

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [XX] INITIAL [] RE-OPENING
 USE ONLY: [] 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. ELIZABETH'S OF CHICAGO (14-0094) (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	601936	508521
2	SUBPROVIDER I		
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY	12000	
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	613936	508521

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: 1431 NORTH CLAREMONT AVENUE P.O. BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60622 COUNTY: COOK 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	14-0094	07/01/1966	N	P	P	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	14-5541	01/28/1986	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						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 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

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? YES 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. 1 N N 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. 1 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. 1 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. NO 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 (mm/dd/yyyy) 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy) 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERT. DATE (mm/dd/yyyy) 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 24

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? YES 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? YES 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. YES 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) NO NO 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) NO NO 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:						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	1.0790	1.0735	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.							1	16974	16974	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
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL											
								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	YES	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: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NUMBER: 40.01
40.02	STREET: 100 NORTH RIVER ROAD	P.O. BOX:	40.02
40.03	CITY:	STATE: IL ZIP CODE: 60016	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	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?	YES	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 NHCMP 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	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.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: 4916673					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 0 / / Y/N 1 NO LIMIT 2 0.00 Y/N 3 NO FEES 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? NO 60
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)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
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.)

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		2164	4246	7753	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		2164	4246	7753	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. A-6	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
	1	2	3	4	5	6		
1	TOTAL SALARIES	29706382		29706382	1119977.92	26.52		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	514062		514062	8064.70	63.74		4
4.01	TEACHING PHYSICIAN SALARIES	291487		291487	5028.90	57.96		4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)		828978	828978	37918.00	21.86		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	1380037		1380037	47965.96	28.77		8
8.01	EXCLUDED AREA SALARIES	134716		134716	4256.00	31.65		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR							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	776389		776389	13236.00	58.66		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	4585173		4585173	151447.00	30.28	HO CS	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	7415334		7415334			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	32456		32456			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	93505		93505			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	45808		45808			CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	200499		200499			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	1709361		1709361	29628.00	57.69		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	419253		419253	7335.00	57.16		22.01
23	MAINTENANCE & REPAIRS	725295		725295	27693.00	26.19		23
24	OPERATION OF PLANT	641786		641786	40279.00	15.93		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	697034		697034	61201.00	11.39		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	798350	-279423	518927	42873.00	12.10		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	94510	279423	373933	23806.00	15.71		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1345719	-43806	1301913	39827.00	32.69		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	464399		464399	27943.00	16.62		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
	1	2	3	4	5		
1	NET SALARIES	29414895	-828978	28585917	1077031.02	26.54	1
2	EXCLUDED AREA SALARIES	1514753		1514753	52221.96	29.01	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	27900142	-828978	27071164	1024809.06	26.42	3
4	SUBTOTAL OTHER WAGES & REL COSTS	5361562		5361562	164683.00	32.56	4
5	SUBTOTAL WAGE-RELATED COSTS	7508839		7508839		27.74%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	40770543	-828978	39941565	1189492.06	33.58	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	6895707	-43806	6851901	300585.00	22.80	13

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		10						1
2	RUB		24						2
3	RUA		2						3
3.01	RUX								3.01
3.02	RUL		48						3.02
4	RVC		55						4
5	RVB		215						5
6	RVA		84						6
6.01	RVX		134						6.01
6.02	RVL		398						6.02
7	RHC		127						7
8	RHB		102						8
9	RHA		122						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		30						10
11	RMB		28						11
12	RMA		62						12
12.01	RMX		654						12.01
12.02	RML		671						12.02
13	RLB		42						13
14	RLA		17						14
14.01	RLX		100						14.01
15	SE3		1822						15
16	SE2		709						16
17	SE1								17
18	SSC		18						18
19	SSB		28						19
20	SSA		464						20
21	CC2								21
22	CC1		1						22
23	CB2								23
24	CB1		38						24
25	CA2		44						25
26	CA1								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								45
46	TOTAL		6049						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	28746321 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	28746321 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.324558 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	72917745 28
29	TOTAL GROSS MEDICAID COST	23666037 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	19182161 30
31	UNCOMPENSATED CARE COST	6225724 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23666037 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								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1571191	1571191	-570128	1001063	681945	1683008	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				627474	627474	187569	815043	4
5	0500 EMPLOYEE BENEFITS		7908495	7908495		7908495	333022	8241517	5
6.10	0610 NONPATIENT PHONES	96047	222173	318220		318220		318220	6.10
6.20	0620 DATA PROCESSING		20	20		20	1600987	1601007	6.20
6.30	0630 PURCHASING		31927	31927		31927	92837	124764	6.30
6.40	0640 ADMITTING	38123	36343	74466		74466	911032	985498	6.40
6.50	0650 CASHIER, A/R AND COLLECTION						1131050	1131050	6.50
6.60	0660 ADMINISTRATIVE AND GENERAL	1575191	15988319	17563510	-57346	17506164	-6391328	11114836	6.60
7	0700 MAINTENANCE & REPAIRS	725295	1848259	2573554		2573554		2573554	7
8	0800 OPERATION OF PLANT	641786	124490	766276		766276		766276	8
9	0900 LAUNDRY & LINEN SERVICE		436651	436651		436651		436651	9
10	1000 HOUSEKEEPING	697034	238195	935229		935229		935229	10
11	1100 DIETARY	798350	760400	1558750	-566529	992221	-2783	989438	11
12	1200 CAFETERIA	94510	171	94681	566529	661210	-202052	459158	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1345719	228270	1573989	-43806	1530183	-52140	1478043	14
17	1700 MEDICAL RECORDS & LIBRARY	464399	266288	730687		730687		730687	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A				828978	828978		828978	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	1283715	143419	1427134	-785172	641962		641962	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	9448228	2780451	12228679		12228679	-506690	11721989	25
26	2600 INTENSIVE CARE UNIT	970484	122096	1092580		1092580	-33253	1059327	26
34	3400 SKILLED NURSING FACILITY	1380037	150469	1530506	-12000	1518506		1518506	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	1368791	1467988	2836779		2836779		2836779	37
38.10	3950 ONE DAY SURGERY		9742	9742		9742		9742	38.10
40	4000 ANESTHESIOLOGY	25803	343620	369423		369423	-278083	91340	40
41	4100 RADIOLOGY-DIAGNOSTIC	1932521	1110235	3042756		3042756		3042756	41
44	4400 LABORATORY	1072205	775408	1847613		1847613		1847613	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	345559	222265	567824		567824		567824	46
49	4900 RESPIRATORY THERAPY	487739	124724	612463		612463	-26052	586411	49
50	5000 PHYSICAL THERAPY	643897	122662	766559		766559		766559	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY								52
53	5300 ELECTROCARDIOLOGY	136942	29422	166364		166364	-9976	156388	53
54	5400 ELECTROENCEPHALOGRAPHY	4769	15599	20368		20368	-15000	5368	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		311704	311704		311704	95747	407451	55
56	5600 DRUGS CHARGED TO PATIENTS	1108474	2511494	3619968		3619968		3619968	56
57	5700 RENAL DIALYSIS	161612	44673	206285		206285	-1800	204485	57
59	3120 CATH LAB	5878	26822	32700		32700	-20160	12540	59
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	600245	803899	1404144		1404144	-98771	1305373	60
61	6100 EMERGENCY	1670651	693476	2364127		2364127	-163299	2200828	61
61.10	4950 AMBULATORY SERVICES	447662	131308	578970		578970	-172450	406520	61.10
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
89	8900 UTILIZATION REVIEW-SNF				12000	12000	-12000		89
95	SUBTOTALS	29571666	41602668	71174334		71174334	-2951648	68222686	95
NONREIMBURSABLE COST CENTERS									
98	9800 PHYSICIANS' PRIVATE OFFICES	79763	21680	101443		101443		101443	98
98.10	9801 MEALS ON WHEELS								98.10
98.20	9802 OTHER NONPATIENT MEALS								98.20
98.30	9803 COMMUNITY EDUCATION DEPT		343	343		343		343	98.30
98.40	9804 PLANNING & MARKETING DEPT	54953	10768	65721		65721		65721	98.40
101	TOTAL	29706382	41635459	71341841		71341841	-2951648	68390193	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
			COST CENTER	LINE #			
2			2	3	4	5	
1	DIETARY-CAFETERIA	A	CAFETERIA	12	279423	287106	1
2							2
3	8145-STAFF TO I&R	B	I&R SERVICES-OTHER PRGM COSTS	23	43806		3
4							4
5	RECLASSED MOVABLE FROM BLDG	C	NEW CAP REL COSTS-MVBLE EQUIP	4		609185	5
6							6
7	BUILDING INSURANCE	D	NEW CAP REL COSTS-BLDG & FIXT	3		39057	7
8		D	NEW CAP REL COSTS-MVBLE EQUIP	4		18289	8
9							9
10	UTILIZATION REVIEW	E	UTILIZATION REVIEW-SNF	89		12000	10
11							11
12	RESIDENTS SALARIES	F	I&R SERVICES-SALARY & FRINGES	22	828978		12
13							13
14							14
15							15
16							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				1152207	965637	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----	DECREASE -----			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
2		1	6	7	8	9	
1	DIETARY-CAFETERIA	A	DIETARY	11	279423	287106	1
2							2
3	8145-STAFF TO I&R	B	NURSING ADMINISTRATION	14	43806		3
4							4
5	RECLASSIFIED MOVABLE FROM BLDG	C	NEW CAP REL COSTS-BLDG & FIXT	3		609185	9 5
6							6
7	BUILDING INSURANCE	D	ADMINISTRATIVE AND GENERAL	6.60		57346	12 7
8		D					12 8
9							9
10	UTILIZATION REVIEW	E	SKILLED NURSING FACILITY	34		12000	10
11							11
12	RESIDENTS SALARIES	F	I&R SERVICES-OTHER PRGM COSTS	23	828978		12
13							13
14							14
15							15
16							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				1152207	965637	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								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								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	879095					879095		1
2 LAND IMPROVEMENTS	17299					17299		2
3 BUILDINGS AND FIXTURES	15823897	5300		5300		15829197		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	9617109	1190340		1190340		10807449		6
7 SUBTOTAL	26337400	1195640		1195640		27533040		7
8 RECONCILING ITEMS								8
9 TOTAL	26337400	1195640		1195640		27533040		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				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	15829197		15829197	.594264				3
4 NEW CAP REL COSTS-MVBLE EQUIP	10807449		10807449	.405736				4
5 TOTAL	26636646		26636646	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1228895		415056	39057			1683008 3
4 NEW CAP REL COSTS-MVBLE EQUIP	796754			18289			815043 4
5 TOTAL	2025649		415056	57346			2498051 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1571191						1571191 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	1571191						1571191 5

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 5
			COST CENTER 3	LINE NO. 4	
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	-13200	PURCHASING	6.30	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1468995			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-5179463			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-185725	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					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-16327	CAFETERIA	12	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	A	-12000	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			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		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 MISC INCOME	B	-4245	ADMINISTRATIVE AND GENERAL	6.60	37
38 LEADERSHIP DEV	B	-3738	ADMINISTRATIVE AND GENERAL	6.60	38
39 NON - OPERATING INC	B	-2488	ADMINISTRATIVE AND GENERAL	6.60	39
40 MISC PATIENT INCOME	B	-2783	DIETARY	11	40
41 OTHER INCOME	B	-140	ADMINISTRATIVE AND GENERAL	6.60	41
42 LOBBYING COST FROM HO	A	-467	ADMINISTRATIVE AND GENERAL	6.60	42
43 AUDIT AJE SUPPLY EXP	A	25661	MEDICAL SUPPLIES CHARGED TO PAT	55	43
44 CPA ADJUSTMENT MEDICAID TAX	A	3912262	ADMINISTRATIVE AND GENERAL	6.60	44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-2951648			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	6.60	ADMINISTRATIVE AND GENERAL	HOME OFFICE COST	2026579	12227770	-10201191	1
2	5	EMPLOYEE BENEFITS	HOME OFFICE COST	333022		333022	2
3	6.50	CASHIER, A/R AND COLLECTION	HOME OFFICE COST	1131050		1131050	3
4	6.20	DATA PROCESSING	HOME OFFICE COST	1600987		1600987	4
4.01	6.30	PURCHASING	HOME OFFICE COST	106037		106037	4.01
4.02	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	187569		187569	9 4.02
4.03	55	MEDICAL SUPPLIES CHARGED TO PAT	HOME OFFICE COST	70086		70086	4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	266889		266889	9 4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	415056		415056	11 4.05
4.06	6.40	ADMITTING	HOME OFFICE COST	911032		911032	4.06
5		TOTALS		7048307	12227770	-5179463	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B		RESURRECTION HEALTHCARE			1
2						2
3						3
4						4
5						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-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	
LINE NO.	1	2	3	4	5	6	7	8	9
1	6.60	ADMINISTRATIVE AND GENER	AGGREGATE						
2	14	NURSING ADMINISTRATION	MEDICAL DIRECTOR						
3	23	I&R SERVICES-OTHER PRGM	INTERNS & RESIDENTS						
4	25	ADULTS & PEDIATRICS	OB COVERAGE						
5	26	INTENSIVE CARE UNIT	ICU/CCU						
6	34	SKILLED NURSING FACILITY	SNF		12000	177200	2080	177200	8860
7	37	OPERATING ROOM	SURGERY						
8	40	ANESTHESIOLOGY	AGGREGATE	278083					
9	41	RADIOLOGY-DIAGNOSTIC	ONCOLOGY						
10	49	RESPIRATORY THERAPY	RESP THERAPY	26052					
11	50	PHYSICAL THERAPY	MED DIRECTOR						
12	53	ELECTROCARDIOLOGY	EKG	9976					
13	54	ELECTROENCEPHALOGRAPHY	EEG/EMG	15000					
14	56	DRUGS CHARGED TO PATIENT							
15	57	RENAL DIALYSIS	RENAL DIALYSSIS	1800					
16	59	CATH LAB	CATH LAB	20160					
17	60	CLINIC	OP PSYCH, SA, DIAB	98771					
18	61	EMERGENCY	EMERGENCY	163299					
19	61.10	AMBULATORY SERVICES	OUTPATIENT	172450					
101		TOTAL		2240234	1463845	776389	13236	957613	47881

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.	11	12	13	14	15	16	17	18
1	6.60 ADMINISTRATIVE AND GENER	AGGREGATE				149938	5150	91321
2	14 NURSING ADMINISTRATION	MEDICAL DIRECTOR				18061		52140
3	23 I&R SERVICES-OTHER PRGM	INTERNS & RESIDENTS				612414		
4	25 ADULTS & PEDIATRICS	OB COVERAGE						506690
5	26 INTENSIVE CARE UNIT	ICU/CCU						33253
6	34 SKILLED NURSING FACILITY	SNF				177200		
7	37 OPERATING ROOM	SURGERY						
8	40 ANESTHESIOLOGY	AGGREGATE						278083
9	41 RADIOLOGY-DIAGNOSTIC	ONCOLOGY						
10	49 RESPIRATORY THERAPY	RESP THERAPY						26052
11	50 PHYSICAL THERAPY	MED DIRECTOR						
12	53 ELECTROCARDIOLOGY	EKG						9976
13	54 ELECTROENCEPHALOGRAPHY	EKG/EMG						15000
14	56 DRUGS CHARGED TO PATIENT							
15	57 RENAL DIALYSIS	RENAL DIALYSSIS						1800
16	59 CATH LAB	CATH LAB						20160
17	60 CLINIC	OP PSYCH, SA, DIAB						98771
18	61 EMERGENCY	EMERGENCY						163299
19	61.10 AMBULATORY SERVICES	OUTPATIENT						172450
101	TOTAL					957613	5150	1468995

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	PURCHASING		ADMITTING
	FOR COST	BLDGS &	MOVABLE	BENEFITS	PHONES	PROC	6.30	6.40	
	0	3	4	5	6.10	6.20			
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	1683008	1683008							3
4 NEW CAP REL COSTS-MVBLE EQUIP	815043		815043						4
5 EMPLOYEE BENEFITS	8241517	1055	511	8243083					5
6.10 NONPATIENT PHONES	318220	9654	4675	26652	359201				6.10
6.20 DATA PROCESSING	1601007					1601007			6.20
6.30 PURCHASING	124764	21056	10197		1396	3220	160633		6.30
6.40 ADMITTING	985498	24902	12059	10579	18146	82809		1133993	6.40
6.50 CASHIER, A/R AND COLLECTION	1131050								6.50
6.60 ADMINISTRATIVE AND GENERAL	11114836	53743	26026	437092	17216	27110	60		6.60
7 MAINTENANCE & REPAIRS	2573554	295264	142990	201258	13028	9956	15		7
8 OPERATION OF PLANT	766276	9547	4623	178086	3257	8004	1092		8
9 LAUNDRY & LINEN SERVICE	436651	10194	4937		465				9
10 HOUSEKEEPING	935229	42674	20666	193416	1861	6828	489		10
11 DIETARY	989438	42039	20359	221530	8840	30417	349		11
12 CAFETERIA	459158	19868	9622	26225	1396		3		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1478043	14367	6958	373417	11632	11930	5		14
17 MEDICAL RECORDS & LIBRARY	730687	28300	13705	128864	24660	82898	1		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	828978								22
23 I&R SERVICES-OTHER PRGM COSTS A	641962	4974	2409	356212			15		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11721989	551506	267083	2621748	84683	624201	6740	422198	25
26 INTENSIVE CARE UNIT	1059327	40404	19567	269295	6514	51982	2090	33600	26
34 SKILLED NURSING FACILITY	1518506	62048	30048	382940	5583	38391	2673	38265	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2836779	104628	50669	379819	19077	35254	32659	45596	37
38.10 ONE DAY SURGERY	9742	48635	23553		7910		116		38.10
40 ANESTHESIOLOGY	91340	3432	1662	7160	465	64	1560	6028	40
41 RADIOLOGY-DIAGNOSTIC	3042756	67489	32683	536246	15354	94950	7150	46871	41
44 LABORATORY	1847613	37486	18154	297521	12097	308337	12601	140826	44
46 WHOLE BLOOD & PACKED RED BLOOD	567824	995	482	95887			6087	6172	46
49 RESPIRATORY THERAPY	586411	11263	5454	135340	4188	25705	2394	78443	49
50 PHYSICAL THERAPY	766559	23059	11167	178672	5118	24144	527	15043	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	156388	6629	3210	37999	5118	1506	97	17496	53
54 ELECTROENCEPHALOGRAPHY	5368	4226	2047	1323	1861			781	54
55 MEDICAL SUPPLIES CHARGED TO PAT	407451	26925	13039	2792	2792	2007	4369	12921	55
56 DRUGS CHARGED TO PATIENTS	3619968	16263	7876	307585	6979	54031	68973	226592	56
57 RENAL DIALYSIS	204485	4066	1969	44845	1396	928	1048	7676	57
59 CATH LAB	12540	14621	7080	1631	4188	1324	37	198	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1305373	12271	5942	166559	24195	3184		11	60
61 EMERGENCY	2200828	51860	25115	463581	12563	69435	8993	35276	61
61.10 AMBULATORY SERVICES	406520	15689	7598	124219	2792	2392	471		61.10
62 OBSERVATION BEDS (NON-DISTINCT)									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	68222686	1681132	814135	8205701	324770	1601007	160614	1133993	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	101443	1876	908	22133	32105		19		98
98.10 MEALS ON WHEELS									98.10
98.20 OTHER NONPATIENT MEALS									98.20
98.30 COMMUNITY EDUCATION DEPT	343				2326				98.30
98.40 PLANNING & MARKETING DEPT	65721			15249					98.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	68390193	1683008	815043	8243083	359201	1601007	160633	1133993	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERS A/R	SUBTOTAL	ADMIN AND GENERAL	MAIN- TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.50	5A	6.60	7	8	9	10	11	
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
6.10 NONPATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING									6.30
6.40 ADMITTING									6.40
6.50 CASHIER, A/R AND COLLECTION	1131050								6.50
6.60 ADMINISTRATIVE AND GENERAL		11676083	11676083						6.60
7 MAINTENANCE & REPAIRS		3236065	666228	3902293					7
8 OPERATION OF PLANT		970885	199882	154489	1325256				8
9 LAUNDRY & LINEN SERVICE		452247	93107	941	10657	556952			9
10 HOUSEKEEPING		1201163	247291	9785	44608	15826	1518673		10
11 DIETARY	22	1312994	270314	106317	43945			1733570	11
12 CAFETERIA		516272	106288	565	20769		11293		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		1896352	390413	1317	15018		7441		14
17 MEDICAL RECORDS & LIBRARY		1009115	207753	6586	29583		27027		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		828978	170667						22
23 I&R SERVICES-OTHER PRGM COSTS A		1005572	207023	753	5199		3059		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	282471	16582619	3413971	936904	576507	298343	722677	1423388	25
26 INTENSIVE CARE UNIT	21788	1504567	309754	16183	42235		62407	56196	26
34 SKILLED NURSING FACILITY	25000	2103454	433051	73763	64860	63657	217483	253986	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	76955	3581436	737332	281316	109371	54409	88963		37
38.10 ONE DAY SURGERY	195	90151	18560	13172	50840	15292			38.10
40 ANESTHESIOLOGY	11503	123214	25367		3587				40
41 RADIOLOGY-DIAGNOSTIC	122504	3966003	816505	1818295	70548	21687	41791		41
44 LABORATORY	163877	2838512	584381	233709	39186		8382		44
46 WHOLE BLOOD & PACKED RED BLOOD	4492	681939	140395	2634	1040				46
49 RESPIRATORY THERAPY	57054	906252	186576	13548	11773		10587		49
50 PHYSICAL THERAPY	17660	1041949	214512	5081	24105	12153	16675		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	19012	247455	50945	12984	6930	465	19440		53
54 ELECTROENCEPHALOGRAPHY	1213	16819	3463	376	4418	55	5970		54
55 MEDICAL SUPPLIES CHARGED TO PAT	10752	480256	98873	31613	28145	472	8529		55
56 DRUGS CHARGED TO PATIENTS	193865	4502132	926881	31425	17000		13999		56
57 RENAL DIALYSIS	5094	271507	55897	6774	4250	543			57
59 CATH LAB	129	41748	8595	12984	15283				59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	13181	1530716	315138	25027	12827		32144		60
61 EMERGENCY	103348	2970999	611657	98978	54211	68256	141548		61
61.10 AMBULATORY SERVICES	935	560616	115417	4140	16400		33791		61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	1131050	68148070	11626236	3899659	1323295	551158	1473206	1733570	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		158484	32628		1961	5794	29292		98
98.10 MEALS ON WHEELS									98.10
98.20 OTHER NONPATIENT MEALS									98.20
98.30 COMMUNITY EDUCATION DEPT		2669	549	2634					98.30
98.40 PLANNING & MARKETING DEPT		80970	16670				16175		98.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1131050	68390193	11676083	3902293	1325256	556952	1518673	1733570	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	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
6.10 NONPATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING									6.30
6.40 ADMITTING									6.40
6.50 CASHIER, A/R AND COLLECTION									6.50
6.60 ADMINISTRATIVE AND GENERAL									6.60
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA	655187								12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	26634	2337175							14
17 MEDICAL RECORDS & LIBRARY	18644		1298708						17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A				999645					22
23 I&R SERVICES-OTHER PRGM COSTS A	34624				1256230				23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	250354	1271331	211510	871485	798335	27357424	-1669820	25687604	25
26 INTENSIVE CARE UNIT	23970	169948	11013	128160	57535	2381968	-185695	2196273	26
34 SKILLED NURSING FACILITY	35955	255742	36428			3538379		3538379	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	42614	166087	89235		133160	5283923	-133160	5150763	37
38.10 ONE DAY SURGERY						188015		188015	38.10
40 ANESTHESIOLOGY	1332		4095			157595		157595	40
41 RADIOLOGY-DIAGNOSTIC	50604	23267	286343		28140	7123183	-28140	7095043	41
44 LABORATORY	31960	44589	305543			4086262		4086262	44
46 WHOLE BLOOD & PACKED RED BLOOD	13317		10166			849491		849491	46
49 RESPIRATORY THERAPY	17312	102	37558			1183708		1183708	49
50 PHYSICAL THERAPY	13317		49418			1377210		1377210	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	3995		21038			363252		363252	53
54 ELECTROENCEPHALOGRAPHY			2542			33643		33643	54
55 MEDICAL SUPPLIES CHARGED TO PAT						647888		647888	55
56 DRUGS CHARGED TO PATIENTS	22639	7370	66503			5587949		5587949	56
57 RENAL DIALYSIS	3995	20852	424			364242		364242	57
59 CATH LAB		51	11719			90380		90380	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	15980	67011	4095		116578	2119516	-116578	2002938	60
61 EMERGENCY	45277	230060	145995		122482	4489463	-122482	4366981	61
61.10 AMBULATORY SERVICES		69018	5083			804465		804465	61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	652523	2325428	1298708	999645	1256230	68027956	-2255875	65772081	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		11747				239906		239906	98
98.10 MEALS ON WHEELS									98.10
98.20 OTHER NONPATIENT MEALS									98.20
98.30 COMMUNITY EDUCATION DEPT	1332					7184		7184	98.30
98.40 PLANNING & MARKETING DEPT	1332					115147		115147	98.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	655187	2337175	1298708	999645	1256230	68390193	-2255875	66134318	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT PHONES 6.10	PURCHASING 6.30	ADMITTING 6.40	
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		1055	511	1566	1566				5
6.10 NONPATIENT PHONES		9654	4675	14329	5	14334			6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING	7690	21056	10197	38943		56	38999		6.30
6.40 ADMITTING	7440	24902	12059	44401	2	724		45127	6.40
6.50 CASHIER, A/R AND COLLECTION									6.50
6.60 ADMINISTRATIVE AND GENERAL	7993	53743	26026	87762	83	687	14		6.60
7 MAINTENANCE & REPAIRS	2921	295264	142990	441175	38	520	4		7
8 OPERATION OF PLANT	2012	9547	4623	16182	34	130	265		8
9 LAUNDRY & LINEN SERVICE		10194	4937	15131		19			9
10 HOUSEKEEPING		42674	20666	63340	37	74	119		10
11 DIETARY	3476	42039	20359	65874	42	353	85		11
12 CAFETERIA		19868	9622	29490	5	56	1		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4146	14367	6958	25471	71	464	1		14
17 MEDICAL RECORDS & LIBRARY	4296	28300	13705	46301	25	984			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		4974	2409	7383	68		4		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	5390	551506	267083	823979	494	3378	1636	16772	25
26 INTENSIVE CARE UNIT		40404	19567	59971	51	260	508	1339	26
34 SKILLED NURSING FACILITY	84	62048	30048	92180	73	223	649	1524	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	110792	104628	50669	266089	73	761	7929	1816	37
38.10 ONE DAY SURGERY	1872	48635	23553	74060		316	28		38.10
40 ANESTHESIOLOGY		3432	1662	5094	1	19	379	240	40
41 RADIOLOGY-DIAGNOSTIC	2034	67489	32683	102206	102	613	1736	1867	41
44 LABORATORY	2403	37486	18154	58043	57	483	3059	5610	44
46 WHOLE BLOOD & PACKED RED BLOOD		995	482	1477	18		1478	246	46
49 RESPIRATORY THERAPY	6648	11263	5454	23365	26	167	581	3125	49
50 PHYSICAL THERAPY	9511	23059	11167	43737	34	204	128	599	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	1455	6629	3210	11294	7	204	23	697	53
54 ELECTROENCEPHALOGRAPHY		4226	2047	6273		74		31	54
55 MEDICAL SUPPLIES CHARGED TO PAT	143501	26925	13039	183465		111	1061	515	55
56 DRUGS CHARGED TO PATIENTS	17875	16263	7876	42014	59	279	16745	9027	56
57 RENAL DIALYSIS	334	4066	1969	6369	9	56	255	306	57
59 CATH LAB		14621	7080	21701		167	9	8	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	19717	12271	5942	37930	32	966			60
61 EMERGENCY		51860	25115	76975	89	501	2183	1405	61
61.10 AMBULATORY SERVICES	1233	15689	7598	24520	24	111	114		61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	362823	1681132	814135	2858090	1559	12960	38994	45127	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		1876	908	2784	4	1281	5		98
98.10 MEALS ON WHEELS									98.10
98.20 OTHER NONPATIENT MEALS									98.20
98.30 COMMUNITY EDUCATION DEPT						93			98.30
98.40 PLANNING & MARKETING DEPT	1997			1997	3				98.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	364820	1683008	815043	2862871	1566	14334	38999	45127	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMIN AND GENERAL 6.60	MAIN- TENANCE + REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	
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
6.10 NONPATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING									6.30
6.40 ADMITTING									6.40
6.50 CASHIER, A/R AND COLLECTION									6.50
6.60 ADMINISTRATIVE AND GENERAL	88546								6.60
7 MAINTENANCE & REPAIRS	5051	446788							7
8 OPERATION OF PLANT	1516	17688	35815						8
9 LAUNDRY & LINEN SERVICE	706	108	288	16252					9
10 HOUSEKEEPING	1875	1120	1206	462	68233				10
11 DIETARY	2050	12173	1188			81765			11
12 CAFETERIA	806	65	561		507		31491		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2960	151	406		334		1280	31138	14
17 MEDICAL RECORDS & LIBRARY	1575	754	799		1214		896		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	1294								22
23 I&R SERVICES-OTHER PRGM COSTS A	1570	86	141		137		1664		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	25901	107270	15580	8704	32471	67135	12035	16937	25
26 INTENSIVE CARE UNIT	2349	1853	1141		2804	2651	1152	2264	26
34 SKILLED NURSING FACILITY	3283	8445	1753	1857	9771	11979	1728	3407	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5591	32209	2956	1588	3997		2048	2213	37
38.10 ONE DAY SURGERY	141	1508	1374	446					38.10
40 ANESTHESIOLOGY	192		97				64		40
41 RADIOLOGY-DIAGNOSTIC	6191	208182	1907	633	1878		2432	310	41
44 LABORATORY	4431	26758	1059		377		1536	594	44
46 WHOLE BLOOD & PACKED RED BLOOD	1065	302	28				640		46
49 RESPIRATORY THERAPY	1415	1551	318		476		832	1	49
50 PHYSICAL THERAPY	1626	582	651	355	749		640		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	386	1487	187	14	873		192		53
54 ELECTROENCEPHALOGRAPHY	26	43	119	2	268				54
55 MEDICAL SUPPLIES CHARGED TO PAT	750	3619	761	14	383				55
56 DRUGS CHARGED TO PATIENTS	7028	3598	459		629		1088	98	56
57 RENAL DIALYSIS	424	776	115	16			192	278	57
59 CATH LAB	65	1487	413					1	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2389	2865	347		1444		768	893	60
61 EMERGENCY	4638	11332	1465	1992	6360		2176	3065	61
61.10 AMBULATORY SERVICES	875	474	443		1518			920	61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	88169	446486	35762	16083	66190	81765	31363	30981	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	247		53	169	1316			157	98
98.10 MEALS ON WHEELS									98.10
98.20 OTHER NONPATIENT MEALS									98.20
98.30 COMMUNITY EDUCATION DEPT	4	302					64		98.30
98.40 PLANNING & MARKETING DEPT	126				727		64		98.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	88546	446788	35815	16252	68233	81765	31491	31138	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	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
6.10 NONPATIENT PHONES							6.10
6.20 DATA PROCESSING							6.20
6.30 PURCHASING							6.30
6.40 ADMITTING							6.40
6.50 CASHIER, A/R AND COLLECTION							6.50
6.60 ADMINISTRATIVE AND GENERAL							6.60
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
17 MEDICAL RECORDS & LIBRARY	52548						17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A		1294					22
23 I&R SERVICES-OTHER PRGM COSTS A			11053				23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	8558			1140850		1140850	25
26 INTENSIVE CARE UNIT	446			76789		76789	26
34 SKILLED NURSING FACILITY	1474			138346		138346	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	3611			330881		330881	37
38.10 ONE DAY SURGERY				77873		77873	38.10
40 ANESTHESIOLOGY	166			6252		6252	40
41 RADIOLOGY-DIAGNOSTIC	11586			339643		339643	41
44 LABORATORY	12361			114368		114368	44
46 WHOLE BLOOD & PACKED RED BLOOD	411			5665		5665	46
49 RESPIRATORY THERAPY	1520			33377		33377	49
50 PHYSICAL THERAPY	2000			51305		51305	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	851			16215		16215	53
54 ELECTROENCEPHALOGRAPHY	103			6939		6939	54
55 MEDICAL SUPPLIES CHARGED TO PAT				190679		190679	55
56 DRUGS CHARGED TO PATIENTS	2691			83715		83715	56
57 RENAL DIALYSIS	17			8813		8813	57
59 CATH LAB	474			24325		24325	59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	166			47800		47800	60
61 EMERGENCY	5907			118088		118088	61
61.10 AMBULATORY SERVICES	206			29205		29205	61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY							71
95 SUBTOTALS	52548			2841128		2841128	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				6016		6016	98
98.10 MEALS ON WHEELS							98.10
98.20 OTHER NONPATIENT MEALS							98.20
98.30 COMMUNITY EDUCATION DEPT				463		463	98.30
98.40 PLANNING & MARKETING DEPT				2917		2917	98.40
101 CROSS FOOT ADJUSTMENTS		1294	11053	12347		12347	101
102 NEGATIVE COST CENTER							102
103 TOTAL	52548	1294	11053	2862871		2862871	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	PURCHASING	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	PHONES # NONPATNT PHONES	PROC TIME SPENT	SUPPLY COST	INPATIENT REVENUE	
	3	4	5	6.10	6.20	6.30	6.40	
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	252094							3
4 NEW CAP REL COSTS-MVBLE EQUIP		252094						4
5 EMPLOYEE BENEFITS	158	158	29706382					5
6.10 NONPATIENT PHONES	1446	1446	96047	772				6.10
6.20 DATA PROCESSING					574253			6.20
6.30 PURCHASING	3154	3154		3	1155	5769227		6.30
6.40 ADMITTING	3730	3730	38123	39	29702		132869711	6.40
6.50 CASHIER, A/R AND COLLECTION								6.50
6.60 ADMINISTRATIVE AND GENERAL	8050	8050	1575191	37	9724	2144		6.60
7 MAINTENANCE & REPAIRS	44227	44227	725295	28	3571	533		7
8 OPERATION OF PLANT	1430	1430	641786	7	2871	39229		8
9 LAUNDRY & LINEN SERVICE	1527	1527		1				9
10 HOUSEKEEPING	6392	6392	697034	4	2449	17571		10
11 DIETARY	6297	6297	798350	19	10910	12538		11
12 CAFETERIA	2976	2976	94510	3		95		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2152	2152	1345719	25	4279	177		14
17 MEDICAL RECORDS & LIBRARY	4239	4239	464399	53	29734	33		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	745	745	1283715			553		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	82609	82609	9448228	182	223890	242085	49472303	25
26 INTENSIVE CARE UNIT	6052	6052	970484	14	18645	75076	3936769	26
34 SKILLED NURSING FACILITY	9294	9294	1380037	12	13770	96013	4483330	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	15672	15672	1368791	41	12645	1172976	5342201	37
38.10 ONE DAY SURGERY	7285	7285		17		4172		38.10
40 ANESTHESIOLOGY	514	514	25803	1	23	56044	706326	40
41 RADIOLOGY-DIAGNOSTIC	10109	10109	1932521	33	34057	256814	5491662	41
44 LABORATORY	5615	5615	1072205	26	110595	452577	16499773	44
46 WHOLE BLOOD & PACKED RED BLOO	149	149	345559			218610	723098	46
49 RESPIRATORY THERAPY	1687	1687	487739	9	9220	85977	9190691	49
50 PHYSICAL THERAPY	3454	3454	643897	11	8660	18933	1762549	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	993	993	136942	11	540	3468	2049914	53
54 ELECTROENCEPHALOGRAPHY	633	633	4769	4			91547	54
55 MEDICAL SUPPLIES CHARGED TO P	4033	4033		6	720	156913	1513912	55
56 DRUGS CHARGED TO PATIENTS	2436	2436	1108474	15	19380	2477111	26548570	56
57 RENAL DIALYSIS	609	609	161612	3	333	37653	899411	57
59 CATH LAB	2190	2190	5878	9	475	1327	23189	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1838	1838	600245	52	1142		1324	60
61 EMERGENCY	7768	7768	1670651	27	24905	322977	4133142	61
61.10 AMBULATORY SERVICES	2350	2350	447662	6	858	16919		61.10
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	251813	251813	29571666	698	574253	5768518	132869711	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	281	281	79763	69		700		98
98.10 MEALS ON WHEELS								98.10
98.20 OTHER NONPATIENT MEALS								98.20
98.30 COMMUNITY EDUCATION DEPT				5				98.30
98.40 PLANNING & MARKETING DEPT			54953			9		98.40

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	PURCHASING	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	PHONES # NONPATNT PHONES	PROC TIME SPENT			SUPPLY COST
	3	4	5	6.10	6.20	6.30	6.40	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1683008	815043	8243083	359201	1601007	160633	1133993	103
104 UNIT COST MULT-WS B PT I		3.233092		465.286269		.027843		104
104 UNIT COST MULT-WS B PT I	6.676113		.277485		2.787982		.008535	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			1566	14334		38999	45127	107
108 UNIT COST MULT-WS B PT III				18.567358		.006760		108
108 UNIT COST MULT-WS B PT III			.000053				.000340	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERS A/R	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	MAIN- TENANCE + REPAIRS TIME SPENT	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED
	6.50	6A.60	6.60	7	8	9	10	11
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.10								6.10
6.20								6.20
6.30								6.30
6.40								6.40
6.50	202651081							6.50
6.60		-11676083	56714110					6.60
7			3236065	20738				7
8			970885	821	189899			8
9			452247	5	1527	808385		9
10			1201163	52	6392	22970	51639	10
11	4012		1312994	565	6297			200641
12			516272	3	2976		384	12
13								13
14			1896352	7	2152		253	14
17			1009115	35	4239		919	17
18								18
20								20
21								21
22			828978					22
23			1005572	4	745		104	23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	50602988		16582619	4979	82609	433029	24573	164741
26	3903952		1504567	86	6052		2122	6504
34	4479484		2103454	392	9294	92394	7395	29396
ANCILLARY SERVICE COST CENTERS								
37	13788764		3581436	1495	15672	78972	3025	37
38.10	35026		90151	70	7285	22195		38.10
40	2061104		123214		514			40
41	21950211		3966003	9663	10109	31478	1421	41
44	29363366		2838512	1242	5615		285	44
46	804807		681939	14	149			46
49	10222861		906252	72	1687		360	49
50	3164262		1041949	27	3454	17639	567	50
51								51
52								52
53	3406615		247455	69	993	675	661	53
54	217314		16819	2	633	80	203	54
55	1926521		480256	168	4033	685	290	55
56	34736687		4502132	167	2436		476	56
57	912767		271507	36	609	788		57
59	23189		41748	69	2190			59
OUTPATIENT SERVICE COST CENTERS								
60	2361805		1530716	133	1838		1093	60
61	18517830		2970999	526	7768	99070	4813	61
61.10	167516		560616	22	2350		1149	61.10
62								62
OTHER REIMBURSABLE COST CENTERS								
71								71
SPECIAL PURPOSE COST CENTERS								
95	202651081	-11676083	56471987	20724	189618	799975	50093	200641
NONREIMBURSABLE COST CENTERS								
98			158484		281	8410	996	98
98.10								98.10
98.20								98.20
98.30			2669	14				98.30
98.40			80970				550	98.40

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERS A/R	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	MAIN- TENANCE + REPAIRS TIME SPENT	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED
	6.50	6A.60	6.60	7	8	9	10	11
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1131050		11676083	3902293	1325256	556952	1518673	1733570 103
104 UNIT COST MULT-WS B PT I	.005581		.205876		6.978741		29.409419	104
104 UNIT COST MULT-WS B PT I				188.171135		.688969		8.640158 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			88546	446788	35815	16252	68233	81765 107
108 UNIT COST MULT-WS B PT III			.001561		.188600		1.321346	108
108 UNIT COST MULT-WS B PT III				21.544411		.020104		.407519 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	MEDICAL	I&R	I&R	
	FTES SERVED	ADMINIS- TRATION DIRECT NRSING HRS	RECORDS & LIBRARY TIME SPENT	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	12	14	17	22	23	
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
6.10 NONPATIENT PHONES						6.10
6.20 DATA PROCESSING						6.20
6.30 PURCHASING						6.30
6.40 ADMITTING						6.40
6.50 CASHIER, A/R AND COLLECTION						6.50
6.60 ADMINISTRATIVE AND GENERAL						6.60
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA	492					12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	20	412252				14
17 MEDICAL RECORDS & LIBRARY	14		9198			17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES				1560		22
23 I&R SERVICES-OTHER PRGM COSTS	26				10000	23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	188	224249	1498	1360	6355	25
26 INTENSIVE CARE UNIT	18	29977	78	200	458	26
34 SKILLED NURSING FACILITY	27	45110	258			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	32	29296	632		1060	37
38.10 ONE DAY SURGERY						38.10
40 ANESTHESIOLOGY	1		29			40
41 RADIOLOGY-DIAGNOSTIC	38	4104	2028		224	41
44 LABORATORY	24	7865	2164			44
46 WHOLE BLOOD & PACKED RED BLOO	10		72			46
49 RESPIRATORY THERAPY	13	18	266			49
50 PHYSICAL THERAPY	10		350			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	3		149			53
54 ELECTROENCEPHALOGRAPHY			18			54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS	17	1300	471			56
57 RENAL DIALYSIS	3	3678	3			57
59 CATH LAB		9	83			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	12	11820	29		928	60
61 EMERGENCY	34	40580	1034		975	61
61.10 AMBULATORY SERVICES		12174	36			61.10
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						62
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	490	410180	9198	1560	10000	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES		2072				98
98.10 MEALS ON WHEELS						98.10
98.20 OTHER NONPATIENT MEALS						98.20
98.30 COMMUNITY EDUCATION DEPT	1					98.30
98.40 PLANNING & MARKETING DEPT	1					98.40

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	MEDICAL	I&R	I&R	
	FTES SERVED	ADMINIS- TRATION DIRECT NRSING HRS	RECORDS & LIBRARY TIME SPENT	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	12	14	17	22	23	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	655187	2337175	1298708	999645	1256230	103
104 UNIT COST MULT-WS B PT I	1331.680894		141.194608		125.623000	104
104 UNIT COST MULT-WS B PT I		5.669287		640.798077		104
105 COST TO BE ALLOC PER B PT II						105
106 UNIT COST MULT-WS B PT II						106
106 UNIT COST MULT-WS B PT II						106
107 COST TO BE ALLOC PER B PT III	31491	31138	52548	1294	11053	107
108 UNIT COST MULT-WS B PT III	64.006098		5.712981		1.105300	108
108 UNIT COST MULT-WS B PT III		.075531		.829487		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	25687604		25687604		25687604	25
26 INTENSIVE CARE UNIT	2196273		2196273		2196273	26
34 SKILLED NURSING FACILITY	3538379		3538379		3538379	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5150763		5150763		5150763	37
38.10 ONE DAY SURGERY	188015		188015		188015	38.10
40 ANESTHESIOLOGY	157595		157595		157595	40
41 RADIOLOGY-DIAGNOSTIC	7095043		7095043		7095043	41
44 LABORATORY	4086262		4086262		4086262	44
46 WHOLE BLOOD & PACKED RED BL	849491		849491		849491	46
49 RESPIRATORY THERAPY	1183708		1183708		1183708	49
50 PHYSICAL THERAPY	1377210		1377210		1377210	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	363252		363252		363252	53
54 ELECTROENCEPHALOGRAPHY	33643		33643		33643	54
55 MEDICAL SUPPLIES CHARGED TO	647888		647888		647888	55
56 DRUGS CHARGED TO PATIENTS	5587949		5587949		5587949	56
57 RENAL DIALYSIS	364242		364242		364242	57
59 CATH LAB	90380		90380		90380	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2002938		2002938		2002938	60
61 EMERGENCY	4366981		4366981		4366981	61
61.10 AMBULATORY SERVICES	804465		804465		804465	61.10
62 OBSERVATION BEDS (NON-DISTI						62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	65772081		65772081		65772081	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	65772081		65772081		65772081	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	49472304		49472304			25
26 INTENSIVE CARE UNIT	3936763		3936763			26
34 SKILLED NURSING FACILITY	4483330		4483330			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5342201	8446563	13788764	.373548	.373548	.373548 37
38.10 ONE DAY SURGERY		35026	35026	5.367870	5.367870	5.367870 38.10
40 ANESTHESIOLOGY	706326	1354777	2061103	.076461	.076461	.076461 40
41 RADIOLOGY-DIAGNOSTIC	5491662	16458549	21950211	.323233	.323233	.323233 41
44 LABORATORY	16499773	12863593	29363366	.139162	.139162	.139162 44
46 WHOLE BLOOD & PACKED RED BL	723098	81709	804807	1.055521	1.055521	1.055521 46
49 RESPIRATORY THERAPY	9190691	1032170	10222861	.115790	.115790	.115790 49
50 PHYSICAL THERAPY	1762549	1401713	3164262	.435239	.435239	.435239 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	2049914	1356700	3406614	.106631	.106631	.106631 53
54 ELECTROENCEPHALOGRAPHY	91547	125767	217314	.154813	.154813	.154813 54
55 MEDICAL SUPPLIES CHARGED TO	1513912	412610	1926522	.336299	.336299	.336299 55
56 DRUGS CHARGED TO PATIENTS	26548570	8188117	34736687	.160866	.160866	.160866 56
57 RENAL DIALYSIS	899411	13356	912767	.399053	.399053	.399053 57
59 CATH LAB	23189		23189	3.897538	3.897538	3.897538 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1324	2360481	2361805	.848054	.848054	.848054 60
61 EMERGENCY	4133142	14384687	18517829	.235826	.235826	.235826 61
61.10 AMBULATORY SERVICES		167516	167516	4.802317	4.802317	4.802317 61.10
62 OBSERVATION BEDS (NON-DISTI		1098032	1098032			62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	132869706	69781366	202651072			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	132869706	69781366	202651072			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	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				1140850		1140850
26 INTENSIVE CARE UNIT				76789		76789
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				1217639		1217639

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	38702	13337			29.48	393175
26 INTENSIVE CARE UNIT	1528	786			50.25	39497
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	40230	14123				432672

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0094) [] 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		330881	13788764	1798099			.023996	43147	37
38.10 ONE DAY SURGERY		77873	35026				2.223291		38.10
40 ANESTHESIOLOGY		6252	2061103	270515			.003033	820	40
41 RADIOLOGY-DIAGNOSTIC		339643	21950211	2160492			.015473	33429	41
44 LABORATORY		114368	29363366	6219702			.003895	24226	44
46 WHOLE BLOOD & PACKED RED BLOO		5665	804807				.007039		46
49 RESPIRATORY THERAPY		33377	10222861	2252193			.003265	7353	49
50 PHYSICAL THERAPY		51305	3164262	263844			.016214	4278	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		16215	3406614	983978			.004760	4684	53
54 ELECTROENCEPHALOGRAPHY		6939	217314				.031931		54
55 MEDICAL SUPPLIES CHARGED TO P		190679	1926522	1377127			.098976	136303	55
56 DRUGS CHARGED TO PATIENTS		83715	34736687	9185275			.002410	22137	56
57 RENAL DIALYSIS		8813	912767	337907			.009655	3262	57
59 CATH LAB		24325	23189				1.048989		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		47800	2361805				.020239		60
61 EMERGENCY		118088	18517829	1165064			.006377	7430	61
61.10 AMBULATORY SERVICES		29205	167516				.174342		61.10
62 OBSERVATION BEDS (NON-DISTINC			1098032						62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1485143	144758675	26014196				287069	101

PROVIDER NO. 14-0094 ST. ELIZABETH'S OF CHICAGO
 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: 2007.06
 11/26/2008 13:00

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	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					38702		13337	25
26 INTENSIVE CARE UNIT					1528		786	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								33
34 SKILLED NURSING FACILITY					6906		6049	34
35 NURSING FACILITY								35
101 TOTAL					47136		20172	101

PROVIDER NO. 14-0094 ST. ELIZABETH'S OF CHICAGO
 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: 2007.06
 11/26/2008 13:00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0094)	[]	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
38.10 ONE DAY SURGERY							38.10
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CATH LAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.10 AMBULATORY SERVICES							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
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 (14-0094) [] 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		13788764			1798099		1615754 37
38.10 ONE DAY SURGERY		35026					38.10
40 ANESTHESIOLOGY		2061103			270515		306657 40
41 RADIOLOGY-DIAGNOSTIC		21950211			2160492		2685829 41
44 LABORATORY		29363366			6219702		136968 44
46 WHOLE BLOOD & PACKED RED BLOO		804807					46
49 RESPIRATORY THERAPY		10222861			2252193		61588 49
50 PHYSICAL THERAPY		3164262			263844		14621 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		3406614			983978		573290 53
54 ELECTROENCEPHALOGRAPHY		217314					54
55 MEDICAL SUPPLIES CHARGED TO P		1926522			1377127		385019 55
56 DRUGS CHARGED TO PATIENTS		34736687			9185275		3797749 56
57 RENAL DIALYSIS		912767			337907		57
59 CATH LAB		23189					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2361805					837826 60
61 EMERGENCY		18517829			1165064		1311313 61
61.10 AMBULATORY SERVICES		167516					61.10
62 OBSERVATION BEDS (NON-DISTINC		1098032					182149 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		144758675			26014196		11908763 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0094) [] 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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38.10 ONE DAY SURGERY					38.10
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CATH LAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.10 AMBULATORY SERVICES					61.10
62 OBSERVATION BEDS (NON-DISTINC					62
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 [XX] HOSPITAL (14-0094) [] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
37 ANCILLARY SERVICE COST CENTERS						
OPERATING ROOM	.373548	.373548	.373548			37
38.10 ONE DAY SURGERY	5.367870	5.367870	5.367870			38.10
40 ANESTHESIOLOGY	.076461	.076461	.076461			40
41 RADIOLOGY-DIAGNOSTIC	.323233	.323233	.323233			41
44 LABORATORY	.139162	.139162	.139162			44
46 WHOLE BLOOD & PACKED RED BLOOD	1.055521	1.055521	1.055521			46
49 RESPIRATORY THERAPY	.115790	.115790	.115790			49
50 PHYSICAL THERAPY	.435239	.435239	.435239			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.106631	.106631	.106631			53
54 ELECTROENCEPHALOGRAPHY	.154813	.154813	.154813			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.336299	.336299	.336299			55
56 DRUGS CHARGED TO PATIENTS	.160866	.160866	.160866			56
57 RENAL DIALYSIS	.399053	.399053	.399053			57
59 CATH LAB	3.897538	3.897538	3.897538			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.848054	.848054	.848054			60
61 EMERGENCY	.235826	.235826	.235826			61
61.10 AMBULATORY SERVICES	4.802317	4.802317	4.802317			61.10
62 OBSERVATION BEDS (NON-DISTINCT						62
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	.160866	1
2 PROGRAM VACCINE CHARGES	40611	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	6533	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 (14-0094) [] 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	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1615754						37
38.10 ONE DAY SURGERY								38.10
40 ANESTHESIOLOGY					306657			40
41 RADIOLOGY-DIAGNOSTIC					2685829			41
44 LABORATORY					136968			44
46 WHOLE BLOOD & PACKED RED BLOOD								46
49 RESPIRATORY THERAPY					61588			49
50 PHYSICAL THERAPY					14621			50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY					573290			53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA					385019			55
56 DRUGS CHARGED TO PATIENTS					3797749		428	56
57 RENAL DIALYSIS								57
59 CATH LAB								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC					837826			60
61 EMERGENCY					1311313			61
61.10 AMBULATORY SERVICES								61.10
62 OBSERVATION BEDS (NON-DISTINCT					182149			62
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					11908763		428	101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES					11908763		428	104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0094) [] 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		603562					37
38.10 ONE DAY SURGERY							38.10
40 ANESTHESIOLOGY			23447				40
41 RADIOLOGY-DIAGNOSTIC		868149					41
44 LABORATORY		19061					44
46 WHOLE BLOOD & PACKED RED BLOOD							46
49 RESPIRATORY THERAPY		7131					49
50 PHYSICAL THERAPY		6364					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		61130					53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		129482					55
56 DRUGS CHARGED TO PATIENTS		610929	69				56
57 RENAL DIALYSIS							57
59 CATH LAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		710522					60
61 EMERGENCY		309242					61
61.10 AMBULATORY SERVICES							61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
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		3349019	69				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3349019	69				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 (14-5541) [] 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
38.10 ONE DAY SURGERY							38.10
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CATH LAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.10 AMBULATORY SERVICES							61.10
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							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 (14-5541) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		13788764					37
38.10 ONE DAY SURGERY		35026					38.10
40 ANESTHESIOLOGY		2061103					40
41 RADIOLOGY-DIAGNOSTIC		21950211					41
44 LABORATORY		29363366					44
46 WHOLE BLOOD & PACKED RED BLOO		804807					46
49 RESPIRATORY THERAPY		10222861					49
50 PHYSICAL THERAPY		3164262					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		3406614					53
54 ELECTROENCEPHALOGRAPHY		217314					54
55 MEDICAL SUPPLIES CHARGED TO P		1926522					55
56 DRUGS CHARGED TO PATIENTS		34736687					56
57 RENAL DIALYSIS		912767					57
59 CATH LAB		23189					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2361805					60
61 EMERGENCY		18517829					61
61.10 AMBULATORY SERVICES		167516					61.10
62 OBSERVATION BEDS (NON-DISTINC		1098032					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		144758675					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 (14-5541) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38.10 ONE DAY SURGERY						38.10
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 CATH LAB						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
61.10 AMBULATORY SERVICES						61.10
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

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) (14-0094)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5541)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	38702					6906	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	38702					6906	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	38702					6906	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)	13337					6049	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) (14-0094)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5541)	
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	25687604					3538379	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	25687604					3538379	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49472303					4483330	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.519232					.789230	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	25687604					3538379	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) (14-0094)	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	663.73						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8852167						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8852167						41
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST		
		1	2	3	4	5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	2196273	1528	1437.35	786	1129757		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) (14-0094)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	5087106						48
49	TOTAL PROGRAM INPATIENT COSTS	15069030						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	432672						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	287069						51
52	TOTAL PROGRAM EXCLUDABLE COST	719741						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	14349289						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) (14-0094)	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. 14-0094 ST. ELIZABETH'S OF CHICAGO
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: 2007.06
11/26/2008 13:00

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) (14-5541)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3538379	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	512.36	67
68 PROGRAM ROUTINE SERVICE COST	3099266	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3099266	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	138346	71
72 PER DIEM CAPITAL RELATED COSTS	20.03	72
73 PROGRAM CAPITAL RELATED COSTS	121161	73
74 INPATIENT ROUTINE SERVICE COST	2978105	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2978105	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	3099266	79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	12000	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	3111266	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL (PPS) (14-0094)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	663.73	84
85 OBSERVATION BED COST		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		25687604			86
87 NEW CAPITAL-RELATED COST	1140850	25687604	.044412		87
88 NON PHYSICIAN ANESTHETIST		25687604			88
89 MEDICAL EDUCATION		25687604			89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0094)	<input type="checkbox"/> SNF	<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		15819354		25
26 INTENSIVE CARE UNIT		2005531		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.373548	1798099	671676	37
38.10 ONE DAY SURGERY	5.367870			38.10
40 ANESTHESIOLOGY	.076461	270515	20684	40
41 RADIOLOGY-DIAGNOSTIC	.323233	2160492	698342	41
44 LABORATORY	.139162	6219702	865546	44
46 WHOLE BLOOD & PACKED RED BLOOD	1.055521			46
49 RESPIRATORY THERAPY	.115790	2252193	260781	49
50 PHYSICAL THERAPY	.435239	263844	114835	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.106631	983978	104923	53
54 ELECTROENCEPHALOGRAPHY	.154813			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.336299	1377127	463126	55
56 DRUGS CHARGED TO PATIENTS	.160866	9185275	1477598	56
57 RENAL DIALYSIS	.399053	337907	134843	57
59 CATH LAB	3.897538			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.848054			60
61 EMERGENCY	.235826	1165064	274752	61
61.10 AMBULATORY SERVICES	4.802317			61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
101 TOTAL		26014196	5087106	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		26014196		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5541)	<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	.373548		37
38.10 ONE DAY SURGERY	5.367870		38.10
40 ANESTHESIOLOGY	.076461		40
41 RADIOLOGY-DIAGNOSTIC	.323233		41
44 LABORATORY	.139162		44
46 WHOLE BLOOD & PACKED RED BLOOD	1.055521		46
49 RESPIRATORY THERAPY	.115790		49
50 PHYSICAL THERAPY	.435239		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.106631		53
54 ELECTROENCEPHALOGRAPHY	.154813		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.336299		55
56 DRUGS CHARGED TO PATIENTS	.160866		56
57 RENAL DIALYSIS	.399053		57
59 CATH LAB	3.897538		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.848054		60
61 EMERGENCY	.235826		61
61.10 AMBULATORY SERVICES	4.802317		61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS			62
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

DRG AMOUNT	HOSPITAL (14-0094)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	3803066					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4024082					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2454301					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	49406					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	35483					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	14659					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	278598					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	151.10					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	15.83					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]	-6.40					3.06
3.07 SUM OF LINES 3.04-3.06	0.00				-6.40	3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	8.70					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	8.70					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	13.60					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.. RES. IN INIT YRS	16.70					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00				13.00	3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0094)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.086036				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.074472				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.074472				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	150108				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	161770				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	98386				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	410264 410264	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1909				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.5397				4.01
4.02	SUM OF 4 AND 4.01	0.7306				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4949				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5088289				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	16058600				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	16058600				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1078590				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	423536				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	17560726				16
17	PRIMARY PAYER PAYMENTS	9605				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17551121				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	945344				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	428656				20
21	REIMBURSABLE BAD DEBTS	1282635				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	897845				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1175275				21.02
22	SUBTOTAL	17074966				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0094)	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	17074966				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	16473030				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	601936				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	518544				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 INSTRUCTIO					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 (14-0094) 1	HOSPITAL (14-0094) 1.01	HOSPITAL (14-0094) 1.02	
1 MEDICAL AND OTHER SERVICES	6602			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3349019			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1429783	1429783		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.888	0.888		1.03
1.04 LINE 1.01 TIMES LINE 1.03	2973929			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	48.08			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	6602			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	41039			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	41039			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	41039			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	34437			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	6602			17
17.01 TOTAL PPS PAYMENTS	2859566			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0094) 1	HOSPITAL (14-0094) 1.01	HOSPITAL (14-0094) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	767362		18.01
19 SUBTOTAL	2098806		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	78262		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2177068		23
24 PRIMARY PAYER PAYMENTS	193		24
25 SUBTOTAL	2176875		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	628721		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	440105		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	585098		27.02
28 SUBTOTAL	2616980		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	2616980		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2108459		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	508521		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 (14-5541)	SNF (14-5541)	SNF (14-5541)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				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				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5541)	SNF (14-5541)	SNF (14-5541)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			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			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			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 BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			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			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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 C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0094)
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
(14-0094)
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
(14-0094)
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 (14-0094)

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		17145154		2108459	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
PROVIDER .04					3.04
PROGRAM .05					3.05
01/23/2008 .50	01/23/2008	672124			3.50
PROVIDER .51					3.51
TO .52				NONE	3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-672124			3.99
4 TOTAL INTERIM PAYMENTS		16473030		2108459	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
PROGRAM					
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 (14-5541)

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		2033551		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2033551		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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 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 (14-5541) (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 (14-5541) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	2306543	35
36	COINSURANCE	272992	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		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
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW	12000	39
40	SUBTOTAL	2045551	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	PPS PAYMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	2045551	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2045551	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	2033551	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	12000	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	15.84	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	-3.80	3.03
3.04	FTE ADJUSTMENT CAP -3.80	12.04	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	8.70	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	8.70	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	8.70	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	8.70	3.09
3.10	SEE INSTRUCTIONS	8.70	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS		3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)		3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)		3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		3.16
3.17	SEE INSTRUCTIONS	103571.35	3.17
3.18	SEE INSTRUCTIONS		3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		13.53	3.19
3.20	SEE INSTRUCTIONS		16.70	3.20
3.21	SEE INSTRUCTIONS		12.98	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		12.98	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		109378.03	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		1419727	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		1419727	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		14123	4
5	TOTAL INPATIENT DAYS		40230	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.351056	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 498404	0	498404	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		112	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		40230	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		3394	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		912767	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0094 ST. ELIZABETH'S OF CHICAGO
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: 2007.06
11/26/2008 13:00

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	18168296	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	9605	15
16	TOTAL PART A REASONABLE COST	18158691	16
PART B REASONABLE COST			
17	REASONABLE COST	3355621	17
18	PRIMARY PAYER PAYMENTS	193	18
19	TOTAL PART B REASONABLE COST	3355428	19
20	TOTAL REASONABLE COST	21514119	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.844036	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.155964	22

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

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	501798	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	423536	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	78262	25

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	1775897			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	16213109			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11567563			6
7	INVENTORY	1268010			7
8	PREPAID EXPENSES	432904			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	8122357			11
FIXED ASSETS					
12	LAND	879095			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	17299			13
13.01	ACCUMULATED DEPRECIATION	-4755			13.01
14	BUILDINGS	15829197			14
14.01	ACCUMULATED DEPRECIATION	-4851751			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	10807449			18
18.01	ACCUMULATED DEPRECIATION	-6090470			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	33490			20
21	TOTAL FIXED ASSETS	16619554			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	381212			25
26	TOTAL OTHER ASSETS	381212			26
27	TOTAL ASSETS	25123123			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2201497			28
29	SALARIES, WAGES & FEES PAYABLE	164333			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	11965532			34
35	OTHER CURRENT LIABILITIES	2063001			35
36	TOTAL CURRENT LIABILITIES	16394363			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				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	13612206			41
42	TOTAL LONG TERM LIABILITIES	13612206			42
43	TOTAL LIABILITIES	30006569			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	-4883446			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	-4883446			51
52	TOTAL LIABILITIES AND FUND BALANCES	25123123			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	-5027015			1
2 NET INCOME (LOSS)	143569			2
3 TOTAL	-4883446			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	-4883446			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-4883446			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	49472304		49472304	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	4483330		4483330	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	53955634		53955634	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	3936763		3936763	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	3936763		3936763	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	57892397		57892397	18
19 ANCILLARY SERVICES	70842843	51770650	122613493	19
20 OUTPATIENT SERVICES	4134466	18010716	22145182	20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	132869706	69781366	202651072	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		71341841	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	15343157		28
29 CPA ADJUSTMENTS	-326261		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		15016896	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		86358737	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	202651072	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	116465830	2
3	NET PATIENT REVENUES	86185242	3
4	LESS - TOTAL OPERATING EXPENSES	86358737	4
5	NET INCOME FROM SERVICE TO PATIENTS	-173495	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS AUXILLARY		24
24.01	AUXILLARY OTHER REVENUE	304619	24.01
24.02	NET ASSETS RELEASED FROM RESTRICTIO	11445	24.02
24.03	MEALS ON WHEELS		24.03
24.04	FOOD SPECIAL DIET		24.04
24.05	PATIENT MISC REVENUE		24.05
24.06	GIFT OTHER INCOME		24.06
24.07	AUXILLARY NET ASSETS		24.07
25	TOTAL OTHER INCOME	317064	25
26	TOTAL	143569	26
27	NET DEBIT INTEREST INCOME		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	143569	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0094)	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	895342			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	10089			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	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]	109.92			4
4.01	NO. OF INTERNS & RESIDENTS 13.00 0.00	13.00			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	3.39			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	30352			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.1909			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.5397			5.01
5.02	SUM OF LINES 5 AND 5.01	0.7306			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1595			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	142807			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1078590			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
6.10 NONPATIENT PHONES					6.10
6.20 DATA PROCESSING					6.20
6.30 PURCHASING					6.30
6.40 ADMITTING					6.40
6.50 CASHIER, A/R AND COLLECTION					6.50
6.60 ADMINISTRATIVE AND GENERAL					6.60
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
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
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38.10 ONE DAY SURGERY					38.10
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CATH LAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.10 AMBULATORY SERVICES					61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
98.10 MEALS ON WHEELS					98.10
98.20 OTHER NONPATIENT MEALS					98.20
98.30 COMMUNITY EDUCATION DEPT					98.30
98.40 PLANNING & MARKETING DEPT					98.40
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	34.46		51.84				86.30 25
26 INTENSIVE CARE UNIT	51.44		17.74				69.18 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	13.04	11.72					24.76 37
40 ANESTHESIOLOGY	13.12	14.88					28.00 40
41 RADIOLOGY-DIAGNOSTIC	9.84	12.24					22.08 41
44 LABORATORY	21.18	0.47					21.65 44
49 RESPIRATORY THERAPY	22.03	0.60					22.63 49
50 PHYSICAL THERAPY	8.34	0.46					8.80 50
53 ELECTROCARDIOLOGY	28.88	16.83					45.71 53
55 MEDICAL SUPPLIES CHARGED TO PAT	71.48	19.99					91.47 55
56 DRUGS CHARGED TO PATIENTS	26.44	10.93					37.37 56
57 RENAL DIALYSIS	37.02						37.02 57
60 CLINIC		35.47					35.47 60
61 EMERGENCY	6.29	7.08					13.37 61
62 OBSERVATION BEDS (NON-DISTINCT		16.59					16.59 62
101 TOTAL CHARGES	12.84	5.88					18.72 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
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	1683008	2.46	-1683008	-4.69		3
4	NEW CAP REL COSTS-MVBLE EQUIP	815043	1.19	-815043	-2.27		4
5	EMPLOYEE BENEFITS	8241517	12.05	-8241517	-22.99		5
6.10	NONPATIENT PHONES	318220	.47	-318220	-.89		6.10
6.20	DATA PROCESSING	1601007	2.34	-1601007	-4.47		6.20
6.30	PURCHASING	124764	.18	-124764	-.35		6.30
6.40	ADMITTING	985498	1.44	-985498	-2.75		6.40
6.50	CASHIER, A/R AND COLLECTION	1131050	1.65	-1131050	-3.15		6.50
6.60	ADMINISTRATIVE AND GENERAL	11114836	16.25	-11114836	-31.00		6.60
7	MAINTENANCE & REPAIRS	2573554	3.76	-2573554	-7.18		7
8	OPERATION OF PLANT	766276	1.12	-766276	-2.14		8
9	LAUNDRY & LINEN SERVICE	436651	.64	-436651	-1.22		9
10	HOUSEKEEPING	935229	1.37	-935229	-2.61		10
11	DIETARY	989438	1.45	-989438	-2.76		11
12	CAFETERIA	459158	.67	-459158	-1.28		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1478043	2.16	-1478043	-4.12		14
17	MEDICAL RECORDS & LIBRARY	730687	1.07	-730687	-2.04		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	828978	1.21	-828978	-2.31		22
23	I&R SERVICES-OTHER PRGM COSTS A	641962	.94	-641962	-1.79		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	11721989	17.14	15635435	43.61	27357424	40.00
26	INTENSIVE CARE UNIT	1059327	1.55	1322641	3.69	2381968	3.48
34	SKILLED NURSING FACILITY	1518506	2.22	2019873	5.63	3538379	5.17
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	2836779	4.15	2447144	6.83	5283923	7.73
38.10	ONE DAY SURGERY	9742	.01	178273	.50	188015	.27
40	ANESTHESIOLOGY	91340	.13	66255	.18	157595	.23
41	RADIOLOGY-DIAGNOSTIC	3042756	4.45	4080427	11.38	7123183	10.42
44	LABORATORY	1847613	2.70	2238649	6.24	4086262	5.97
46	WHOLE BLOOD & PACKED RED BLOOD	567824	.83	281667	.79	849491	1.24
49	RESPIRATORY THERAPY	586411	.86	597297	1.67	1183708	1.73
50	PHYSICAL THERAPY	766559	1.12	610651	1.70	1377210	2.01
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY	156388	.23	206864	.58	363252	.53
54	ELECTROENCEPHALOGRAPHY	5368	.01	28275	.08	33643	.05
55	MEDICAL SUPPLIES CHARGED TO PAT	407451	.60	240437	.67	647888	.95
56	DRUGS CHARGED TO PATIENTS	3619968	5.29	1967981	5.49	5587949	8.17
57	RENAL DIALYSIS	204485	.30	159757	.45	364242	.53

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59 CATH LAB	12540	.02	77840	.22	90380	.13	59
60 CLINIC	1305373	1.91	814143	2.27	2119516	3.10	60
61 EMERGENCY	2200828	3.22	2288635	6.38	4489463	6.56	61
61.10 AMBULATORY SERVICES	406520	.59	397945	1.11	804465	1.18	61.10
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
98 PHYSICIANS' PRIVATE OFFICES	101443	.15	138463	.39	239906	.35	98
98.10 MEALS ON WHEELS							98.10
98.20 OTHER NONPATIENT MEALS							98.20
98.30 COMMUNITY EDUCATION DEPT	343		6841	.02	7184	.01	98.30
98.40 PLANNING & MARKETING DEPT	65721	.10	49426	.14	115147	.17	98.40
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	68390193	100.00	0	.00	68390193	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	330881	13788764	.023996	1798099	43147	37
38.10 ONE DAY SURGERY	77873	35026	2.223291			38.10
40 ANESTHESIOLOGY	6252	2061103	.003033	270515	820	40
41 RADIOLOGY-DIAGNOSTIC	339643	21950211	.015473	2160492	33429	41
44 LABORATORY	114368	29363366	.003895	6219702	24226	44
46 WHOLE BLOOD & PACKED RED BLOOD	5665	804807	.007039			46
49 RESPIRATORY THERAPY	33377	10222861	.003265	2252193	7353	49
50 PHYSICAL THERAPY	51305	3164262	.016214	263844	4278	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	16215	3406614	.004760	983978	4684	53
54 ELECTROENCEPHALOGRAPHY	6939	217314	.031931			54
55 MEDICAL SUPPLIES CHARGED TO PAT	190679	1926522	.098976	1377127	136303	55
56 DRUGS CHARGED TO PATIENTS	83715	34736687	.002410	9185275	22137	56
57 RENAL DIALYSIS	8813	912767	.009655	337907	3262	57
59 CATH LAB	24325	23189	1.048989			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	47800	2361805	.020239			60
61 EMERGENCY	118088	18517829	.006377	1165064	7430	61
61.10 AMBULATORY SERVICES	29205	167516	.174342			61.10
62 OBSERVATION BEDS (NON-DISTINCT)		1098032				62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	1485143	144758675		26014196	287069	101

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	1140850		1140850	38702	29.48	13337	393175 25
26	INTENSIVE CARE UNIT	76789		76789	1528	50.25	786	39497 26
101	TOTAL	1217639		1217639			14123	432672 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							432672	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							287069	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							719741	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						2164		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						14123		
PER DISCHARGE CAPITAL COSTS							332.60	
PER DIEM CAPITAL COSTS							50.96	

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)	14349289
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	43839081
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.327

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)	719741
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.016

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	3342655
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	11894142
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.281