

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [XX] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. MARY'S HOSPITAL (14-0026) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
	1	2	3
1	HOSPITAL	236088	2615
2	SUBPROVIDER I		
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY	347	-399
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		-372
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	236435	1844

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 111 E. SPRING ST. P.O. BOX: 1
 1.01 CITY: STREATOR STATE: IL ZIP CODE: 61364 COUNTY: LASALLE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL			N	P	P	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	ST. MARY'S EXTENDED CARE FACILITY 14-5594	08/23/1988	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	ST. MARY'S HOME HEALTH 14-7173	12/03/1979	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2007	TO: 06/30/2008	1	2		17
18	TYPE OF CONTROL			1			18
19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		NO				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		2		Y	99914	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		2				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		2				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		YES				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		NO				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:						26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:	BEGINNING:	ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.							NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.							NO	28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st					100	0.8286	0.8320	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.					2	14	14	28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>									
28.03	STAFFING					0.00		N	28.03
28.04	RECRUITMENT					0.00		N	28.04
28.05	RETENTION OF EMPLOYEES					0.00		N	28.05
28.06	TRAINING					0.00		N	28.06
28.07	OTHER (SPECIFY)								28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?							NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.							NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.								30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?								30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)								30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.								30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).							NO	31
MISCELLANEOUS COST REPORTING INFORMATION									
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.							NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.							NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?							NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?							NO	35
<p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p>									
						V	XVIII	XIX	
						1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?					NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?					NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?					NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?					NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME: HOSPITAL SISTERS HEALTH SYS	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET: 4936 LAVERNA RD.	P.O.BOX: 19456	40.02
40.03	CITY: STRRINGFIELD	STATE: IL ZIP CODE: 62794	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			1		53			
53.01	MDH PERIOD: BEGINNING: 07/01/2007 ENDING: 06/30/2008					53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N NO	LIMIT 0.00	Y/N NO	FEEES 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO	57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO	58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO	59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1		2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2044	301	3042	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2044	301	3042	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5	6	
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	19680866		19680866	924033.00	21.30		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	1228647		1228647	63483.00	19.35		8
8.01 EXCLUDED AREA SALARIES	1596013	-88762	1507251	43969.00	34.28		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	924219		924219	15537.00	59.49		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	287833		287833	2716.00	105.98		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	484067		484067	9371.00	51.66		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	5324414		5324414			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	767673		767673			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	229324		229324	10773.00	21.29		21
22 ADMINISTRATIVE & GENERAL	2546256	28418	2574674	125599.00	20.50		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	520989		520989	24004.00	21.70		23
24 OPERATION OF PLANT	137567		137567	10378.00	13.26		24
25 LAUNDRY & LINEN SERVICE	29429		29429	3106.00	9.47		25
26 HOUSEKEEPING	551488		551488	46733.00	11.80		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	468694		468694	33954.00	13.80		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	77865		77865	7367.00	10.57		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	778695		778695	27431.00	28.39		30
31 CENTRAL SERVICES AND SUPPLY	133997		133997	8918.00	15.03		31
32 PHARMACY	483142		483142	14831.00	32.58		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	441750		441750	29907.00	14.77		33
34 SOCIAL SERVICE		17863	17863	879.00	20.32		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	4	5	6	
1 NET SALARIES	19680866		19680866	924033.00	21.30		1
2 EXCLUDED AREA SALARIES	2824660	-88762	2735898	107452.00	25.46		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	16856206	88762	16944968	816581.00	20.75		3
4 SUBTOTAL OTHER WAGES & REL COSTS	1696119		1696119	27624.00	61.40		4
5 SUBTOTAL WAGE-RELATED COSTS	5324414		5324414		31.42%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	23876739	88762	23965501	844205.00	28.39		6
7 NET SALARIES							7
8 EXCLUDED AREA SALARIES							8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10 SUBTOTAL OTHER WAGES & REL COSTS							10
11 SUBTOTAL WAGE-RELATED COSTS							11
12 TOTAL (SUM OF LINES 9 THRU 11)							12
13 TOTAL OVERHEAD COSTS	6399196	46281	6445477	343880.00	18.74		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7173

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LASALLE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		573			573	1
2 UNDUPLICATED CENSUS COUNT		288.00		82.00	370.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	3.41		3.41	5
6 DIRECT NURSING SERVICE	5.10		5.10	6
7 NURSING SUPERVISOR	1.67		1.67	7
8 PHYSICAL THERAPY SERVICE	.28		.28	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.04		.04	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.42		.42	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.28		.28	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	3	1.01	6	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		9914	50031		20
20.01		1600	50034		20.01
20.02		6120	50298		20.02
20.03			16974		20.03
20.04			37900		20.04
20.05			99914		20.05

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7173

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA	PEP ONLY	SCIC	SCIC ONLY	TOTAL	
	WITHOUT	WITH						
	OUTLIERS	OUTLIERS	EPISODES	EPISODES	WITHIN	EPISODES		
	1	2	3	4	A PEP	6	7	
21 SKILLED NURSING VISITS	2689	37	134	48		12	2920	21
22 SKILLED NURSING VISIT CHARGES	496325	6845	24700	8880		2220	538970	22
23 PHYSICAL THERAPY VISITS	676	5	1	32			714	23
24 PHYSICAL THERAPY VISIT CHARGES	124790	925	185	5920			131820	24
25 OCCUPATIONAL THERAPY VISITS	36					10	46	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	6660					1850	8510	26
27 SPEECH PATHOLOGY VISITS	15						15	27
28 SPEECH PATHOLOGY VISIT CHARGES	2725						2725	28
29 MEDICAL SOCIAL SERVICE VISITS	74		1	3		3	81	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	17020		230	690		690	18630	30
31 HOME HEALTH AIDE VISITS	231			15			246	31
32 HOME HEALTH AIDE VISIT CHARGES	24255			1575			25830	32
33 TOTAL VISITS	3721	42	136	98		25	4022	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	671775	7770	25115	17065		4760	726485	35
36 TOTAL NUMBER OF EPISODES	342		52	8		1	403	36
37 TOTAL NUMBER OF OUTLIER EPISODES		1					1	37
38 TOTAL MEDICAL SUPPLY CHARGES	20694	516	4752	94			26056	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC		7						4
5	RVB		16						5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		38						7
8	RHB		22						8
9	RHA		10						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		57						10
11	RMB		328						11
12	RMA		36						12
12.01	RMX		1042						12.01
12.02	RML		1525						12.02
13	RLB		51						13
14	RLA		60						14
14.01	RLX		244						14.01
15	SE3		1151						15
16	SE2		1403						16
17	SE1		4						17
18	SSC								18
19	SSB								19
20	SSA		368						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1		12						24
25	CA2		1						25
26	CA1		32						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE		6						45
46	TOTAL		6413						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.371092 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	11500485 28
29	TOTAL GROSS MEDICAID COST	4267738 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	2125019 30
31	UNCOMPENSATED CARE COST	788578 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	4267738 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT		18519	18519	2474	20993	-421	20572	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		1749	1749	841	2590	-6	2584	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1555447	1555447	-103721	1451726	-948	1450778	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2362369	2362369	13118	2375487	-98765	2276722	4
5	0500 EMPLOYEE BENEFITS	229324	6395909	6625233		6625233	-1539166	5086067	5
6	0600 ADMINISTRATIVE & GENERAL	2546256	4995133	7541389	28418	7569807	-1741706	5828101	6
7	0700 MAINTENANCE & REPAIRS	520989	412962	933951		933951		933951	7
8	0800 OPERATION OF PLANT	137567	1065834	1203401		1203401		1203401	8
9	0900 LAUNDRY & LINEN SERVICE	29429	215003	244432		244432		244432	9
10	1000 HOUSEKEEPING	551488	100093	651581		651581		651581	10
11	1100 DIETARY	468694	185367	654061		654061	-20632	633429	11
12	1200 CAFETERIA	77865	86678	164543		164543	-162883	1660	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	778695	24280	802975		802975	-1785	801190	14
15	1500 CENTRAL SERVICES & SUPPLY	133997	393409	527406	-368532	158874		158874	15
16	1600 PHARMACY	483142	1192213	1675355	-1153757	521598	-400	521198	16
17	1700 MEDICAL RECORDS & LIBRARY	441750	156318	598068		598068	-16894	581174	17
18	1800 SOCIAL SERVICE				17863	17863		17863	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	3196835	966881	4163716		4163716		4163716	25
26	2600 INTENSIVE CARE UNIT	1117386	182989	1300375		1300375		1300375	26
33	3300 NURSERY	90147	12313	102460		102460		102460	33
34	3400 SKILLED NURSING FACILITY	1228647	56797	1285444		1285444		1285444	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	1276841	2672960	3949801	-2397593	1552208		1552208	37
39	3900 DELIVERY ROOM & LABOR ROOM	80035	44708	124743		124743		124743	39
40	4000 ANESTHESIOLOGY		99951	99951		99951		99951	40
41	4100 RADIOLOGY-DIAGNOSTIC	1311876	1777308	3089184		3089184	-3560	3085624	41
44	4400 LABORATORY	946117	1425492	2371609		2371609	-500	2371109	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	512151	65186	577337	-54179	523158		523158	49
50	5000 PHYSICAL THERAPY	592956	162924	755880	31302	787182		787182	50
51	5100 OCCUPATIONAL THERAPY	103213	39034	142247	1992	144239		144239	51
52	5200 SPEECH PATHOLOGY	50651	1418	52069		52069		52069	52
52.01	3040 AUDIOLOGY	59258	115142	174400		174400		174400	52.01
53	5300 ELECTROCARDIOLOGY	36112	52571	88683		88683	-41253	47430	53
53.01	3951 CARDIAC REHAB	68655	6303	74958		74958		74958	53.01
54	5400 ELECTROENCEPHALOGRAPHY	2182	9587	11769		11769		11769	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				2895503	2895503	-900	2894603	55
56	5600 DRUGS CHARGED TO PATIENTS				1154208	1154208		1154208	56
56.01	3480 ONCOLOGY								56.01
59	3950 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS								59
60	6000 CLINIC	141239	5656	146895		146895		146895	60
61	6100 EMERGENCY	871356	1578306	2449662	-56623	2393039	-1385260	1007779	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	674791	62124	736915	-103169	633746		633746	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
88	8800 INTEREST EXPENSE		448268	448268		448268	-448268		88
90	9000 OTHER CAPITAL RELATED COSTS		44181	44181	-44181				90
95	SUBTOTALS	18759644	28991382	47751026	-136036	47614990	-5463347	42151643	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		27627	27627		27627		27627	96
98	9800 PHYSICIANS' PRIVATE OFFICES	680977	674062	1355039	131469	1486508		1486508	98
100	7950 OTHER NONREIMBURSABLE COST	240245	86006	326251	4567	330818		330818	100
101	TOTAL	19680866	29779077	49459943		49459943	-5463347	43996596	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 SUPPLY CHARGED TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO P	55		368532	1
2 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56		1153757	2
3 MED/SURG ER RECLASS	C	MEDICAL SUPPLIES CHARGED TO P	55		56623	3
4 MED/SURG SURGERY RECLASS	D	MEDICAL SUPPLIES CHARGED TO P	55		2397593	4
5 MED/SURG RESP THER RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	55		54179	5
6 MED/SURG P.T. RECLASS	F	MEDICAL SUPPLIES CHARGED TO P	55		8409	6
7 MED/SURG O.T. RECLASS	G	MEDICAL SUPPLIES CHARGED TO P	55		778	7
8 PHY PRIV OFC DIRECT DEPR	H	PHYSICIANS' PRIVATE OFFICES	98		128407	8
9 P.T. SALARY	I	PHYSICAL THERAPY	50	39711		9
10 MSW SALARY	K	SOCIAL SERVICE	18	17863		10
11 O.T. SALARY	L	OCCUPATIONAL THERAPY	51	2770		11
12 HHA COST BILLERS	M	ADMINISTRATIVE & GENERAL	6	28418		12
13 HHA MANAGER SALARY HOSPICE	N	OTHER NONREIMBURSABLE COST	100	4567		13
14 MED SURG HH RECLASS	O	MEDICAL SUPPLIES CHARGED TO P	55		9389	14
15 DRUG HH RECLASS	P	DRUGS CHARGED TO PATIENTS	56		451	15
16 PHY PRIV OFC DIRECT DEPT	Q	PHYSICIANS' PRIVATE OFFICES	98		3062	16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				93329	4181180	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 SUPPLY CHARGED TO PATIENTS	A	CENTRAL SERVICES & SUPPLY	15		368532	1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		1153757	2
3 MED/SURG ER RECLASS	C	EMERGENCY	61		56623	3
4 MED/SURG SURGERY RECLASS	D	OPERATING ROOM	37		2397593	4
5 MED/SURG RESP THER RECLASS	E	RESPIRATORY THERAPY	49		54179	5
6 MED/SURG P.T. RECLASS	F	PHYSICAL THERAPY	50		8409	6
7 MED/SURG O.T. RECLASS	G	OCCUPATIONAL THERAPY	51		778	7
8 PHY PRIV OFC DIRECT DEPR	H	NEW CAP REL COSTS-BLDG & FIXT	3		128407	9 8
9 P.T. SALARY	I	HOME HEALTH AGENCY	71	39711		9
10 MSW SALARY	K	HOME HEALTH AGENCY	71	17863		10
11 O.T. SALARY	L	HOME HEALTH AGENCY	71	2770		11
12 HHA COST BILLERS	M	HOME HEALTH AGENCY	71	28418		12
13 HHA MANAGER SALARY HOSPICE	N	HOME HEALTH AGENCY	71	4567		13
14 MED SURG HH RECLASS	O	HOME HEALTH AGENCY	71		9389	14
15 DRUG HH RECLASS	P	HOME HEALTH AGENCY	71		451	15
16 PHY PRIV OFC DIRECT DEPT	Q	OLD CAP REL COSTS-BLDG & FIXT	1		3062	9 16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				93329	4181180	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	350678					350678	1
2 LAND IMPROVEMENTS	47952					47952	2
3 BUILDINGS AND FIXTURES	7030985				3660	7027325	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	1259277				131210	1128067	6
7 SUBTOTAL	8688892				134870	8554022	7
8 RECONCILING ITEMS							8
9 TOTAL	8688892				134870	8554022	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	667079	128826		128826		795905	1
2 LAND IMPROVEMENTS	790863	10960		10960		801823	2
3 BUILDINGS AND FIXTURES	28927625	2590526		2590526		31518151	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	16576975	2656056		2656056	1636204	17596827	6
7 SUBTOTAL	46962542	5386368		5386368	1636204	50712706	7
8 RECONCILING ITEMS							8
9 TOTAL	46962542	5386368		5386368	1636204	50712706	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	7425955		7425955	.125297	5536			5536 1
2 OLD CAP REL COSTS-MVBLE EQUIP	1128067		1128067	.019034	841			841 2
3 NEW CAP REL COSTS-BLDG & FIXT	33115879		33115879	.558760	24686			24686 3
4 NEW CAP REL COSTS-MVBLE EQUIP	17596827		17596827	.296909	13118			13118 4
5 TOTAL	59266728		59266728	1.000000	44181			44181 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	15036			5536			20572 1
2 OLD CAP REL COSTS-MVBLE EQUIP	1743			841			2584 2
3 NEW CAP REL COSTS-BLDG & FIXT	1426092			24686			1450778 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2263604			13118			2276722 4
5 TOTAL	3706475			44181			3750656 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	18519						18519 1
2 OLD CAP REL COSTS-MVBLE EQUIP	1749						1749 2
3 NEW CAP REL COSTS-BLDG & FIXT	1555447						1555447 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2362369						2362369 4
5 TOTAL	3938084						3938084 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-10306	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-6910	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1429693			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-163243			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-162883	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-16894	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	B	-72775	NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.01 OTHER INCOME	B	-1785	NURSING ADMINISTRATION	14	37.01
37.02 DEPT INC GUARD MEALS	B	-19467	DIETARY	11	37.02
37.03 DIETARY INC	B	-1125	DIETARY	11	37.03
37.04 X-RAY DEPT INC	B	-380	RADIOLOGY-DIAGNOSTIC	41	37.04
37.05 OTHER INCOME	B	-400	PHARMACY	16	37.05
37.08 EDUCATION	B	-2441	ADMINISTRATIVE & GENERAL	6	37.08
37.11 OTHER INCOME	B	-85	EMPLOYEE BENEFITS	5	37.11
37.12 OTHER INCOME	B	-900	MEDICAL SUPPLIES CHARGED TO PAT	55	37.12
37.17 OTHER INCOME	B	-500	LABORATORY	44	37.17
37.19 OTHER INCOME	B	-40	DIETARY	11	37.19
37.23 OTHER INCOME	B	-23908	ADMINISTRATIVE & GENERAL	6	37.23
37.25 ASSOC DUE LOBBY	A	-20184	ADMINISTRATIVE & GENERAL	6	37.25
37.26 OTHER INCOME	B	-332	ADMINISTRATIVE & GENERAL	6	37.26
37.28 OTHER INCOME	B	-56370	ADMINISTRATIVE & GENERAL	6	37.28
37.30 INTEREST EXPENSE	B	-448268	INTEREST EXPENSE	88	37.30
37.33 HSHS SELF IND EXP OFFSET	B	-1539081	EMPLOYEE BENEFITS	5	37.33
37.35 OTHER INCOME	B	-23858	ADMINISTRATIVE & GENERAL	6	37.35
37.38 A&G NON ALLOWABLE	A	-1235689	ADMINISTRATIVE & GENERAL	6	37.38
37.39 OTHER INCOME	B	-220980	ADMINISTRATIVE & GENERAL	6	37.39
37.42 OTHER INCOME	B	-4850	ADMINISTRATIVE & GENERAL	6	37.42
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/20/2008 09:30

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
47					47
48					48
49					49
50 TOTAL		-5463347			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	CENTRAL MGMT SERVICE	1144324	1280202	-135878	1
2	1	OLD CAP REL COSTS-BLDG & FIXT	HOME OFFICE	3549	3970	-421	9 2
3	2	OLD CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	50	56	-6	9 3
4	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	7986	8934	-948	9 4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	218876	244866	-25990	9 4.01
5		TOTALS		1374785	1538028	-163243	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP		
1	2	3	4	5	6
1	B HOSPITAL SISTERS	100.00			
2					
3					
4					
5					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
 11/20/2008 09:30

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
2	53 ELECTROCARDIOLOGY	41253	41253		159800			
3	61 EMERGENCY	1497658	1239825	257833	159800	1463	112398	5620
4	44 LABORATORY	25000		25000	208000	914	91400	4570
5	41 RADIOLOGY-DIAGNOSTIC	3180	3180		217600			
101	TOTAL	1567091	1284258	282833		2377	203798	10190

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
 11/20/2008 09:30

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			12	13	14	15	16	17	18
10	11								
2	53	ELECTROCARDIOLOGY							41253
3	61	EMERGENCY					112398	145435	1385260
4	44	LABORATORY					91400		
5	41	RADIOLOGY-DIAGNOSTIC							3180
101		TOTAL					203798	145435	1429693

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP-	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	ADMINI-	
	FOR COST	REL COSTS	REL COSTS	REL COSTS	REL COSTS	BENEFITS		STRATIVE	
	ALLOCATION	BLDG&FIXT	MOV EQUIP	BLDG&FIXT	MOV EQUIP			& GENERAL	
	0	1	2	3	4	5	5A	6	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT	20572	20572						1
2	OLD CAP REL COSTS-MVBLE EQUIP	2584		2584					2
3	NEW CAP REL COSTS-BLDG & FIXT	1450778			1450778				3
4	NEW CAP REL COSTS-MVBLE EQUIP	2276722				2276722			4
5	EMPLOYEE BENEFITS	5086067	85		6009		5092161		5
6	ADMINISTRATIVE & GENERAL	5828101	4034	18	284452	365212	674016	7155833	7155833 6
7	MAINTENANCE & REPAIRS	933951	494		34864	19620	136388	1125317	218578 7
8	OPERATION OF PLANT	1203401	4361		307534	4655	36013	1555964	302226 8
9	LAUNDRY & LINEN SERVICE	244432	179		12602		7704	264917	51457 9
10	HOUSEKEEPING	651581	248		17518	3495	144372	817214	158733 10
11	DIETARY	633429	647		45627	35427	122698	837828	162737 11
12	CAFETERIA	1660	160	2557	11256	918	20384	36935	7174 12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	801190	163		11530		203852	1016735	197488 14
15	CENTRAL SERVICES & SUPPLY	158874	311		21912	110078	35079	326254	63371 15
16	PHARMACY	521198	211		14902	123074	126480	785865	152644 16
17	MEDICAL RECORDS & LIBRARY	581174	275		19403	18581	115644	735077	142779 17
18	SOCIAL SERVICE	17863					4676	22539	4378 18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	4163716	2552		179977	26902	836892	5210039	1011977 25
26	INTENSIVE CARE UNIT	1300375	369		26046	112765	292517	1732072	336432 26
33	NURSERY	102460	262		18448	20557	23599	165326	32112 33
34	SKILLED NURSING FACILITY	1285444	822		57959	8681	321644	1674550	325260 34
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1552208	1358		95738	354987	334260	2338551	454233 37
39	DELIVERY ROOM & LABOR ROOM	124743	323		22785	49069	20952	217872	42319 39
40	ANESTHESIOLOGY	99951	37		2621	115899		218508	42442 40
41	RADIOLOGY-DIAGNOSTIC	3085624	893		62992	686940	343432	4179881	811888 41
44	LABORATORY	2371109	570	9	40227	78514	247681	2738110	531842 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	523158	86		6090	15046	134074	678454	131781 49
50	PHYSICAL THERAPY	787182	245		17249	22782	165624	993082	192893 50
51	OCCUPATIONAL THERAPY	144239	357		25178	3822	27745	201341	39108 51
52	SPEECH PATHOLOGY	52069	174		12236	45	13260	77784	15109 52
52.01	AUDIOLOGY	174400	73		5166	6650	15513	201802	39197 52.01
53	ELECTROCARDIOLOGY	47430	31		2169	2780	9454	61864	12016 53
53.01	CARDIAC REHAB	74958	190		13414	22067	17973	128602	24979 53.01
54	ELECTROENCEPHALOGRAPHY	11769	79		5547		571	17966	3490 54
55	MEDICAL SUPPLIES CHARGED TO PAT	2894603						2894603	562239 55
56	DRUGS CHARGED TO PATIENTS	1154208						1154208	224190 56
56.01	ONCOLOGY								56.01
59	OTHER ANCILLARY CHEMICAL DEPEND								59
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	146895	83		5836	392	36975	190181	36940 60
61	EMERGENCY	1007779	570		40197	42443	228110	1319099	256218 61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	633746	267		18844	102	152219	805178	156395 71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	42151643	20509	2584	1446328	2251503	4849801	41879551	6744625 95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	27627	27		1910	242		29806	5789 96
98	PHYSICIANS' PRIVATE OFFICES	1486508				23932	178271	1688711	328010 98
100	OTHER NONREIMBURSABLE COST	330818	36		2540	1045	64089	398528	77409 100
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	43996596	20572	2584	1450778	2276722	5092161	43996596	7155833 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	1343895								7
8 OPERATION OF PLANT	542663	2400853							8
9 LAUNDRY & LINEN SERVICE	1482	36990	354846						9
10 HOUSEKEEPING	8248	51422	8740	1044357					10
11 DIETARY	33637	133929	2845	1582	1172558				11
12 CAFETERIA	3813	33039		2307		83268			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	9268	33844		6592		3455	1267382		14
15 CENTRAL SERVICES & SUPPLY	61872	64318	4216	19742		1126		540899	15
16 PHARMACY	24272	43743		19676		1859		930	16
17 MEDICAL RECORDS & LIBRARY	5520	56953		1714		3769		2	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	178582	528289	126689	356710	707267	19553	504925	36053	25
26 INTENSIVE CARE UNIT	37246	76454	26830	67169	80376	5523	142623	8694	26
33 NURSERY	1525	54150	4790	11832		445	11491	1141	33
34 SKILLED NURSING FACILITY	34217	170129	55389	113542	355816	7984	206161	12243	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	103564	281023	44524	61402	26648	6518	168308	275250	37
39 DELIVERY ROOM & LABOR ROOM	29728	66883	205	24093		393	10139	1298	39
40 ANESTHESIOLOGY	1385	7693						30289	40
41 RADIOLOGY-DIAGNOSTIC	59380	184903	30257	29926		7120		20461	41
44 LABORATORY	31145	118081	701	41561		6178		2806	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	22554	17876		6460		2696	69622	2060	49
50 PHYSICAL THERAPY	25614	50632	5962	6625		2879		448	50
51 OCCUPATIONAL THERAPY	5241	73905	2226	7877		707		42	51
52 SPEECH PATHOLOGY	2760	35916		626		157			52
52.01 AUDIOLOGY	2857	15163		659		288		1	52.01
53 ELECTROCARDIOLOGY	2051	6366	1913	16051		393	10139	25	53
53.01 CARDIAC REHAB	15766	39375	974	10382		340	8787	448	53.01
54 ELECTROENCEPHALOGRAPHY	1729	16281	199						54
55 MEDICAL SUPPLIES CHARGED TO PAT								132819	55
56 DRUGS CHARGED TO PATIENTS									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL DEPEND									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	7561	17131	2478	16347	345	576		1501	60
61 EMERGENCY	30222	117991	35592	106555	2106	5235	135187	11164	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	9000	55313		17468		3194		2442	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1292902	2387792	354530	946898	1172558	80388	1267382	540117	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	290	5606		1088					96
98 PHYSICIANS' PRIVATE OFFICES	47449			92910		1126		613	98
100 OTHER NONREIMBURSABLE COST	3254	7455	316	3461		1754		169	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1343895	2400853	354846	1044357	1172558	83268	1267382	540899	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL							6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY	1028989						16
17 MEDICAL RECORDS & LIBRARY		945814					17
18 SOCIAL SERVICE			26917				18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS		425615		9105699		9105699	25
26 INTENSIVE CARE UNIT		47291		2560710		2560710	26
33 NURSERY		9458		292270		292270	33
34 SKILLED NURSING FACILITY		37833		2993124		2993124	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104040		3864061		3864061	37
39 DELIVERY ROOM & LABOR ROOM				392930		392930	39
40 ANESTHESIOLOGY				300317		300317	40
41 RADIOLOGY-DIAGNOSTIC				5323816		5323816	41
44 LABORATORY				3470424		3470424	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY				931503		931503	49
50 PHYSICAL THERAPY				1278135		1278135	50
51 OCCUPATIONAL THERAPY				330447		330447	51
52 SPEECH PATHOLOGY				132352		132352	52
52.01 AUDIOLOGY				259967		259967	52.01
53 ELECTROCARDIOLOGY				110818		110818	53
53.01 CARDIAC REHAB				229653		229653	53.01
54 ELECTROENCEPHALOGRAPHY				39665		39665	54
55 MEDICAL SUPPLIES CHARGED TO PAT				3589661		3589661	55
56 DRUGS CHARGED TO PATIENTS	1018078			2396476		2396476	56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS							59
60 CLINIC				273060		273060	60
61 EMERGENCY		321577		2340946		2340946	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	390		24168	1073548		1073548	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	1018468	945814	24168	41289582		41289582	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				42579		42579	96
98 PHYSICIANS' PRIVATE OFFICES				2158819		2158819	98
100 OTHER NONREIMBURSABLE COST	10521		2749	505616		505616	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	1028989	945814	26917	43996596		43996596	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP- REL COSTS BLDG&FIXT 1	OLD CAP- REL COSTS MOV EQUIP 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		85		85	85				5
6	3599	4034	18	7651	10	7661			6
7		494		494	2	234	730		7
8		4361		4361	1	324	295	4981	8
9		179		179		55	1	77	9
10		248		248	2	170	4	107	10
11		647		647	2	174	18	278	11
12		160	2557	2717		8	2	69	12
13									13
14		163		163	3	211	5	70	14
15		311		311	1	68	34	133	15
16		211		211	2	163	13	91	16
17		275		275	2	153	3	118	17
18						5			18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		2552		2552	22	1084	97	1094	25
26		369		369	4	360	20	159	26
33		262		262		34	1	112	33
34		822		822	5	348	19	353	34
ANCILLARY SERVICE COST CENTERS									
37		1358		1358	5	486	56	583	37
39		323		323		45	16	139	39
40		37		37		45	1	16	40
41		893		893	5	869	32	384	41
44		570	9	579	4	570	17	245	44
46.30									46.30
49		86		86	2	141	12	37	49
50		245		245	3	207	14	105	50
51		357		357		42	3	153	51
52		174		174		16	1	75	52
52.01		73		73		42	2	31	52.01
53		31		31		13	1	13	53
53.01		190		190		27	9	82	53.01
54		79		79		4	1	34	54
55						602			55
56						240			56
56.01									56.01
59									59
OUTPATIENT SERVICE COST CENTERS									
60		83		83	1	40	4	36	60
61		570		570	3	274	16	245	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		267		267	2	167	5	115	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	3599	20509	2584	26692	81	7221	702	4954	95
NONREIMBURSABLE COST CENTERS									
96		27		27		6		12	96
98					3	351	26		98
100		36		36	1	83	2	15	100
101									101
102									102
103	3599	20572	2584	26755	85	7661	730	4981	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	16	17
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	312							9
10 HOUSEKEEPING	8	539						10
11 DIETARY	2	1	1122					11
12 CAFETERIA		1		2797				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		3		116	571			14
15 CENTRAL SERVICES & SUPPLY	4	10		38		599		15
16 PHARMACY		10		62		1	553	16
17 MEDICAL RECORDS & LIBRARY		1		127				679 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	111	187	678	656	227	40		305 25
26 INTENSIVE CARE UNIT	24	35	77	186	64	10		34 26
33 NURSERY	4	6		15	5	1		7 33
34 SKILLED NURSING FACILITY	49	59	340	268	93	14		27 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	39	32	25	219	76	305		75 37
39 DELIVERY ROOM & LABOR ROOM		12		13	5	1		39
40 ANESTHESIOLOGY						34		40
41 RADIOLOGY-DIAGNOSTIC	27	15		239		23		41
44 LABORATORY	1	21		208		3		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		3		91	31	2		49
50 PHYSICAL THERAPY	5	3		97				50
51 OCCUPATIONAL THERAPY	2	4		24				51
52 SPEECH PATHOLOGY				5				52
52.01 AUDIOLOGY				10				52.01
53 ELECTROCARDIOLOGY	2	8		13	5			53
53.01 CARDIAC REHAB	1	5		11	4			53.01
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PAT						147		55
56 DRUGS CHARGED TO PATIENTS							547	56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPEND								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2	8		19		2		60
61 EMERGENCY	31	55	2	176	61	12		231 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		9		107		3		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	312	488	1122	2700	571	598	547	679 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		1						96
98 PHYSICIANS' PRIVATE OFFICES		48		38		1		98
100 OTHER NONREIMBURSABLE COST		2		59			6	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	312	539	1122	2797	571	599	553	679 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	5				18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		7053		7053	25
26 INTENSIVE CARE UNIT		1342		1342	26
33 NURSERY		447		447	33
34 SKILLED NURSING FACILITY		2397		2397	34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		3259		3259	37
39 DELIVERY ROOM & LABOR ROOM		554		554	39
40 ANESTHESIOLOGY		133		133	40
41 RADIOLOGY-DIAGNOSTIC		2487		2487	41
44 LABORATORY		1648		1648	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		405		405	49
50 PHYSICAL THERAPY		679		679	50
51 OCCUPATIONAL THERAPY		585		585	51
52 SPEECH PATHOLOGY		271		271	52
52.01 AUDIOLOGY		158		158	52.01
53 ELECTROCARDIOLOGY		86		86	53
53.01 CARDIAC REHAB		329		329	53.01
54 ELECTROENCEPHALOGRAPHY		118		118	54
55 MEDICAL SUPPLIES CHARGED TO PAT		749		749	55
56 DRUGS CHARGED TO PATIENTS		787		787	56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPEND					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		195		195	60
61 EMERGENCY		1676		1676	61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY	4	679		679	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	4	26037		26037	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		46		46	96
98 PHYSICIANS' PRIVATE OFFICES		467		467	98
100 OTHER NONREIMBURSABLE COST	1	205		205	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	5	26755		26755	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		6009		6009	6009				5
6 ADMINISTRATIVE & GENERAL	226862	284452	365212	876526	796	877322			6
7 MAINTENANCE & REPAIRS		34864	19620	54484	161	26798	81443		7
8 OPERATION OF PLANT		307534	4655	312189	43	37054	32887	382173	8
9 LAUNDRY & LINEN SERVICE		12602		12602	9	6309	90	5888	9
10 HOUSEKEEPING		17518	3495	21013	170	19461	500	8185	10
11 DIETARY		45627	35427	81054	145	19952	2038	21319	11
12 CAFETERIA		11256	918	12174	24	880	231	5259	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		11530		11530	241	24213	562	5387	14
15 CENTRAL SERVICES & SUPPLY		21912	110078	131990	41	7769	3750	10238	15
16 PHARMACY		14902	123074	137976	149	18715	1471	6963	16
17 MEDICAL RECORDS & LIBRARY		19403	18581	37984	137	17505	335	9066	17
18 SOCIAL SERVICE					6	537			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		179977	26902	206879	985	124065	10822	84095	25
26 INTENSIVE CARE UNIT		26046	112765	138811	345	41248	2257	12170	26
33 NURSERY		18448	20557	39005	28	3937	92	8620	33
34 SKILLED NURSING FACILITY		57959	8681	66640	380	39878	2074	27081	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		95738	354987	450725	395	55690	6276	44734	37
39 DELIVERY ROOM & LABOR ROOM		22785	49069	71854	25	5188	1802	10647	39
40 ANESTHESIOLOGY		2621	115899	118520		5204	84	1225	40
41 RADIOLOGY-DIAGNOSTIC		62992	686940	749932	405	99540	3599	29433	41
44 LABORATORY		40227	78514	118741	292	65205	1887	18796	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		6090	15046	21136	158	16157	1367	2846	49
50 PHYSICAL THERAPY		17249	22782	40031	195	23649	1552	8060	50
51 OCCUPATIONAL THERAPY		25178	3822	29000	33	4795	318	11764	51
52 SPEECH PATHOLOGY		12236	45	12281	16	1852	167	5717	52
52.01 AUDIOLOGY		5166	6650	11816	18	4806	173	2414	52.01
53 ELECTROCARDIOLOGY		2169	2780	4949	11	1473	124	1013	53
53.01 CARDIAC REHAB		13414	22067	35481	21	3063	955	6268	53.01
54 ELECTROENCEPHALOGRAPHY		5547		5547	1	428	105	2592	54
55 MEDICAL SUPPLIES CHARGED TO PAT						68932			55
56 DRUGS CHARGED TO PATIENTS						27486			56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL DEPEND									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		5836	392	6228	44	4529	458	2727	60
61 EMERGENCY		40197	42443	82640	269	31413	1832	18782	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		18844	102	18946	180	19175	545	8805	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	226862	1446328	2251503	3924693	5723	826906	78353	380094	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1910	242	2152		710	18	892	96
98 PHYSICIANS' PRIVATE OFFICES			23932	23932	210	40215	2875		98
100 OTHER NONREIMBURSABLE COST		2540	1045	3585	76	9491	197	1187	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	226862	1450778	2276722	3954362	6009	877322	81443	382173	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	24898								9
10	613	49942							10
11	200	76	124784						11
12		110		18678					12
13									13
14		315		775	43023				14
15	296	944		252		155280			15
16		941		417		267	166899		16
17		82		846		1		65956	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	8892	17058	75267	4387	17142	10354		29680	25
26	1882	3212	8554	1239	4842	2497		3298	26
33	336	566		100	390	328		660	33
34	3886	5430	37866	1791	6998	3516		2638	34
ANCILLARY SERVICE COST CENTERS									
37	3124	2936	2836	1462	5713	78988		7255	37
39	14	1152		88	344	373			39
40						8699			40
41	2123	1431		1597		5876			41
44	49	1987		1386		806			44
46.30									46.30
49		309		605	2363	592			49
50	418	317		646		129			50
51	156	377		159		12			51
52		30		35					52
52.01		32		65					52.01
53	134	768		88	344	7			53
53.01	68	496		76	298	129			53.01
54	14								54
55						38143			55
56							165129		56
56.01									56.01
59									59
OUTPATIENT SERVICE COST CENTERS									
60	174	782	37	129		431			60
61	2497	5096	224	1174	4589	3206		22425	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		835		716		701	63		71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	24876	45282	124784	18033	43023	155055	165192	65956	95
NONREIMBURSABLE COST CENTERS									
96		52							96
98		4443		252		176			98
100	22	165		393		49	1707		100
101									101
102									102
103	24898	49942	124784	18678	43023	155280	166899	65956	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	543				18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		589626		589626	25
26 INTENSIVE CARE UNIT		220355		220355	26
33 NURSERY		54062		54062	33
34 SKILLED NURSING FACILITY		198178		198178	34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		660134		660134	37
39 DELIVERY ROOM & LABOR ROOM		91487		91487	39
40 ANESTHESIOLOGY		133732		133732	40
41 RADIOLOGY-DIAGNOSTIC		893936		893936	41
44 LABORATORY		209149		209149	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		45533		45533	49
50 PHYSICAL THERAPY		74997		74997	50
51 OCCUPATIONAL THERAPY		46614		46614	51
52 SPEECH PATHOLOGY		20098		20098	52
52.01 AUDIOLOGY		19324		19324	52.01
53 ELECTROCARDIOLOGY		8911		8911	53
53.01 CARDIAC REHAB		46855		46855	53.01
54 ELECTROENCEPHALOGRAPHY		8687		8687	54
55 MEDICAL SUPPLIES CHARGED TO PAT		107075		107075	55
56 DRUGS CHARGED TO PATIENTS		192615		192615	56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS					59
60 CLINIC		15539		15539	60
61 EMERGENCY		174147		174147	61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY	488	50454		50454	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	488	3861508		3861508	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		3824		3824	96
98 PHYSICIANS' PRIVATE OFFICES		72103		72103	98
100 OTHER NONREIMBURSABLE COST	55	16927		16927	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	543	3954362		3954362	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ FEET	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ. FEE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	
	1	2	3	4	5			
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	285630							1
2 OLD CAP REL COSTS-MVBLE EQUIP		1722						2
3 NEW CAP REL COSTS-BLDG & FIXT			285630					3
4 NEW CAP REL COSTS-MVBLE EQUIP				2033659				4
5 EMPLOYEE BENEFITS	1183		1183		19451542			5
6 ADMINISTRATIVE & GENERAL	56003	12	56003	326222	2574674	-7155833	36840763	6
7 MAINTENANCE & REPAIRS	6864		6864	17525	520989		1125317	7
8 OPERATION OF PLANT	60548		60548	4158	137567		1555964	8
9 LAUNDRY & LINEN SERVICE	2481		2481		29429		264917	9
10 HOUSEKEEPING	3449		3449	3122	551488		817214	10
11 DIETARY	8983		8983	31645	468694		837828	11
12 CAFETERIA	2216	1704	2216	820	77865		36935	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2270		2270		778695		1016735	14
15 CENTRAL SERVICES & SUPPLY	4314		4314	98326	133997		326254	15
16 PHARMACY	2934		2934	109935	483142		785865	16
17 MEDICAL RECORDS & LIBRARY	3820		3820	16597	441750		735077	17
18 SOCIAL SERVICE					17863		22539	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	35434		35434	24030	3196835		5210039	25
26 INTENSIVE CARE UNIT	5128		5128	100726	1117386		1732072	26
33 NURSERY	3632		3632	18362	90147		165326	33
34 SKILLED NURSING FACILITY	11411		11411	7754	1228647		1674550	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	18849		18849	317089	1276841		2338551	37
39 DELIVERY ROOM & LABOR ROOM	4486		4486	43830	80035		217872	39
40 ANESTHESIOLOGY	516		516	103526			218508	40
41 RADIOLOGY-DIAGNOSTIC	12402		12402	613603	1311876		4179881	41
44 LABORATORY	7920	6	7920	70132	946117		2738110	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	1199		1199	13440	512151		678454	49
50 PHYSICAL THERAPY	3396		3396	20350	632667		993082	50
51 OCCUPATIONAL THERAPY	4957		4957	3414	105983		201341	51
52 SPEECH PATHOLOGY	2409		2409	40	50651		77784	52
52.01 AUDIOLOGY	1017		1017	5940	59258		201802	52.01
53 ELECTROCARDIOLOGY	427		427	2483	36112		61864	53
53.01 CARDIAC REHAB	2641		2641	19711	68655		128602	53.01
54 ELECTROENCEPHALOGRAPHY	1092		1092		2182		17966	54
55 MEDICAL SUPPLIES CHARGED TO P							2894603	55
56 DRUGS CHARGED TO PATIENTS							1154208	56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1149		1149	350	141239		190181	60
61 EMERGENCY	7914		7914	37912	871356		1319099	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	3710		3710	91	581462		805178	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	284754	1722	284754	2011133	18525753	-7155833	34723718	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	376		376	216			29806	96
98 PHYSICIANS' PRIVATE OFFICES				21377	680977		1688711	98
100 OTHER NONREIMBURSABLE COST	500		500	933	244812		398528	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP-	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	RECON-	ADMINI-
	REL COSTS	REL COSTS	REL COSTS	REL COSTS	BENEFITS		STRATIVE
(SQUARE	DOLLAR VA	SQUARE	DOLLAR VA	GROSS	CILIAATION	& GENERAL	ACCUM
FEET)	OR SQ FEET	FEET	OR SQ. FEE	SALARIES	6A	COST	6
	1	2	3	4	5		
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	20572	2584	1450778	2276722	5092161		7155833 103
104 UNIT COST MULT-WS B PT I		1.500581		1.119520			104
104 UNIT COST MULT-WS B PT I	.072023		5.079221		.261787		.194237 104
105 COST TO BE ALLOC PER B PT II					85		7661 105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II					.000004		.000208 106
107 COST TO BE ALLOC PER B PT III					6009		877322 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.000309		.023814 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	125132								7
8 OPERATION OF PLANT	50528	161032							8
9 LAUNDRY & LINEN SERVICE	138	2481	545980						9
10 HOUSEKEEPING	768	3449	13448	31687					10
11 DIETARY	3132	8983	4377	48	67938				11
12 CAFETERIA	355	2216		70		3181			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	863	2270		200		132	1875		14
15 CENTRAL SERVICES & SUPPLY	5761	4314	6487	599		43		150098075	15
16 PHARMACY	2260	2934		597		71		257975	16
17 MEDICAL RECORDS & LIBRARY	514	3820		52		144		510	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	16628	35434	194931	10823	40979	747	747	10003520	25
26 INTENSIVE CARE UNIT	3468	5128	41281	2038	4657	211	211	2412221	26
33 NURSERY	142	3632	7370	359		17	17	316630	33
34 SKILLED NURSING FACILITY	3186	11411	85223	3445	20616	305	305	3397006	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9643	18849	68506	1863	1544	249	249	76388925	37
39 DELIVERY ROOM & LABOR ROOM	2768	4486	316	731		15	15	360265	39
40 ANESTHESIOLOGY	129	516						8404408	40
41 RADIOLOGY-DIAGNOSTIC	5529	12402	46554	908		272		5677313	41
44 LABORATORY	2900	7920	1079	1261		236		778677	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	2100	1199		196		103	103	571613	49
50 PHYSICAL THERAPY	2385	3396	9173	201		110		124340	50
51 OCCUPATIONAL THERAPY	488	4957	3425	239		27		11561	51
52 SPEECH PATHOLOGY	257	2409		19		6		108	52
52.01 AUDIOLOGY	266	1017		20		11		152	52.01
53 ELECTROCARDIOLOGY	191	427	2943	487		15	15	6905	53
53.01 CARDIAC REHAB	1468	2641	1499	315		13	13	124247	53.01
54 ELECTROENCEPHALOGRAPHY	161	1092	306						54
55 MEDICAL SUPPLIES CHARGED TO P								36853196	55
56 DRUGS CHARGED TO PATIENTS									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL DEPE									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	704	1149	3813	496	20	22		416354	60
61 EMERGENCY	2814	7914	54763	3233	122	200	200	3097607	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	838	3710		530		122		677501	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	120384	160156	545494	28730	67938	3071	1875	149881034	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	27	376		33					96
98 PHYSICIANS' PRIVATE OFFICES	4418			2819		43		170048	98
100 OTHER NONREIMBURSABLE COST	303	500	486	105		67		46993	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)
	7	8	9	10	11	12	14	15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1343895	2400853	354846	1044357	1172558	83268	1267382	540899 103
104 UNIT COST MULT-WS B PT I	10.739819		.649925		17.259236		675.937067	104
104 UNIT COST MULT-WS B PT I		14.909167		32.958532		26.176674		.003604 104
105 COST TO BE ALLOC PER B PT II	730	4981	312	539	1122	2797	571	599 105
106 UNIT COST MULT-WS B PT II	.005834		.000571		.016515		.304533	106
106 UNIT COST MULT-WS B PT II		.030932		.017010		.879283		.000004 106
107 COST TO BE ALLOC PER B PT III	81443	382173	24898	49942	124784	18678	43023	155280 107
108 UNIT COST MULT-WS B PT III	.650857		.045602		1.836733		22.945600	108
108 UNIT COST MULT-WS B PT III		2.373274		1.576104		5.871738		.001035 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	(COSTED REQUIS) 16	(TIME SPENT) 17	(TIME SPENT) 18	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY	118959459			16
17 MEDICAL RECORDS & LIBRARY		100		17
18 SOCIAL SERVICE			9790	18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES				22
23 I&R SERVICES-OTHER PRGM COSTS				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		45		25
26 INTENSIVE CARE UNIT		5		26
33 NURSERY		1		33
34 SKILLED NURSING FACILITY		4		34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		11		37
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC				41
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
52.01 AUDIOLOGY				52.01
53 ELECTROCARDIOLOGY				53
53.01 CARDIAC REHAB				53.01
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO P				55
56 DRUGS CHARGED TO PATIENTS	117698059			56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPE				59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
61 EMERGENCY		34		61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	45050		8790	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	117743109	100	8790	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
98 PHYSICIANS' PRIVATE OFFICES				98
100 OTHER NONREIMBURSABLE COST	1216350		1000	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	SOCIAL	
	(COSTED REQUIS) 16	RECORDS & LIBRARY (TIME SPENT) 17	SERVICE (TIME SPENT) 18	
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	1028989	945814	26917	103
104 UNIT COST MULT-WS B PT I	.008650		2.749438	104
104 UNIT COST MULT-WS B PT I		9458.140000		104
105 COST TO BE ALLOC PER B PT II	553	679	5	105
106 UNIT COST MULT-WS B PT II	.000005		.000511	106
106 UNIT COST MULT-WS B PT II		6.790000		106
107 COST TO BE ALLOC PER B PT III	166899	65956	543	107
108 UNIT COST MULT-WS B PT III	.001403		.055465	108
108 UNIT COST MULT-WS B PT III		659.560000		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	9105699		9105699		9105699	25
26 INTENSIVE CARE UNIT	2560710		2560710		2560710	26
33 NURSERY	292270		292270		292270	33
34 SKILLED NURSING FACILITY	2993124		2993124		2993124	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3864061		3864061		3864061	37
39 DELIVERY ROOM & LABOR ROOM	392930		392930		392930	39
40 ANESTHESIOLOGY	300317		300317		300317	40
41 RADIOLOGY-DIAGNOSTIC	5323816		5323816		5323816	41
44 LABORATORY	3470424		3470424		3470424	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	931503		931503		931503	49
50 PHYSICAL THERAPY	1278135		1278135		1278135	50
51 OCCUPATIONAL THERAPY	330447		330447		330447	51
52 SPEECH PATHOLOGY	132352		132352		132352	52
52.01 AUDIOLOGY	259967		259967		259967	52.01
53 ELECTROCARDIOLOGY	110818		110818		110818	53
53.01 CARDIAC REHAB	229653		229653		229653	53.01
54 ELECTROENCEPHALOGRAPHY	39665		39665		39665	54
55 MEDICAL SUPPLIES CHARGED TO	3589661		3589661		3589661	55
56 DRUGS CHARGED TO PATIENTS	2396476		2396476		2396476	56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	273060		273060		273060	60
61 EMERGENCY	2340946		2340946	145435	2486381	61
62 OBSERVATION BEDS (NON-DISTI	596741		596741		596741	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	40812775		40812775	145435	40958210	101
102 LESS OBSERVATION BEDS	596741		596741		596741	102
103 TOTAL	40216034		40216034	145435	40361469	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	8218947		8218947			25
26 INTENSIVE CARE UNIT	2943717		2943717			26
33 NURSERY	505749		505749			33
34 SKILLED NURSING FACILITY	1782775		1782775			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4518246	9502337	14020583	.275599	.275599	.275599 37
39 DELIVERY ROOM & LABOR ROOM	153524	159060	312584	1.257038	1.257038	1.257038 39
40 ANESTHESIOLOGY	780119	1006533	1786652	.168089	.168089	.168089 40
41 RADIOLOGY-DIAGNOSTIC	7227891	20823383	28051274	.189789	.189789	.189789 41
44 LABORATORY	6514373	11104108	17618481	.196976	.196976	.196976 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1468796	163277	1632073	.570748	.570748	.570748 49
50 PHYSICAL THERAPY	1049119	1580137	2629256	.486120	.486120	.486120 50
51 OCCUPATIONAL THERAPY	282390	565672	848062	.389650	.389650	.389650 51
52 SPEECH PATHOLOGY	125835	99068	224903	.588485	.588485	.588485 52
52.01 AUDIOLOGY	902	292507	293409	.886023	.886023	.886023 52.01
53 ELECTROCARDIOLOGY	485835	680730	1166565	.094995	.094995	.094995 53
53.01 CARDIAC REHAB	1852	233608	235460	.975338	.975338	.975338 53.01
54 ELECTROENCEPHALOGRAPHY	3119	55179	58298	.680384	.680384	.680384 54
55 MEDICAL SUPPLIES CHARGED TO	5025747	1959231	6984978	.513912	.513912	.513912 55
56 DRUGS CHARGED TO PATIENTS	6350994	2095168	8446162	.283736	.283736	.283736 56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	11745	795870	807615	.338107	.338107	.338107 60
61 EMERGENCY	2556324	6070222	8626546	.271365	.271365	.288224 61
62 OBSERVATION BEDS (NON-DISTI	82715	1095430	1178145	.506509	.506509	.506509 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	50090714	58281520	108372234			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	50090714	58281520	108372234			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	7053		7053	589626		589626
26 INTENSIVE CARE UNIT	1342		1342	220355		220355
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	447		447	54062		54062
101 TOTAL	8842		8842	864043		864043

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	11780	8259	.60	4955	50.05	413363
26 INTENSIVE CARE UNIT	1596	1136	.84	954	138.07	156848
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	564		.79		95.85	
101 TOTAL	13940	9395		5909		570211

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3259	660134	14020583	3619097	.000232	840	.047083	170398
39 DELIVERY ROOM & LABOR ROOM	554	91487	312584	875	.001772	2	.292680	256
40 ANESTHESIOLOGY	133	133732	1786652	474580	.000074	35	.074851	35523
41 RADIOLOGY-DIAGNOSTIC	2487	893936	28051274	4112667	.000089	366	.031868	131062
44 LABORATORY	1648	209149	17618481	4677072	.000094	440	.011871	55522
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	405	45533	1632073	875991	.000248	217	.027899	24439
50 PHYSICAL THERAPY	679	74997	2629256	349312	.000258	90	.028524	9964
51 OCCUPATIONAL THERAPY	585	46614	848062	61315	.000690	42	.054965	3370
52 SPEECH PATHOLOGY	271	20098	224903	38210	.001205	46	.089363	3415
52.01 AUDIOLOGY	158	19324	293409	902	.000538		.065860	59
53 ELECTROCARDIOLOGY	86	8911	1166565	402924	.000074	30	.007639	3078
53.01 CARDIAC REHAB	329	46855	235460	1214	.001397	2	.198993	242
54 ELECTROENCEPHALOGRAPHY	118	8687	58298	2064	.002024	4	.149010	308
55 MEDICAL SUPPLIES CHARGED TO P	749	107075	6984978	4082578	.000107	437	.015329	62582
56 DRUGS CHARGED TO PATIENTS	787	192615	8446162	3800799	.000093	353	.022805	86677
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE OUTPATIENT SERVICE COST CENTERS								59
60 CLINIC	195	15539	807615	7398	.000241	2	.019241	142
61 EMERGENCY	1676	174147	8626546	2118056	.000194	411	.020187	42757
62 OBSERVATION BEDS (NON-DISTINC	462	38641	1178145	82715	.000392	32	.032798	2713
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	14581	2787474	94921046	24707769		3349		632507

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/20/2008 09:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					11780		8259	25
26 INTENSIVE CARE UNIT					1596		1136	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					564			33
34 SKILLED NURSING FACILITY					6869		6413	34
35 NURSING FACILITY								35
101 TOTAL					20809		15808	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY							52.01
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		14020583			3619097		2101519 37
39 DELIVERY ROOM & LABOR ROOM		312584			875		39
40 ANESTHESIOLOGY		1786652			474580		163336 40
41 RADIOLOGY-DIAGNOSTIC		28051274			4112667		3631904 41
44 LABORATORY		17618481			4677072		189247 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1632073			875991		28250 49
50 PHYSICAL THERAPY		2629256			349312		3012 50
51 OCCUPATIONAL THERAPY		848062			61315		51
52 SPEECH PATHOLOGY		224903			38210		52
52.01 AUDIOLOGY		293409			902		23431 52.01
53 ELECTROCARDIOLOGY		1166565			402924		136731 53
53.01 CARDIAC REHAB		235460			1214		73422 53.01
54 ELECTROENCEPHALOGRAPHY		58298			2064		3681 54
55 MEDICAL SUPPLIES CHARGED TO P		6984978			4082578		436617 55
56 DRUGS CHARGED TO PATIENTS		8446162			3800799		439691 56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		807615			7398		134987 60
61 EMERGENCY		8626546			2118056		486688 61
62 OBSERVATION BEDS (NON-DISTINC		1178145			82715		82441 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		94921046			24707769		7934957 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	2105762				37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY	164715				40
41 RADIOLOGY-DIAGNOSTIC	3530002				41
44 LABORATORY	180722				44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY	17403				49
50 PHYSICAL THERAPY	1594				50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY	19217				52.01
53 ELECTROCARDIOLOGY	127677				53
53.01 CARDIAC REHAB	54297				53.01
54 ELECTROENCEPHALOGRAPHY	12526				54
55 MEDICAL SUPPLIES CHARGED TO P	398503				55
56 DRUGS CHARGED TO PATIENTS	465182				56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	139956				60
61 EMERGENCY	450940				61
62 OBSERVATION BEDS (NON-DISTINC	66182				62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	7734678				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.275599	.275599	.275599			37
39 DELIVERY ROOM & LABOR ROOM	1.257038	1.257038	1.257038			39
40 ANESTHESIOLOGY	.168089	.168089	.168089			40
41 RADIOLOGY-DIAGNOSTIC	.189789	.189789	.189789			41
44 LABORATORY	.196976	.196976	.196976			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.570748	.570748	.570748			49
50 PHYSICAL THERAPY	.486120	.486120	.486120			50
51 OCCUPATIONAL THERAPY	.389650	.389650	.389650			51
52 SPEECH PATHOLOGY	.588485	.588485	.588485			52
52.01 AUDIOLOGY	.886023	.886023	.886023			52.01
53 ELECTROCARDIOLOGY	.094995	.094995	.094995			53
53.01 CARDIAC REHAB	.975338	.975338	.975338			53.01
54 ELECTROENCEPHALOGRAPHY	.680384	.680384	.680384			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.513912	.513912	.513912			55
56 DRUGS CHARGED TO PATIENTS	.283736	.283736	.283736			56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS						59
60 CLINIC	.338107	.338107	.338107			60
61 EMERGENCY	.271365	.271365	.271365			61
62 OBSERVATION BEDS (NON-DISTINCT	.506509	.506509	.506509			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.283736	1
2 PROGRAM VACCINE CHARGES	10827	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	3072	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2101519		2105762				37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		163336		164715				40
41 RADIOLOGY-DIAGNOSTIC		3631904		3530002				41
44 LABORATORY		189247		180722				44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		28250		17403				49
50 PHYSICAL THERAPY		3012		1594				50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
52.01 AUDIOLOGY		23431		19217				52.01
53 ELECTROCARDIOLOGY		136731		127677				53
53.01 CARDIAC REHAB		73422		54297				53.01
54 ELECTROENCEPHALOGRAPHY		3681		12526				54
55 MEDICAL SUPPLIES CHARGED TO PA		436617		398503				55
56 DRUGS CHARGED TO PATIENTS		439691	233	465182				56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPEN OUTPATIENT SERVICE COST CENTERS								59
60 CLINIC		134987		139956				60
61 EMERGENCY		486688		450940				61
62 OBSERVATION BEDS (NON-DISTINCT		82441		66182				62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		7934957	233	7734678				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		7934957	233	7734678				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		579177		580346			37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		27455		27687			40
41 RADIOLOGY-DIAGNOSTIC		689295		669956			41
44 LABORATORY		37277		35598			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		16124		9933			49
50 PHYSICAL THERAPY		1464		775			50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY		20760		17027			52.01
53 ELECTROCARDIOLOGY		12989		12129			53
53.01 CARDIAC REHAB		71611		52958			53.01
54 ELECTROENCEPHALOGRAPHY		2504		8522			54
55 MEDICAL SUPPLIES CHARGED TO PAT		224383		204795			55
56 DRUGS CHARGED TO PATIENTS		124756	66	131989			56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS							59
60 CLINIC		45640		47320			60
61 EMERGENCY		132070		122369			61
62 OBSERVATION BEDS (NON-DISTINCT		41757		33522			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		2027262	66	1954926			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2027262	66	1954926			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5594) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		14020583			4286		37
39 DELIVERY ROOM & LABOR ROOM		312584					39
40 ANESTHESIOLOGY		1786652					40
41 RADIOLOGY-DIAGNOSTIC		28051274			189444		41
44 LABORATORY		17618481			613267		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1632073			413117		49
50 PHYSICAL THERAPY		2629256			540915		50
51 OCCUPATIONAL THERAPY		848062			185031		51
52 SPEECH PATHOLOGY		224903			71650		52
52.01 AUDIOLOGY		293409					52.01
53 ELECTROCARDIOLOGY		1166565			13919		53
53.01 CARDIAC REHAB		235460					53.01
54 ELECTROENCEPHALOGRAPHY		58298					54
55 MEDICAL SUPPLIES CHARGED TO P		6984978			242751		55
56 DRUGS CHARGED TO PATIENTS		8446162			1231031		56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		807615					60
61 EMERGENCY		8626546					61
62 OBSERVATION BEDS (NON-DISTINC		1178145					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		94921046			3505411		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5594)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [XX] SNF (14-5594)
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO	PROGRAM CHARGES				PROGRAM COSTS			
		OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B
	1	2	3	4	5	6	7	8	9
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
39 DELIVERY ROOM & LABOR RO									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC									41
44 LABORATORY									44
46.30 BLOOD CLOTTING FACTORS A									46.30
49 RESPIRATORY THERAPY									49
50 PHYSICAL THERAPY									50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
52.01 AUDIOLOGY									52.01
53 ELECTROCARDIOLOGY									53
53.01 CARDIAC REHAB									53.01
54 ELECTROENCEPHALOGRAPHY									54
55 MEDICAL SUPPLIES CHARGED									55
56 DRUGS CHARGED TO PATIENT									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DI									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE CHARGES (S-2 L									65.01
65.02 AMBULANCE CHARGES (S-2 L									65.02
65.03 AMBULANCE CHARGES (S-2 L									65.03
101 SUBTOTAL									101
102 CRNA CHARGES									102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS									103
104 NET CHARGES									104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.283736	1
2 PROGRAM VACCINE CHARGES		2	2556	2
2.01 PROGRAM VACCINE CHARGES		2.01		2.01
3 PROGRAM COSTS		3	725	3
3.01 PROGRAM COSTS		3.01		3.01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	7053		7053	589626		589626
26 INTENSIVE CARE UNIT	1342		1342	220355		220355
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	447		447	54062		54062
101 TOTAL	8842		8842	864043		864043

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	11780	780	.60	468	50.05	39039
26 INTENSIVE CARE UNIT	1596	50	.84	42	138.07	6904
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	564	254	.79	201	95.85	24346
101 TOTAL	13940	1084		711		70289

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3259	660134	14020583		.000232		.047083	37
39 DELIVERY ROOM & LABOR ROOM	554	91487	312584		.001772		.292680	39
40 ANESTHESIOLOGY	133	133732	1786652		.000074		.074851	40
41 RADIOLOGY-DIAGNOSTIC	2487	893936	28051274		.000089		.031868	41
44 LABORATORY	1648	209149	17618481		.000094		.011871	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	405	45533	1632073		.000248		.027899	49
50 PHYSICAL THERAPY	679	74997	2629256		.000258		.028524	50
51 OCCUPATIONAL THERAPY	585	46614	848062		.000690		.054965	51
52 SPEECH PATHOLOGY	271	20098	224903		.001205		.089363	52
52.01 AUDIOLOGY	158	19324	293409		.000538		.065860	52.01
53 ELECTROCARDIOLOGY	86	8911	1166565		.000074		.007639	53
53.01 CARDIAC REHAB	329	46855	235460		.001397		.198993	53.01
54 ELECTROENCEPHALOGRAPHY	118	8687	58298		.002024		.149010	54
55 MEDICAL SUPPLIES CHARGED TO P	749	107075	6984978		.000107		.015329	55
56 DRUGS CHARGED TO PATIENTS	787	192615	8446162		.000093		.022805	56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE OUTPATIENT SERVICE COST CENTERS								59
60 CLINIC	195	15539	807615		.000241		.019241	60
61 EMERGENCY	1676	174147	8626546		.000194		.020187	61
62 OBSERVATION BEDS (NON-DISTINC	462	38641	1178145		.000392		.032798	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	14581	2787474	94921046					101

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/20/2008 09:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					11780		780	25
26 INTENSIVE CARE UNIT					1596		50	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					564		254	33
34 SKILLED NURSING FACILITY					6869			34
35 NURSING FACILITY								35
101 TOTAL					20809		1084	101

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
 11/20/2008 09:30

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY							52.01
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
 11/20/2008 09:30

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		14020583					37
39 DELIVERY ROOM & LABOR ROOM		312584					39
40 ANESTHESIOLOGY		1786652					40
41 RADIOLOGY-DIAGNOSTIC		28051274					41
44 LABORATORY		17618481					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1632073					49
50 PHYSICAL THERAPY		2629256					50
51 OCCUPATIONAL THERAPY		848062					51
52 SPEECH PATHOLOGY		224903					52
52.01 AUDIOLOGY		293409					52.01
53 ELECTROCARDIOLOGY		1166565					53
53.01 CARDIAC REHAB		235460					53.01
54 ELECTROENCEPHALOGRAPHY		58298					54
55 MEDICAL SUPPLIES CHARGED TO P		6984978					55
56 DRUGS CHARGED TO PATIENTS		8446162					56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		807615					60
61 EMERGENCY		8626546					61
62 OBSERVATION BEDS (NON-DISTINC		1178145					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		94921046					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0026)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5594)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	11780					6869	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	11780					6869	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	471					278	3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11309					6591	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8259					6413	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5594)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	9105699					2993124	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9105699					2993124	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8382085					1765300	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	365495					78850	29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8016590					1686450	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.086329					1.695533	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	776.00					283.63	32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	708.87					255.87	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	67.13					27.76	34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	72.93					47.07	35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	34350					13085	36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	9071349					2980039	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	772.98					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6384042					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6384042					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	2560710	1596	1604.45	1136	1822655	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	7369302					48
49 TOTAL PROGRAM INPATIENT COSTS	15575999					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	576120					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	635856					51
52 TOTAL PROGRAM EXCLUDABLE COST	1211976					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	14364023					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

	SNF (PPS) (14-5594)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	2980039	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	433.84	67
68 PROGRAM ROUTINE SERVICE COST	2782216	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2782216	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	200575	71
72 PER DIEM CAPITAL RELATED COSTS	29.20	72
73 PROGRAM CAPITAL RELATED COSTS	187260	73
74 INPATIENT ROUTINE SERVICE COST	2594956	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2594956	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2782216	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1246295	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	4028511	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0026)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	772	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	772.98	84
85 OBSERVATION BED COST	596741	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	7053	9105699	.000775	596741	462	86
87 NEW CAPITAL-RELATED COST	589626	9105699	.064754	596741	38641	87
88 NON PHYSICIAN ANESTHETIST		9105699		596741		88
89 MEDICAL EDUCATION		9105699		596741		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	11780					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	11780					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	471					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11309					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	780					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	564					15
16 TITLE V OR XIX NURSERY DAYS	254					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	9105699						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9105699						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8382085						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	365495						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8016590						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.086329						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	776.00						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	708.87						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	67.13						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	72.93						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	34350						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	9071349						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	772.98					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	602924					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	602924					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	292270	564	518.21	254	131625	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	2560710	1596	1604.45	50	80223	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	814772					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	71000					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	71000					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	743772					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0026)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	772	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	772.98	84
85 OBSERVATION BED COST	596741	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	7053	9105699	.000775	596741	462	86
87 NEW CAPITAL-RELATED COST	589626	9105699	.064754	596741	38641	87
88 NON PHYSICIAN ANESTHETIST		9105699		596741		88
89 MEDICAL EDUCATION		9105699		596741		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0026) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		6356897		25
26 INTENSIVE CARE UNIT		1951094		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.275599	3619097	997420	37
39 DELIVERY ROOM & LABOR ROOM	1.257038	875	1100	39
40 ANESTHESIOLOGY	.168089	474580	79772	40
41 RADIOLOGY-DIAGNOSTIC	.189789	4112667	780539	41
44 LABORATORY	.196976	4677072	921271	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.570748	875991	499970	49
50 PHYSICAL THERAPY	.486120	349312	169808	50
51 OCCUPATIONAL THERAPY	.389650	61315	23891	51
52 SPEECH PATHOLOGY	.588485	38210	22486	52
52.01 AUDIOLOGY	.886023	902	799	52.01
53 ELECTROCARDIOLOGY	.094995	402924	38276	53
53.01 CARDIAC REHAB	.975338	1214	1184	53.01
54 ELECTROENCEPHALOGRAPHY	.680384	2064	1404	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.513912	4082578	2098086	55
56 DRUGS CHARGED TO PATIENTS	.283736	3800799	1078424	56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS				59
60 CLINIC	.338107	7398	2501	60
61 EMERGENCY	.288224	2118056	610475	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.506509	82715	41896	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		24707769	7369302	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		24707769		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5594)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.275599	4286	1181	37
39 DELIVERY ROOM & LABOR ROOM	1.257038			39
40 ANESTHESIOLOGY	.168089			40
41 RADIOLOGY-DIAGNOSTIC	.189789	189444	35954	41
44 LABORATORY	.196976	613267	120799	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.570748	413117	235786	49
50 PHYSICAL THERAPY	.486120	540915	262950	50
51 OCCUPATIONAL THERAPY	.389650	185031	72097	51
52 SPEECH PATHOLOGY	.588485	71650	42165	52
52.01 AUDIOLOGY	.886023			52.01
53 ELECTROCARDIOLOGY	.094995	13919	1322	53
53.01 CARDIAC REHAB	.975338			53.01
54 ELECTROENCEPHALOGRAPHY	.680384			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.513912	242751	124753	55
56 DRUGS CHARGED TO PATIENTS	.283736	1231031	349288	56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS				59
OTHER REIMBURSABLE COST CENTERS				
60 CLINIC	.338107			60
61 EMERGENCY	.271365			61
62 OBSERVATION BEDS (NON-DISTINCT)	.506509			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3505411	1246295	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3505411		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0026)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.275599		37
39 DELIVERY ROOM & LABOR ROOM	1.257038		39
40 ANESTHESIOLOGY	.168089		40
41 RADIOLOGY-DIAGNOSTIC	.189789		41
44 LABORATORY	.196976		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.570748		49
50 PHYSICAL THERAPY	.486120		50
51 OCCUPATIONAL THERAPY	.389650		51
52 SPEECH PATHOLOGY	.588485		52
52.01 AUDIOLOGY	.886023		52.01
53 ELECTROCARDIOLOGY	.094995		53
53.01 CARDIAC REHAB	.975338		53.01
54 ELECTROENCEPHALOGRAPHY	.680384		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.513912		55
56 DRUGS CHARGED TO PATIENTS	.283736		56
56.01 ONCOLOGY			56.01
59 OTHER ANCILLARY CHEMICAL DEPEND			59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.338107		60
61 EMERGENCY	.288224		61
62 OBSERVATION BEDS (NON-DISTINCT	.506509		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2839053					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2734270					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	5103524					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	492999					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	74.24					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	11169846					6
7	14496485					7
7.01						7.01
8	13664825					8
9	942810					9
10						10
11						11
11.01						11.01
11.02	4095					11.02
12						12
13						13
14						14
15						15
16	14611730					16
17						17
18	14611730					18
19	1392768					19
20	31256					20
21	255267					21
21.01	178687					21.01
21.02						21.02
22	13366393					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	13366393				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	13130305				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	236088				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0026) 1	HOSPITAL (14-0026) 1.01	HOSPITAL (14-0026) 1.02	
1 MEDICAL AND OTHER SERVICES	3138			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2027262	1954926		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1692918	1644774		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.840	0.840		1.03
1.04 LINE 1.01 TIMES LINE 1.03	1702900	1642138		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	99.41			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	8984			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3138			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	11060			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	11060			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	11060			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	7922			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3138			17
17.01 TOTAL PPS PAYMENTS	3346676			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0026) 1	HOSPITAL (14-0026) 1.01	HOSPITAL (14-0026) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	963759		18.01
19 SUBTOTAL	2386055		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2386055		23
24 PRIMARY PAYER PAYMENTS	318		24
25 SUBTOTAL	2385737		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	115801		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	81061		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2466798		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2466798		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2464183		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	2615		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5594)	SNF (14-5594)	SNF (14-5594)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES	725		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO			1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	725		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	2556		6
7 INTERNS AND RESIDENTS SERVICE CHARGES			7
8 ORGAN ACQUISITION CHARGES			8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS			9
10 TOTAL REASONABLE CHARGES	2556		10
CUSTOMARY CHARGES			
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			12
13 RATIO OF LINE 11 TO LINE 12			13
14 TOTAL CUSTOMARY CHARGES	2556		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1831		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	725		17
17.01 TOTAL PPS PAYMENTS			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5594)	SNF (14-5594)	SNF (14-5594)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL	725		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	725		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	725		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR			
PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL	725		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING			29
FROM PROVIDER TERMINATION OR A DECREASE IN			
PROGRAM UTILIZATION			
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION			30.99
AMOUNT)			
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING			31
PERIODS RESULTING FROM DISPOSITION OF			
DEPRECIABLE ASSETS			
32 SUBTOTAL	725		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1124		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-399		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB			
15-II, SECTION 115.2			

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0026)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0026)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0026)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0026)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13130305		2464183	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				3.01
	TO .02				3.02
	PROVIDER .03	NONE		NONE	3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		13130305		2464183	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5594)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1869983		1124
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1869983		1124
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5594) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	24
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29
30	SUBTOTAL	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5594) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	2005179	35
36 COINSURANCE	135196	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS	496	38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	347	38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	1870330	40
41 INPATIENT ROUTINE SERVICE COST		41
42 MEDICARE INPATIENT ROUTINE CHARGES		42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45 RATIO OF LINE 43 TO LINE 44		45
46 TOTAL CUSTOMARY CHARGES		46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50 OTHER ADJUSTMENTS		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	1870330	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	1870330	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	1869983	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM	347	58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (14-0026) (PPS)	SUB I	SUB II	SUB III	SUB IV	(PPS)
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES						1
3	MEDICAL AND OTHER SERVICES						2
4	INTERNS AND RESIDENTS						3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
6	COST OF TEACHING PHYSICIANS						5
7	SUBTOTAL						6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
10	SUBTOTAL						9
11	COMPUTATION OF LESSER OF COST OR CHARGES						
12	ROUTINE SERVICE CHARGES						10
13	ANCILLARY SERVICE CHARGES						11
14	INTERNS AND RESIDENTS SERVICE CHARGES						12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
16	TEACHING PHYSICIANS						14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
18	TOTAL REASONABLE CHARGES						16
19	CUSTOMARY CHARGES						
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
23	ACCORDANCE WITH 42 CFR 413.13(E)						
24	RATIO OF LINE 17 TO LINE 18						19
25	TOTAL CUSTOMARY CHARGES						20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
28	COST OF COVERED SERVICES						23
29	PROSPECTIVE PAYMENT AMOUNT						
30	OTHER THAN OUTLIER PAYMENTS						24
31	OUTLIER PAYMENTS						25
32	PROGRAM CAPITAL PAYMENTS						26
33	CAPITAL EXCEPTION PAYMENTS						27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
36	SUBTOTAL						30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
38	LESSER OF LINES 30 OR 31						32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0026) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1461547			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	27468323			4
5 OTHER RECEIVABLES	3228937			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-20596893			6
7 INVENTORY	1293586			7
8 PREPAID EXPENSES	409520			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	13265020			11
FIXED ASSETS				
12 LAND	1146583			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	849775			13
13.01 ACCUMULATED DEPRECIATION	-426636			13.01
14 BUILDINGS	31974931			14
14.01 ACCUMULATED DEPRECIATION	-9731399			14.01
15 LEASEHOLD IMPROVEMENTS	5692994			15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	6570544			16
16.01 ACCUMULATED DEPRECIATION	-4266837			16.01
17 AUTOMOBILES AND TRUCKS	247149			17
17.01 ACCUMULATED DEPRECIATION	-247149			17.01
18 MAJOR MOVABLE EQUIPMENT	18477744			18
18.01 ACCUMULATED DEPRECIATION	-12077440			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	38210259			21
OTHER ASSETS				
22 INVESTMENTS	3712103			22
23 DEPOSITS ON LEASES	35555532			23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	2317411			25
26 TOTAL OTHER ASSETS	41585046			26
27 TOTAL ASSETS	93060325			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1960848			28
29 SALARIES, WAGES & FEES PAYABLE	2848710			29
30 PAYROLL TAXES PAYABLE	-1253			30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME	1732860			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	1125			34
35 OTHER CURRENT LIABILITIES	320108			35
36 TOTAL CURRENT LIABILITIES	6862398			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	13477783			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	4583116			41
42 TOTAL LONG TERM LIABILITIES	18060899			42
43 TOTAL LIABILITIES	24923297			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	68137028			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	68137028			51
52 TOTAL LIABILITIES AND FUND BALANCES	93060325			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	69117916			1
2 NET INCOME (LOSS)	-86816			2
3 TOTAL	69031100			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	-255894			4
5 REVERSE MINIMUM PENSION LIABILITY				5
6 REV AUDIT ENTRY CORRECT PREV YR POS				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	-255894			10
11 SUBTOTAL	68775206			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO AFFILIATE				13
14 CUM EFF OF CHNG IN ACCOUNTING PRINC				14
15 MINIMUM PENSION LIABILITY	638178			15
16				16
17				17
18 TOTAL DEDUCTIONS	638178			18
19 FUND BALANCE AT END OF PERIOD	68137028			19
PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	8356047		8356047	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	1782775		1782775	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	10138822		10138822	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	2997858		2997858	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2997858		2997858	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	13136680		13136680	18
18.50 ANCILLARY SERVICES	38625885	63452843	102078728	18.50
18.60 OUTPATIENT SERVICES		1107853	1107853	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		856778	856778	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE		168050	168050	25
TOTAL PATIENT REVENUES	51762565	65585524	117348089	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		49459943	26
27 ADD (SPECIFY)			27
28 DEPR. DIFFERENCE			28
29 ROUNDING			29
30 LAP SCH DEP ADJUSTMENT			30
31 LAP SCH DEP ADJUSTMENT	792		31
32 TOTAL ADDITIONS		792	32
33 DEDUCT (SPECIFY)			33
34 LAP SCH DEP ADJUSTMENT	-2531		34
35 ROUNDING	-28		35
36 DEPR. DIFFERENCE			36
37 TOTAL DEDUCTIONS	-2559		37
38 TOTAL OPERATING EXPENSES		49458176	38

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	117348089	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	67995119	2
3	NET PATIENT REVENUES	49352970	3
4	LESS - TOTAL OPERATING EXPENSES	49458176	4
5	NET INCOME FROM SERVICE TO PATIENTS	-105206	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	495773	6
7	INCOME FROM INVESTMENTS	1148349	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	10306	10
11	REBATES AND REFUNDS OF EXPENSES	-63101	11
12	PARKING LOT RECEIPTS	573	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	268123	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	162923	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	19467	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	42278	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	400	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	16894	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	39457	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	NON OPERATING UNREALIZED GAIN (LOSS)	-2123052	24.01
25	TOTAL OTHER INCOME	18390	25
26	TOTAL	-86816	26
27			27
28	FREIGHT		28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-86816	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7173

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	303192				52284	355476
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	306185					306185
7 PHYSICAL THERAPY	39711					39711
8 OCCUPATIONAL THERAPY	2770					2770
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES	17863					17863
11 HOME HEALTH AIDE	5070					5070
12 SUPPLIES					9389	9389
13 DRUGS					451	451
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	674791				62124	736915

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7173

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL	-32985	322491		322491	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		306185		306185	6
7 PHYSICAL THERAPY	-39711				7
8 OCCUPATIONAL THERAPY	-2770				8
9 SPEECH PATHOLOGY					9
10 MEDICAL SOCIAL SERVICES	-17863				10
11 HOME HEALTH AIDE		5070		5070	11
12 SUPPLIES	-9389				12
13 DRUGS	-451				13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-103169	633746		633746	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7173

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
1								1
2								2
3								3
4								4
5	322491					322491	322491	5
6	306185					306185	317238	623423
7								7
8								8
9								9
10								10
11	5070					5070	5253	10323
12								12
13								13
13.20								13.20
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
23.50								23.50
24	633746					633746		633746

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2008.05
 11/20/2008 09:30

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-322491	311255	5
6 SKILLED NURSING CARE						306185	6
7 PHYSICAL THERAPY							7
8 OCCUPATIONAL THERAPY							8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						5070	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-322491	311255	24
25 COST TO BE ALLOC (PER W/S H)						322491	25
26 UNIT COST MULTIPLIER						1.036099	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7173

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		194839		194839			1
2 SKILLED NURSING CARE		840628		840628	186395	1027023	2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES		24168		24168	5359	29527	6
7 HOME HEALTH AIDE		13913		13913	3085	16998	7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		1073548		1073548	194839	1073548	20
21 UNIT COST MULTIPLIER					.221733		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ FEET	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ. FEE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	3710		3710	91	270207		89950	838	1
2 SKILLED NURSING CARE					306185		703578		2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE					5070		11650		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	3710		3710	91	581462		805178	838	20
21 TOTAL COST TO BE ALLOCATED	267		18844	102	152219		156395	9000	21
22 UNIT COST MULTIPLIER	.071968		5.079245		.261787		.194237		22
22 UNIT COST MULTIPLIER				1.120879				10.739857	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	MAINT OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL	3710		530		122			677501	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	3710		530		122			677501	20
21 TOTAL COST TO BE ALLOCATED	55313		17468		3194			2442	21
22 UNIT COST MULTIPLIER	14.909164		32.958491		26.180328				22
22 UNIT COST MULTIPLIER								.003604	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1027023		1027023	3421	300.21	1
2	PHYSICAL THERAPY	3		82288	82288	915	89.93	2
3	OCCUPATIONAL THERAPY	4		4397	4397	61	72.08	3
4	SPEECH PATHOLOGY	5		2395	2395	22	108.86	4
5	MEDICAL SOCIAL SERV	6	29527		29527	96	307.57	5
6	HOME HEALTH AIDE SERV	7	16998		16998	259	65.63	6
7	TOTAL		1073548	89080	1162628	4774		7

LIMITATION COST COMPUTATION		MSA				PROGRAM		
PATIENT SERVICES		NO.				COST LIMITS		
			1	2	3	4	5	
8	SKILLED NURSING CARE		9914					8
8.01	SKILLED NURSING CARE		1600					8.01
8.02	SKILLED NURSING CARE		6120					8.02
9	PHYSICAL THERAPY		9914					9
9.01	PHYSICAL THERAPY		1600					9.01
9.02	PHYSICAL THERAPY		6120					9.02
10	OCCUPATIONAL THERAPY		9914					10
10.01	OCCUPATIONAL THERAPY		1600					10.01
10.02	OCCUPATIONAL THERAPY		6120					10.02
11	SPEECH PATHOLOGY		9914					11
11.01	SPEECH PATHOLOGY		1600					11.01
11.02	SPEECH PATHOLOGY		6120					11.02
12	MEDICAL SOCIAL SERV		9914					12
12.01	MEDICAL SOCIAL SERV		1600					12.01
12.02	MEDICAL SOCIAL SERV		6120					12.02
13	HOME HEALTH AIDE SERV		9914					13
13.01	HOME HEALTH AIDE SERV		1600					13.01
13.02	HOME HEALTH AIDE SERV		6120					13.02
14	TOTAL							14

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR
 THE AGGREGATE OF THE PROGRAM LIMITATION

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		13818	13818	26888	.513910	15
16	COST OF DRUGS	9		128	128	451	.283814	16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17.01
17.02	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					6120		17.02
18	PER BENEFICIARY COST LIMITATION					9914		18
18.01	PER BENEFICIARY COST LIMITATION					1600		18.01
18.02	PER BENEFICIARY COST LIMITATION					6120		18.02
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	12
1	SKILLED NURSING CARE	2172	748	652056	224557	876613
2	PHYSICAL THERAPY	610	104	54857	9353	64210
3	OCCUPATIONAL THERAPY	21	25	1514	1802	3316
4	SPEECH PATHOLOGY	15		1633		1633
5	MEDICAL SOCIAL SERV	61	20	18762	6151	24913
6	HOME HEALTH AIDE SERV	147	99	9648	6497	16145
7	TOTAL	3026	996	738470	248360	986830

LIMITATION COST COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	12
8	SKILLED NURSING CARE					8
8.01	SKILLED NURSING CARE					8.01
8.02	SKILLED NURSING CARE					8.02
9	PHYSICAL THERAPY					9
9.01	PHYSICAL THERAPY					9.01
9.02	PHYSICAL THERAPY					9.02
10	OCCUPATIONAL THERAPY					10
10.01	OCCUPATIONAL THERAPY					10.01
10.02	OCCUPATIONAL THERAPY					10.02
11	SPEECH PATHOLOGY					11
11.01	SPEECH PATHOLOGY					11.01
11.02	SPEECH PATHOLOGY					11.02
12	MEDICAL SOCIAL SERV					12
12.01	MEDICAL SOCIAL SERV					12.01
12.02	MEDICAL SOCIAL SERV					12.02
13	HOME HEALTH AIDE SERV					13
13.01	HOME HEALTH AIDE SERV					13.01
13.02	HOME HEALTH AIDE SERV					13.02
14	TOTAL					14

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7173

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
REASONABLE COST OF PROGRAM SERVICES			
1 REASONABLE COST OF SERVICES		147	1
2 TOTAL CHARGES		519	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES		519	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		372	7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	535567	176810	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2027		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	6733	5658	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	7794	545	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES		2513	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	35		10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	552156	185673	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	552156	185673	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	552156	185673	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	552156	185673	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	552156	185673	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	552156	185673	24
25 TOTAL INTERIM PAYMENTS	552156	186045	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM		-372	26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7173

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		552156		186045
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		NONE
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		552156		186045
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	907323			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	35487			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]				4
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	942810			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPEND					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 OTHER NONREIMBURSABLE COST					00
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	70.11		6.62				76.73 25
26 INTENSIVE CARE UNIT	71.18		3.13				74.31 26
33 NURSERY			45.04				45.04 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	25.81	14.99					40.80 37
39 DELIVERY ROOM & LABOR ROOM	0.28						0.28 39
40 ANESTHESIOLOGY	26.56	9.14					35.70 40
41 RADIOLOGY-DIAGNOSTIC	14.66	12.95					27.61 41
44 LABORATORY	26.55	1.07					27.62 44
49 RESPIRATORY THERAPY	53.67	1.73					55.40 49
50 PHYSICAL THERAPY	13.29	0.11					13.40 50
51 OCCUPATIONAL THERAPY	7.23						7.23 51
52 SPEECH PATHOLOGY	16.99						16.99 52
52.01 AUDIOLOGY	0.31	7.99					8.30 52.01
53 ELECTROCARDIOLOGY	34.54	11.72					46.26 53
53.01 CARDIAC REHAB	0.52	31.18					31.70 53.01
54 ELECTROENCEPHALOGRAPHY	3.54	6.31					9.85 54
55 MEDICAL SUPPLIES CHARGED TO PAT	58.45	6.25					64.70 55
56 DRUGS CHARGED TO PATIENTS	45.00	5.21					50.21 56
60 CLINIC	0.92	16.71					17.63 60
61 EMERGENCY	24.55	5.64					30.19 61
62 OBSERVATION BEDS (NON-DISTINCT	7.02	7.00					14.02 62
101 TOTAL CHARGES	22.80	7.32					30.12 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY	UTIL	
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----				
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT			
	1	2	3	4	5	6	7		
UTILIZATION PERCENTAGES BASED ON DAYS									
34 SKILLED NURSING FACILITY		93.36					93.36	34	
UTILIZATION PERCENTAGES BASED ON CHARGES									
37 OPERATING ROOM		0.03					0.03	37	
41 RADIOLOGY-DIAGNOSTIC		0.68					0.68	41	
44 LABORATORY		3.48					3.48	44	
49 RESPIRATORY THERAPY		25.31					25.31	49	
50 PHYSICAL THERAPY		20.57					20.57	50	
51 OCCUPATIONAL THERAPY		21.82					21.82	51	
52 SPEECH PATHOLOGY		31.86					31.86	52	
53 ELECTROCARDIOLOGY		1.19					1.19	53	
55 MEDICAL SUPPLIES CHARGED TO PAT		3.48					3.48	55	
56 DRUGS CHARGED TO PATIENTS		14.58					14.58	56	
101 TOTAL CHARGES		3.23					3.23	101	

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	20572	.05	-20572	-.10		1
2	OLD CAP REL COSTS-MVBLE EQUIP	2584	.01	-2584	-.01		2
3	NEW CAP REL COSTS-BLDG & FIXT	1450778	3.30	-1450778	-7.11		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2276722	5.17	-2276722	-11.15		4
5	EMPLOYEE BENEFITS	5086067	11.56	-5086067	-24.92		5
6	ADMINISTRATIVE & GENERAL	5828101	13.25	-5828101	-28.55		6
7	MAINTENANCE & REPAIRS	933951	2.12	-933951	-4.58		7
8	OPERATION OF PLANT	1203401	2.74	-1203401	-5.90		8
9	LAUNDRY & LINEN SERVICE	244432	.56	-244432	-1.20		9
10	HOUSEKEEPING	651581	1.48	-651581	-3.19		10
11	DIETARY	633429	1.44	-633429	-3.10		11
12	CAFETERIA	1660		-1660	-.01		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	801190	1.82	-801190	-3.92		14
15	CENTRAL SERVICES & SUPPLY	158874	.36	-158874	-.78		15
16	PHARMACY	521198	1.18	-521198	-2.55		16
17	MEDICAL RECORDS & LIBRARY	581174	1.32	-581174	-2.85		17
18	SOCIAL SERVICE	17863	.04	-17863	-.09		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	4163716	9.46	4941983	24.21	9105699	20.70
26	INTENSIVE CARE UNIT	1300375	2.96	1260335	6.17	2560710	5.82
33	NURSERY	102460	.23	189810	.93	292270	.66
34	SKILLED NURSING FACILITY	1285444	2.92	1707680	8.37	2993124	6.80
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1552208	3.53	2311853	11.33	3864061	8.78
39	DELIVERY ROOM & LABOR ROOM	124743	.28	268187	1.31	392930	.89
40	ANESTHESIOLOGY	99951	.23	200366	.98	300317	.68
41	RADIOLOGY-DIAGNOSTIC	3085624	7.01	2238192	10.96	5323816	12.10
44	LABORATORY	2371109	5.39	1099315	5.39	3470424	7.89
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	523158	1.19	408345	2.00	931503	2.12
50	PHYSICAL THERAPY	787182	1.79	490953	2.41	1278135	2.91
51	OCCUPATIONAL THERAPY	144239	.33	186208	.91	330447	.75
52	SPEECH PATHOLOGY	52069	.12	80283	.39	132352	.30
52.01	AUDIOLOGY	174400	.40	85567	.42	259967	.59
53	ELECTROCARDIOLOGY	47430	.11	63388	.31	110818	.25
53.01	CARDIAC REHAB	74958	.17	154695	.76	229653	.52
54	ELECTROENCEPHALOGRAPHY	11769	.03	27896	.14	39665	.09
55	MEDICAL SUPPLIES CHARGED TO PAT	2894603	6.58	695058	3.40	3589661	8.16
56	DRUGS CHARGED TO PATIENTS	1154208	2.62	1242268	6.09	2396476	5.45
56.01	ONCOLOGY						56.01

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59 OTHER ANCILLARY CHEMICAL DEPEND							59
60 CLINIC	146895	.33	126165	.62	273060	.62	60
61 EMERGENCY	1007779	2.29	1333167	6.53	2340946	5.32	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	633746	1.44	439802	2.15	1073548	2.44	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	27627	.06	14952	.07	42579	.10	96
98 PHYSICIANS' PRIVATE OFFICES	1486508	3.38	672311	3.29	2158819	4.91	98
100 OTHER NONREIMBURSABLE COST	330818	.75	174798	.86	505616	1.15	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	43996596	100.00	0	.00	43996596	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	663393	14020583	.047315	3619097	171238	37
39 DELIVERY ROOM & LABOR ROOM	92041	312584	.294452	875	258	39
40 ANESTHESIOLOGY	133865	1786652	.074925	474580	35558	40
41 RADIOLOGY-DIAGNOSTIC	896423	28051274	.031957	4112667	131428	41
44 LABORATORY	210797	17618481	.011965	4677072	55962	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	45938	1632073	.028147	875991	24656	49
50 PHYSICAL THERAPY	75676	2629256	.028782	349312	10054	50
51 OCCUPATIONAL THERAPY	47199	848062	.055655	61315	3412	51
52 SPEECH PATHOLOGY	20369	224903	.090568	38210	3461	52
52.01 AUDIOLOGY	19482	293409	.066398	902	59	52.01
53 ELECTROCARDIOLOGY	8997	1166565	.007713	402924	3108	53
53.01 CARDIAC REHAB	47184	235460	.200390	1214	244	53.01
54 ELECTROENCEPHALOGRAPHY	8805	58298	.151034	2064	312	54
55 MEDICAL SUPPLIES CHARGED TO PAT	107824	6984978	.015436	4082578	63019	55
56 DRUGS CHARGED TO PATIENTS	193402	8446162	.022898	3800799	87030	56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS						59
60 CLINIC	15734	807615	.019482	7398	144	60
61 EMERGENCY	175823	8626546	.020381	2118056	43168	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	39103	1178145	.033190	82715	2745	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	2802055	94921046		24707769	635856	101

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM

VERSION: 2008.05
 11/20/2008

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	596679		596679	11780	50.65	8259	418318 25
26	INTENSIVE CARE UNIT	221697		221697	1596	138.91	1136	157802 26
101	TOTAL	818376		818376			9395	576120 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							576120	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							635856	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1211976	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)								
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)								
PER DISCHARGE CAPITAL COSTS								
PER DIEM CAPITAL COSTS								

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	14364023
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	33015760
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.435

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	1211976
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.037

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	3942162
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	15622381
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.252