4,621,732.	
04000	Anesthesiology	0300	Inpatient Cost	256,608.	
04100	Radiology-Diagnosic	0100	Cost to Charge Ratio	0.096990	CC Ratio
04100	Radiology-Diagnosic	0200	Inpatient Charges	13,734,608.	
04100	Radiology-Diagnosic	0300	Inpatient Cost	1,332,120.	
04200	Radiology-Therapeutic	0100	Cost to Charge Ratio	0.285168	CC Ratio
04200	Radiology-Therapeutic	0200	Inpatient Charges	554,474.	
04200	Radiology-Therapeutic	0300	Inpatient Cost	158,118.	
04400	Laboratory	0100	Cost to Charge Ratio	0.112220	CC Ratio
04400	Laboratory	0200	Inpatient Charges	14,757,672.	
04400	Laboratory	0300	Inpatient Cost	1,656,106.	
04700	Blood Storing, Processing and Transporation	0100	Cost to Charge Ratio	0.515354	CC Ratio
04700	Blood Storing, Processing and Transporation	0200	Inpatient Charges	1,671,272.	
04700	Blood Storing, Processing and Transporation	0300	Inpatient Cost	861,297.	
04900	Respiratory Therapy	0100	Cost to Charge Ratio	0.113622	CC Ratio

CR Hospital Reference Report

A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D40	Wkst D-4 Inpatient Ancillary Service Cost Apportionment				
A19	Hospital Medicaid				
04900	Respiratory Therapy	0200	Inpatient Charges	16,814,981.	
04900	Respiratory Therapy	0300	Inpatient Cost	1,910,552.	
05300	Electrocardiology	0100	Cost to Charge Ratio	0.213949	CC Ratio
05300	Electrocardiology	0200	Inpatient Charges	5,515,043.	CC 03120
05300	Electrocardiology	0300	Inpatient Cost	1,179,938.	CC 03120
05300	Electrocardiology	0100	Cost to Charge Ratio	2.161675	CC Ratio
05300	Electrocardiology	0200	Inpatient Charges	227.	CC 03160
05300	Electrocardiology	0300	Inpatient Cost	491.	CC 03160
05300	Electrocardiology	0100	Cost to Charge Ratio	0.201602	CC Ratio
05300	Electrocardiology	0200	Inpatient Charges	3,151,088.	
05300	Electrocardiology	0300	Inpatient Cost	635,266.	
05400	Electroencephalography	0100	Cost to Charge Ratio	0.195793	CC Ratio
05400	Electroencephalography	0200	Inpatient Charges	593,878.	
05400	Electroencephalography	0300	Inpatient Cost	116,277.	
05500	Medical Supplies charged to patients	0100	Cost to Charge Ratio	0.263724	CC Ratio
05500	Medical Supplies charged to patients	0200	Inpatient Charges	2,095,797.	
05500	Medical Supplies charged to patients	0300	Inpatient Cost	552,712.	
05600	Drugs Charged to Patients	0100	Cost to Charge Ratio	0.141666	CC Ratio
05600	Drugs Charged to Patients	0200	Inpatient Charges	39,904,705.	
05600	Drugs Charged to Patients	0300	Inpatient Cost	5,653,140.	
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.554944	CC Ratio
05900	Other Ancillary Cost	0200	Inpatient Charges	1,224,931.	CC 03950
05900	Other Ancillary Cost	0300	Inpatient Cost	679,768.	CC 03950
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.537838	CC Ratio
05900	Other Ancillary Cost	0200	Inpatient Charges	344.	CC 03951
05900	Other Ancillary Cost	0300	Inpatient Cost	185.	CC 03951
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.191437	CC Ratio
05900	Other Ancillary Cost	0200	Inpatient Charges	1,092,477.	CC 03952
05900	Other Ancillary Cost	0300	Inpatient Cost	209,141.	CC 03952
06000	Clinic	0100	Cost to Charge Ratio	1.556529	CC Ratio
06000	Clinic	0200	Inpatient Charges	2,895.	CC 06002
06000	Clinic	0300	Inpatient Cost	4,506.	CC 06002
06100	Emergency Department	0100	Cost to Charge Ratio	0.329623	CC Ratio
06100	Emergency Department	0200	Inpatient Charges	3,978,835.	
06100	Emergency Department	0300	Inpatient Cost	1,311,516.	
06200	Observation Beds	0100	Cost to Charge Ratio	0.465745	CC Ratio
06200	Observation Beds	0200	Inpatient Charges	327,206.	
06200	Observation Beds	0300	Inpatient Cost	152,395.	
10100	Total (Sum of Lines 37-64 and 66-68)	0200	Inpatient Charges	129,471,903.	
10100	Total (Sum of Lines 37-64 and 66-68)	0300	Inpatient Cost	23,812,145.	
10300	Worksheet D-4 Net Charges (Line 101 minus 102)	0200	Inpatient Charges	129,471,903.	

D41 Wkst D-4 Inpatient Ancillary Service Cost Apportionment

B18 Provider Medicare

03100	Subprovider	0200	Inpatient Charges	5,101,465.	
03700	Operating Room	0100	Cost to Charge Ratio	0.271007	CC Ratio
03700	Operating Room	0200	Inpatient Charges	13,311.	CC 03330

CR Hospital Reference Report

A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D41	Wkst D-4 Inpatient Ancillary Service Cost Apportionment				
B18	Provider Medicare				
03700	Operating Room	0300	Inpatient Cost	3,607.	CC 03330
03700	Operating Room	0100	Cost to Charge Ratio	0.215618	CC Ratio
03700	Operating Room	0200	Inpatient Charges	36,663.	
03700	Operating Room	0300	Inpatient Cost	7,905.	
03800	Recovery Room	0100	Cost to Charge Ratio	0.361830	CC Ratio
03800	Recovery Room	0200	Inpatient Charges	7,160.	
03800	Recovery Room	0300	Inpatient Cost	2,591.	
03900	Delivery Room and Labor Room	0100	Cost to Charge Ratio	0.510097	CC Ratio
04000	Anesthesiology	0100	Cost to Charge Ratio	0.055522	CC Ratio
04000	Anesthesiology	0200	Inpatient Charges	23,357.	
04000	Anesthesiology	0300	Inpatient Cost	1,297.	
04100	Radiology-Diagnositc	0100	Cost to Charge Ratio	0.096990	CC Ratio
04100	Radiology-Diagnositc	0200	Inpatient Charges	487,903.	
04100	Radiology-Diagnositc	0300	Inpatient Cost	47,322.	
04200	Radiology-Therapeutic	0100	Cost to Charge Ratio	0.285168	CC Ratio
04200	Radiology-Therapeutic	0200	Inpatient Charges	370.	
04200	Radiology-Therapeutic	0300	Inpatient Cost	106.	
04400	Laboratory	0100	Cost to Charge Ratio	0.112231	CC Ratio
04400	Laboratory	0200	Inpatient Charges	581,472.	
04400	Laboratory	0300	Inpatient Cost	65,259.	
04700	Blood Storing, Processing and Transporation	0100	Cost to Charge Ratio	0.515354	CC Ratio
04700	Blood Storing, Processing and Transporation	0200	Inpatient Charges	19,463.	
04700	Blood Storing, Processing and Transporation	0300	Inpatient Cost	10,030.	
04900	Respiratory Therapy	0100	Cost to Charge Ratio	0.113622	CC Ratio
04900	Respiratory Therapy	0200	Inpatient Charges	479,741.	
04900	Respiratory Therapy	0300	Inpatient Cost	54,509.	
05300	Electrocardiology	0100	Cost to Charge Ratio	0.213962	CC Ratio
05300	Electrocardiology	0200	Inpatient Charges	237,218.	CC 03120
05300	Electrocardiology	0300	Inpatient Cost	50,756.	CC 03120
05300	Electrocardiology	0100	Cost to Charge Ratio	2.161675	CC Ratio
05300	Electrocardiology	0100	Cost to Charge Ratio	0.201602	CC Ratio
05300	Electrocardiology	0200	Inpatient Charges	89,867.	
05300	Electrocardiology	0300	Inpatient Cost	18,117.	
05400	Electroencephalography	0100	Cost to Charge Ratio	0.195793	CC Ratio
05400	Electroencephalography	0200	Inpatient Charges	13,613.	
05400	Electroencephalography	0300	Inpatient Cost	2,665.	
05500	Medical Supplies charged to patients	0100	Cost to Charge Ratio	0.263724	CC Ratio
05500	Medical Supplies charged to patients	0200	Inpatient Charges	36,975.	
05500	Medical Supplies charged to patients	0300	Inpatient Cost	9,751.	
05600	Drugs Charged to Patients	0100	Cost to Charge Ratio	0.141666	CC Ratio
05600	Drugs Charged to Patients	0200	Inpatient Charges	1,160,608.	
05600	Drugs Charged to Patients	0300	Inpatient Cost	164,419.	
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.554944	CC Ratio
05900	Other Ancillary Cost	0200	Inpatient Charges	3,907,732.	CC 03950
05900	Other Ancillary Cost	0300	Inpatient Cost	2,168,572.	CC 03950
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.537838	CC Ratio

CR Hospital Reference Report

A sample report of Worksheet D - Apportionment of Cost

Line	Line Description	Col	Column Description	Value	Type
D41	Wkst D-4 Inpatient Ancillary Service Cost Apportionment				
B18	Provider Medicare				
05900	Other Ancillary Cost	0100	Cost to Charge Ratio	0.191437	CC Ratio
05900	Other Ancillary Cost	0200	Inpatient Charges	217,354.	CC 03952
05900	Other Ancillary Cost	0300	Inpatient Cost	41,610.	CC 03952
06000	Clinic	0100	Cost to Charge Ratio	1.556529	CC Ratio
06000	Clinic	0200	Inpatient Charges	1.	CC 06002
06000	Clinic	0300	Inpatient Cost	2.	CC 06002
06100	Emergency Department	0100	Cost to Charge Ratio	0.329623	CC Ratio
06100	Emergency Department	0200	Inpatient Charges	38,465.	
06100	Emergency Department	0300	Inpatient Cost	12,679.	
06200	Observation Beds	0100	Cost to Charge Ratio	0.465745	CC Ratio
10100	Total (Sum of Lines 37-64 and 66-68)	0200	Inpatient Charges	7,351,273.	
10100	Total (Sum of Lines 37-64 and 66-68)	0300	Inpatient Cost	2,661,197.	
10300	Worksheet D-4 Net Charges (Line 101 minus 102)	0200	Inpatient Charges	7,351,273.	