COST A	LLOCATION - STATISTICAL BASIS					PROVIDER CCN:	PERIOD:	WORKSHEET B-1	
							FROM		
							TO		
		CAPITAL RE	ELATED COST	EMPLOYEE		ADMINIS-	MAIN-		
		BLDGS. &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OPERATION	
		FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT	
COS	T CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
		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	Employee Benefits Department								4
- 5	Administrative and General								5
6	Maintenance and Repairs								6
7	Operation of Plant								7
- 8	Laundry and Linen Service								8
	Housekeeping								9
	Dietary								10
11	Cafeteria								11
12	Maintenance of Personnel								12
	Nursing Administration								13
	Central Services and Supply								14
	Pharmacy								15
	Medical Records & Medical Records Library								16
	Social Service								17
	Other General Service (specify)								18
	Nonphysician Anesthetists								19
	Nursing Program								20
	Intern & Res. Service-Salary & Fringes (Approved)								21
	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
	Intensive Care Unit								31
	Coronary Care Unit								32
	Burn Intensive Care Unit			1		1			33
	Surgical Intensive Care Unit								34
	Other Special Care Unit (specify)			1		1			35
	Subprovider IPF			1		1			40
	Subprovider IRF			1		1			41
	Subprovider (specify)			1		1			42
	Nurserv								43
	Skilled Nursing Facility								44
45	Nursing Facility								45
	Other Long Term Care								46
40	Other Long Term Care	1	I		I				40

COST A	LLOCATION - STATISTICAL BASIS					PROVIDER CCN:	PERIOD:	WORKSHEET B-1	
							FROM		
				•	•		ТО		
			LATED COST	EMPLOYEE		ADMINIS-	MAIN-		
		BLDGS. &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OPERATION	
		FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT	
COS	T CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
		FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)	
		1	2	4	5A	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
	Operating Room								50
	Recovery Room								51
	Labor Room and Delivery Room								52
	Anesthesiology								53
	Radiology-Diagnostic								54
	Radiology-Therapeutic								55
	Radioisotope								56
	Computed Tomography (CT) Scan								57
	Magnetic Resonance Imaging (MRI)								58
	Cardiac Catheterization								59
	Laboratory								60
	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63									63
64	Intravenous Therapy								64
65	Respiratory Therapy								65
	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
	Electroencephalography								70
71	Medical Supplies Charged to Patients								71
72	Implantable Devices Charged to Patients								72
	Drugs Charged to Patients								73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
77	Allogeneic HSCT Acquisition								77
78	CAR T-Cell Immunotherapy								78
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
	Clinic								90
	Emergency								91
	Observation Beds								92
93	Other Outpatient Service (specify)								93
	Partial Hospitalization Program								93.99
		•		•	•		•	•	

COST A	LLOCATION - STATISTICAL BASIS					PROVIDER CCN:	PERIOD:	WORKSHEET B-1	
							FROM	_	
							TO	_	
		CAPITAL RE	LATED COST	EMPLOYEE		ADMINIS-	MAIN-		1
		BLDGS. &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OPERATION	
		FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT	
COS	T CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
		FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)	
		1	2	4	5A	5	6	7	1
	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. prgm.)								100
101	Home Health Agency								101
102	Opioid Treatment Program								102
	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
	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
	Ambulatory Surgical Center (Distinct Part)								115
	Hospice								116
	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1 through 117)								118
	NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen								190
191	Research								191
	Physicians' Private Offices								192
	Nonpaid Workers								193
	Other Nonreimbursable (specify)								194
	Cross foot adjustments								200
201	Negative cost centers								201
	Cost to be allocated (per Worksheet B, Part I)								202
	Unit cost multiplier (Worksheet B, Part I)								203
	Cost to be allocated (per Worksheet B, Part II)								204
	Unit cost multiplier (Worksheet B, Part II)								205
	NAHE adjustment amount to be allocated (per Wkst. B-2)								206
207	NAHE unit cost multiplier (Wkst. D, Parts III and IV)								207

COST A	LLOCATION - STATISTICAL BASIS								PROVIDER CCN:	PERIOD: FROM	WORKSHEET B-1	
										TO		
		LAUNDRY			1	MAIN-	NURSING	CENTRAL		MEDICAL		
		& 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	(NUMBER	(DIRECT	(COSTED	(COSTED	(TIME	(TIME	
COST	CENTER DESCRIPTIONS	,	`	(MEALS	,	HOUSED)	`	`	`	· ·	,	
		LAUNDRY) 8	SERVICE)	SERVED)	SERVED)	12	NURS. HRS)	REQUIS.)	REQUIS.) 15	SPENT) 16	SPENT) 17	4
•	GENERAL SERVICE COST CENTERS	8	9	10	11	12	13	14	15	10	17	
1	Capital Related Costs-Buildings and Fixtures											1
2	Capital Related Costs-Movable Equipment	1										2
4	Employee Benefits Department	1										4
5	Administrative and General	1										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
	Pharmacy											15
16	Medical Records & Medical Records Library										1	16
17	Social Service											17
18	Other General Service (specify)											18
19	Nonphysician Anesthetists											19
20	Nursing Program											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
	Burn Intensive Care Unit											33
	Surgical Intensive Care Unit											34
	Other Special Care Unit (specify)											35
	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

12-22				rur	CWI CWIS-233	02-10					4090	(Cont.)
COST A	LLOCATION - STATISTICAL BASIS								PROVIDER CCN:	PERIOD:	WORKSHEET B-1	
										FROM	_	
									-	TO		
		LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL		
		& 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	
	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
	Magnetic Resonance Imaging (MRI)											58
	Cardiac Catheterization											59
	Laboratory											60
	PBP Clinical Laboratory Services-Program Only											61
	Whole Blood & Packed Red Blood Cells											62
	Blood Storing, Processing, & Trans.											63
	Intravenous Therapy											64
	Respiratory Therapy											65
	Physical Therapy											66
	Occupational Therapy					1						67
	Speech Pathology					1						68
	Electrocardiology											69
	Electroencephalography					1						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)				ł .	i e						76
	Allogeneic HSCT Acquisition				ł .	i e						77
	CAR T-Cell Immunotherapy											78
/ 0	OUTPATIENT SERVICE COST CENTERS											//0
90	Rural Health Clinic (RHC)											88
	Federally Qualified Health Center (FQHC)				 	 					1	89
	Clinic				 	 					1	90
	Emergency				 	 					1	90
	Observation Beds											92
	Other Outpatient Service (specify)											92
	Partial Hospitalization Program										+	93.99
95.99	ratuai riospitanzation Program				I					<u> </u>		93.99

COST A	LLOCATION - STATISTICAL BASIS								PROVIDER CCN:	PERIOD:	WORKSHEET B-1	
										FROM	-	
										TO	-	
		LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL		
		& 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)	
	OTHER REMOVING A DV E GOOT GEVITERS	8	9	10	11	12	13	14	15	16	17	_
	OTHER REIMBURSABLE COST CENTERS											0.4
	Home Program Dialysis Ambulance Services											94 95
												96
	Durable Medical Equipment-Rented											96
	Durable Medical Equipment-Sold Other Reimbursable (specify)											98
												99
	Outpatient Rehabilitation Provider (specify)											
	Intern-Resident Service (not appvd. tchng. prgm.)											100
	Home Health Agency											101
	Opioid Treatment Program											102
	SPECIAL PURPOSE COST CENTERS											10.5
	Kidney Acquisition											105
	Heart Acquisition											106
	Liver Acquisition											107
108	Lung Acquisition											108
109	Pancreas Acquisition											109
	Intestinal Acquisition											110
	Islet Acquisition											111
	Other Organ Acquisition (specify)											112
115	Ambulatory Surgical Center (Distinct Part)											115
	Hospice											116
	Other Special Purpose (specify)											117
	SUBTOTALS (sum of lines 1 through 117)											118
	NONREIMBURSABLE COST CENTERS											
	Gift, Flower, Coffee Shop, & Canteen											190
191												191
	Physicians' Private Offices				<u> </u>							192
	Nonpaid Workers				<u> </u>							193
	Other Nonreimbursable (specify)											194
	Cross foot adjustments											200
201	Negative cost centers											201
	Cost to be allocated (per Worksheet B, Part I)				<u> </u>							202
203	Unit cost multiplier (Worksheet B, Part I)											203
	Cost to be allocated (per Worksheet B, Part II)											204
	Unit cost multiplier (Worksheet B, Part II)											205
	NAHE adjustment amount to be allocated (per Wkst. B-2											206
207	NAHE unit cost multiplier (Wkst. D, Parts III and IV)											207

COST A	LLOCATION - STATISTICAL BASIS							PROVIDER CCN:	PERIOD:	WORKSHEET B-1	
									FROM		
									ТО		
			NON-		INTERNS &	RESIDENTS	PARA-		INTERN &		1
		OTHER	PHYSICIAN	NURSING	SALARY AND	PROGRAM	MEDICAL		RESIDENT		
		GENERAL	ANES-	PROGRAM	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										1
2	Capital Related Costs-Movable Equipment										2
4	Employee Benefits Department										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
	Nonphysician Anesthetists										19
20	Nursing Program										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										
	Adults and Pediatrics (General Routine Care)										30
	Intensive Care Unit										31
	Coronary Care Unit										32
	Burn Intensive Care Unit										33
	Surgical Intensive Care Unit										34
	Other Special Care Unit (specify)										35
	Subprovider IPF										40
	Subprovider IRF										41
	Subprovider (specify)										42
	Nursery										43
	Skilled Nursing Facility										44
	Nursing Facility										45
46	Other Long Term Care										46

COST ALLOCATION - STATISTICAL BASIS							PROVIDER CCN:	PERIOD:	WORKSHEET B-1	
								FROM		
								TO		
		NON-		INTERNS &	RESIDENTS	PARA-		INTERN &		
	OTHER	PHYSICIAN	NURSING	SALARY AND	PROGRAM	MEDICAL		RESIDENT		
	GENERAL	ANES-	PROGRAM	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	
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 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
77 Allogeneic HSCT Acquisition										77
78 CAR T-Cell Immunotherapy										78
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
93.99 Partial Hospitalization Program										93.99
1 0										

COST A	LLOCATION - STATISTICAL BASIS							PROVIDER CCN:	PERIOD: FROM	WORKSHEET B-1	
									TO		
			NON-		INITEDNIC 6.	RESIDENTS	PARA-		INTERN &		
		OTHER	PHYSICIAN	NURSING	SALARY AND	PROGRAM	MEDICAL		RESIDENT		
		GENERAL	ANES-	PROGRAM	FRINGES	COSTS	EDUCATION		COST & POST		
COST	CENTER DESCRIPTIONS	SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN		
COST	CENTER DESCRIPTIONS	(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENTS	TOTAL	
		18	(ASGND TIME)	20	21	22	23	24	25	26	4
	OTHER REIMBURSABLE COST CENTERS	16	19	20	21	22	23	24	23	20	
	Home Program Dialysis										94
	Ambulance Services										95
	Durable Medical Equipment-Rented										96
	Durable Medical Equipment-Sold										97
	Other Reimbursable (specify)										98
99	Outpatient Rehabilitation Provider (specify)										99
	Intern-Resident Service (not appvd. tchng. prgm.)										100
	Home Health Agency										101
	Opioid Treatment Program										102
	SPECIAL PURPOSE COST CENTERS										
	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
	SUBTOTALS (sum of lines 1 through 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 cost multiplier (Worksheet B, Part II)										205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)										206
207	NAHE unit cost multiplier (Wkst. D, Parts III and IV)										207