

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] 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. BERNARD HOSPITAL (14-0103) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, 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	
	1	PART A 2	PART B 3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	690982	116273		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	690982	116273		100

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: 64TH & DAN RYAN
 1.01 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60621

COUNTY: COOK

1
 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	14-0103	07/01/1967	N	P	P	2
3	SUBPROVIDER I	14-S103	01/01/1994	N	P	P	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						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: 01/01/2008	TO: 12/31/2008				17
		1	2				
18	TYPE OF CONTROL						18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1				19
20	SUBPROVIDER I		4				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	1600	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 IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		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		NO			NO		25.06

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)

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				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				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.				28.02
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)					
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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
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?		YES		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?				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.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET:	P.O.BOX:	40.02
40.03	CITY:	STATE: ZIP CODE:	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?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					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:					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 NO	LIMIT 2 0.00 Y/N 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? 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)	YES	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO	60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY: 1	STATE: 2	ZIP CODE 3
			CBSA 4
			FTE/ CAMPUS 5
SETTLEMENT DATA			
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	04/30/2009 63

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		2035	4118	8059	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		2035	4118	8059	12
13	RPCV VISITS					13
14	SUBPROVIDER I		379	997	1605	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	35408052		35408052	1531934.00	23.11		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	507448		507448	6562.00	77.33	CRNAS	3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	169174		169174	2080.00	81.33	DENTIST	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	2084923	288374	2373297	125098.00	18.97	PSYCH NONREIMB	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1794034		1794034	47324.00	37.91	PER LIST	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							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	6287548		6287548			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	451412		451412			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	42804		42804			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	13086		13086			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)							20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	157087		157087	8352.00	18.81		21
22	ADMINISTRATIVE & GENERAL	4297341	-25944	4271397	161295.00	26.48		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1166683		1166683	74344.00	15.69		24
25	LAUNDRY & LINEN SERVICE	73205		73205	6401.00	11.44		25
26	HOUSEKEEPING	1118782		1118782	102487.00	10.92		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	917732	-383782	533950	44837.00	11.91		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	60520	356223	416743	33519.00	12.43		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	738304		738304	19698.00	37.48		30
31	CENTRAL SERVICES AND SUPPLY	245270		245270	20077.00	12.22		31
32	PHARMACY	1147584		1147584	43068.00	26.65		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1153740		1153740	55939.00	20.62		33
34	SOCIAL SERVICE	231475	-231475					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	34731430		34731430	1523292.00	22.80	1
2	EXCLUDED AREA SALARIES	2084923	288374	2373297	125098.00	18.97	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	32646507	-288374	32358133	1398194.00	23.14	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1794034		1794034	47324.00	37.91	4
5	SUBTOTAL WAGE-RELATED COSTS	6287548		6287548		19.43%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	40728089	-288374	40439715	1445518.00	27.98	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	11307723	-284978	11022745	570017.00	19.34	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					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					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	21635679	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	31	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	21635710	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	358432	23
24	COST TO CHARGE RATIO	0.378562	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	135689	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	86659659	28
29	TOTAL GROSS MEDICAID COST	32806054	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	19444876	30
31	UNCOMPENSATED CARE COST	7361091	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32941743	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		3466899	3466899	-1852131	1614768		1614768	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2426061	2426061	-43721	2382340	4
5	0500 EMPLOYEE BENEFITS	157087	4307845	4464932	-108	4464824		4464824	5
6	0600 ADMINISTRATIVE & GENERAL	4297341	7451024	11748365	-83262	11665103	-4769232	6895871	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1166683	3388213	4554896	-170698	4384198	-166260	4217938	8
9	0900 LAUNDRY & LINEN SERVICE	73205	385122	458327		458327		458327	9
10	1000 HOUSEKEEPING	1118782	445852	1564634		1564634		1564634	10
11	1100 DIETARY	917732	1443700	2361432	-953723	1407709	-411435	996274	11
12	1200 CAFETERIA	60520	4376	64896	916604	981500		981500	12
14	1400 NURSING ADMINISTRATION	738304	93249	831553	-3990	827563		827563	14
15	1500 CENTRAL SERVICES & SUPPLY	245270	357168	602438	-304042	298396		298396	15
16	1600 PHARMACY	1147584	1982965	3130549	-1831893	1298656		1298656	16
17	1700 MEDICAL RECORDS & LIBRARY	1153740	536050	1689790	-7071	1682719	-58143	1624576	17
18	1800 SOCIAL SERVICE	231475	17265	248740	-248740				18
20	2000 NONPHYSICIAN ANESTHETISTS								20
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				344754	344754		344754	23
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	10404487	3965636	14370123	-3147179	11222944	-986189	10236755	25
26	2600 INTENSIVE CARE UNIT	1848788	341110	2189898	-146728	2043170		2043170	26
31	3100 SUBPROVIDER I	1886512	189510	2076022	281210	2357232		2357232	31
33	3300 NURSERY		349736	349736	1425056	1774792	-239000	1535792	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1057086	706041	1763127	-455090	1308037		1308037	37
39	3900 DELIVERY ROOM & LABOR ROOM	295	158508	158803	1080167	1238970		1238970	39
40	4000 ANESTHESIOLOGY	529376	950924	1480300	-66281	1414019	-1364202	49817	40
41	4100 RADIOLOGY-DIAGNOSTIC	1826775	927661	2754436	-2381	2752055		2752055	41
44	4400 LABORATORY	1856587	2472598	4329185	-146247	4182938	-257327	3925611	44
49	4900 RESPIRATORY THERAPY		1347966	1347966	200970	1548936		1548936	49
50	5000 PHYSICAL THERAPY	219028	31507	250535		250535		250535	50
53	5300 ELECTROCARDIOLOGY		202896	202896	-202896				53
54	5400 ELECTROENCEPHALOGRAPHY		6773	6773		6773		6773	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				2062582	2062582		2062582	55
56	5600 DRUGS CHARGED TO PATIENTS				1803618	1803618		1803618	56
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	753969	473773	1227742		1227742	-583126	644616	60
60.01	6001 DAY PSYCH	31382	2618	34000		34000		34000	60.01
61	6100 EMERGENCY	3487633	4518397	8006030	-920889	7085141	-3190102	3895039	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		42091	42091	-42091				88
95	9500 SUBTOTALS	35209641	40567473	75777114	-44418	75732696	-12068737	63663959	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES		110786	110786	-358	110428		110428	98
100	7950 OUTPATIENT PHARMACY	198411	823860	1022271		1022271		1022271	100
100.01	7951 PUBLIC RELATIONS				44776	44776		44776	100.01
101	TOTAL	35408052	41502119	76910171		76910171	-12068737	64841434	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
			COST CENTER	LINE #			
		1	2	3	4	5	
1	RECLASSIFY POST PARTUM	A	NURSERY	33	1325765	183690	1
2		A	DELIVERY ROOM & LABOR ROOM	39	1048215	145234	2
3							3
4	RECLASSIFY INTERNS & RESIDENTS	B	I&R SERVICES-OTHER PRGM COSTS	23		344754	4
5							5
6	RECLASSIFY MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		192644	6
7							7
8	RECLASSIFY DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	56		1803618	8
9		D	MEDICAL SUPPLIES CHARGED TO P	55		28275	9
10							10
11	RECLASSIFY DIETARY	E	SUBPROVIDER I	31	27559	2067	11
12							12
13	RECLASSIFY SOCIAL SERVICE	F	ADULTS & PEDIATRICS	25	62815	4871	13
14		F	SUBPROVIDER I	31	101999	7504	14
15		F	INTENSIVE CARE UNIT	26	16536	1262	15
16		F	EMERGENCY	61	50125	3628	16
17							17
18	RECLASSIFY EMERGENCY ROOM	G	SUBPROVIDER I	31	132872	9965	18
19							19
20	RECLASSIFY DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		2007489	20
21							21
22	RECLASSIFY PROPERTY INSURANCE	I	NEW CAP REL COSTS-BLDG & FIXT	3		155358	22
23							23
24	RECLASSIFY INTEREST EXPENSE	J	NEW CAP REL COSTS-MVBLE EQUIP	4		42091	24
25							25
26	RECLASSIFY EQUIPMENT RENTAL	K	NEW CAP REL COSTS-MVBLE EQUIP	4		376481	26
27		K					27
28		K					28
29		K					29
30		K					30
31		K					31
32		K					32
33		K					33
34		K					34
35		K					35
36	SUBTOTAL				2765886	5308931	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
		1					
1	RECLASSIFY POST PARTUM	A	ADULTS & PEDIATRICS	25	1325765	183690	1
2		A	ADULTS & PEDIATRICS	25	1048215	145234	2
3							3
4	RECLASSIFY INTERNS & RESIDENTS	B	EMERGENCY	61		344754	4
5							5
6	RECLASSIFY MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		192644	6
7							7
8	RECLASSIFY DRUGS SOLD	D	PHARMACY	16		1803618	8
9		D	PHARMACY	16		28275	9
10							10
11	RECLASSIFY DIETARY	E	DIETARY	11	27559	2067	11
12							12
13	RECLASSIFY SOCIAL SERVICE	F	SOCIAL SERVICE	18	231475	17265	13
14		F					14
15		F					15
16		F					16
17							17
18	RECLASSIFY EMERGENCY ROOM	G	EMERGENCY	61	132872	9965	18
19							19
20	RECLASSIFY DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		2007489	9 20
21							21
22	RECLASSIFY PROPERTY INSURANCE	I	OPERATION OF PLANT	8		155358	12 22
23							23
24	RECLASSIFY INTEREST EXPENSE	J	INTEREST EXPENSE	88		42091	11 24
25							25
26	RECLASSIFY EQUIPMENT RENTAL	K	ADMINISTRATIVE & GENERAL	6		38486	10 26
27		K	EMPLOYEE BENEFITS	5		108	27
28		K	OPERATION OF PLANT	8		15340	28
29		K	DIETARY	11		7493	29
30		K	NURSING ADMINISTRATION	14		3990	30
31		K	ADULTS & PEDIATRICS	25		5071	31
32		K	CENTRAL SERVICES & SUPPLY	15		111398	32
33		K	MEDICAL RECORDS & LIBRARY	17		7071	33
34		K	SUBPROVIDER I	31		756	34
35		K	NURSERY	33		117	35
36	SUBTOTAL				2765886	5122280	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6					6
7	L	CAFETERIA	12	356223	560381
8					8
9	M	RESPIRATORY THERAPY	49		202896
10					10
11	O	MEDICAL SUPPLIES CHARGED TO P	55		1841663
12	O				12
13	O				13
14	O				14
15	O				15
16	O				16
17	O				17
18	O				18
19					19
20	P	PUBLIC RELATIONS	100.01	25944	18832
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		3148053	7932703

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1		1					
1		K	OPERATING ROOM	37		2024	1
2		K	RADIOLOGY-DIAGNOSTIC	41		2381	2
3		K	LABORATORY	44		146247	3
4		K	EMERGENCY	61		35641	4
5		K	PHYSICIANS' PRIVATE OFFICES	98		358	5
6							6
7	RECLASSIFY CAFETERIA COSTS	L	DIETARY	11	356223	560381	7
8							8
9	RECLASS EKG COSTS	M	ELECTROCARDIOLOGY	53		202896	9
10							10
11	RECLASS MEDICAL SUPPLIES EXP	O	ADULTS & PEDIATRICS	25		506890	11
12		O	INTENSIVE CARE UNIT	26		164526	12
13		O	NURSERY	33		84282	13
14		O	OPERATING ROOM	37		453066	14
15		O	ANESTHESIOLOGY	40		66281	15
16		O	RESPIRATORY THERAPY	49		1926	16
17		O	EMERGENCY	61		451410	17
18		O	DELIVERY ROOM & LABOR ROOM	39		113282	18
19							19
20	RECLASS PR COSTS	P	ADMINISTRATIVE & GENERAL	6	25944	18832	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				3148053	7932703	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	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
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	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	1025611	808706		808706		1834317	1
2 LAND IMPROVEMENTS	2080817	5500		5500		2086317	2
3 BUILDINGS AND FIXTURES	36292385	2761752		2761752		39054137	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	28819700	2736806		2736806		31556506	6
7 SUBTOTAL	68218513	6312764		6312764		74531277	7
8 RECONCILING ITEMS							8
9 TOTAL	68218513	6312764		6312764		74531277	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	8
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	42974771		42974771	.576600				3
4 NEW CAP REL COSTS-MVBLE EQUIP	31556506		31556506	.423400				4
5 TOTAL	74531277		74531277	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	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	1459410				155358			3
4 NEW CAP REL COSTS-MVBLE EQUIP	2005859	376481						4
5 TOTAL	3465269	376481			155358			5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	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	3466899							3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	3466899							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-42091	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					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	-5235735			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-411435	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-58143	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-20386	OPERATION OF PLANT	8	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		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 SISTERS MAINTENANCE	B	-24000	ADMINISTRATIVE & GENERAL	6	37
38 COMMISSIONS PHONES	B	-3330	ADMINISTRATIVE & GENERAL	6	38
39 OFFSET PEDS MOBILE VAN GRANT	A	-258337	CLINIC	60	39
40 OFFSET BITS GRANT INCOME	B	-54682	ADULTS & PEDIATRICS	25	40
41 GAIN ON SALE OF ASSETS	B	-1630	NEW CAP REL COSTS-MVBLE EQUIP	4	9 41
42 MISCELLANEOUS REVENUE	B	-90724	ADMINISTRATIVE & GENERAL	6	42
43 EMPLOYEE ROOM RENTALS	B	-145874	OPERATION OF PLANT	8	43
44 ANESTHESIOLOGIST BILLING EXPENSE	A	-20139	ANESTHESIOLOGY	40	44
45 ER PHYSICIAN BILLING EXPENSE	A	-180851	EMERGENCY	61	45
46 OFFSET DENTAL CLINIC COSTS	A	-303189	CLINIC	60	46
47 OFFSET OTHER LOBBYING COSTS	A	-260000	ADMINISTRATIVE & GENERAL	6	47
48 OFFSET STATE TAX EXPENSE	A	-4391178	ADMINISTRATIVE & GENERAL	6	48
48.01 OFFSET CRNA EXPENSES	A	-567013	ANESTHESIOLOGY	40	48.01
49					49
50 TOTAL		-12068737			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						1
2						2
3						3
4						4
5	TOTALS					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						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 NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 05/28/2009 21:18

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	AGGREGATE	931507	931507				
2	33	NURSERY	AGGREGATE	239000	239000				
3	40	ANESTHESIOLOGY	AGGREGATE	777050	777050				
4	44	LABORATORY	AGGREGATE	257327	257327				
5	61	EMERGENCY	AGGREGATE	3009251	3009251				
6	60	CLINIC	AGGREGATE	21600	21600				
101		TOTAL		5235735	5235735				

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
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	1614768	1614768							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2382340		2382340						4
5 EMPLOYEE BENEFITS	4464824	5565	8210	4478599					5
6 ADMINISTRATIVE & GENERAL	6895871	562702	830181	550604	8839358	8839358			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	4217938	224286	330900	150391	4923515	777128	5700643		8
9 LAUNDRY & LINEN SERVICE	458327	8841	13044	9436	489648	77286	61298	628232	9
10 HOUSEKEEPING	1564634	20686	30518	144217	1760055	277807	143419		10
11 DIETARY	996274	27073	39942	68829	1132118	178694	187702		11
12 CAFETERIA	981500	11526	17005	53720	1063751	167902	79916		12
14 NURSING ADMINISTRATION	827563	17843	26325	95171	966902	152616	123712		14
15 CENTRAL SERVICES & SUPPLY	298396	13208	19486	31617	362707	57250	91574		15
16 PHARMACY	1298656	10584	15616	147929	1472785	232464	73385		16
17 MEDICAL RECORDS & LIBRARY	1624576	40958	60427	148723	1874684	295900	283974		17
18 SOCIAL SERVICE		5032	7424		12456	1966	34888		18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A	344754				344754	54416			23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10236755	171252	252656	1043257	11703920	1847337	1187339	390127	25
26 INTENSIVE CARE UNIT	2043170	33150	48908	240450	2365678	373399	229837	40391	26
31 SUBPROVIDER I	2357232	68316	100789	277009	2803346	442480	473652	158157	31
33 NURSERY	1535792	8957	13214	170898	1728861	272883	62100	39557	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1308037	48890	72130	136264	1565321	247070	338970		37
39 DELIVERY ROOM & LABOR ROOM	1238970	25618	37796	135158	1437542	226902	177620		39
40 ANESTHESIOLOGY	49817	1070	1579	2827	55293	8727	7419		40
41 RADIOLOGY-DIAGNOSTIC	2752055	33749	49791	235480	3071075	484738	233990		41
44 LABORATORY	3925611	38079	56179	239323	4259192	672271	264009		44
49 RESPIRATORY THERAPY	1548936	25284	37302		1611522	254363	175300		49
50 PHYSICAL THERAPY	250535	11989	17688	28234	308446	48685	83124		50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY	6773	1793	2645		11211	1770	12431		54
55 MEDICAL SUPPLIES CHARGED TO PAT	2062582				2062582	325558			55
56 DRUGS CHARGED TO PATIENTS	1803618				1803618	284683			56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	644616	27399	40423	97190	809628	127792	189965		60
60.01 DAY PSYCH	34000	1768	2609	4045	42422	6696	12260		60.01
61 EMERGENCY	3895039	42557	62786	438907	4439289	700697	295059		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
95 SUBTOTALS	63663959	1488175	2195573	4449679	63321679	8599480	4822943	628232	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	110428	122412	180599		413439	65257	848713		98
100 OUTPATIENT PHARMACY	1022271	4181	6168	25576	1058196	167026	28987		100
100.01 PUBLIC RELATIONS	44776			3344	48120	7595			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	64841434	1614768	2382340	4478599	64841434	8839358	5700643	628232	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	2181281								10
11 DIETARY	74497	1573011							11
12 CAFETERIA	31718		1343287						12
14 NURSING ADMINISTRATION	49100		24067	1316397					14
15 CENTRAL SERVICES & SUPPLY	36345		24528		572404				15
16 PHARMACY	29126		52615		6591	1866966			16
17 MEDICAL RECORDS & LIBRARY	112706		68336				2635600		17
18 SOCIAL SERVICE	13847							63157	18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	471243	1011346	403818	554503	113572	11747	1636688	39219	25
26 INTENSIVE CARE UNIT	91220	86650	65878	90473	38349	4075	169450	4061	26
31 SUBPROVIDER I	187988	475015	121693	167064	5687	185	663510	15900	31
33 NURSERY	24647		58171	79878	19645	3111	165952	3977	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	134534		49389	67824	105605	11956			37
39 DELIVERY ROOM & LABOR ROOM	70496		45984	63156	26405	6033			39
40 ANESTHESIOLOGY	2944		10472		15449	9476			40
41 RADIOLOGY-DIAGNOSTIC	92869		91968		64854	698			41
44 LABORATORY	104783		93555		15577				44
49 RESPIRATORY THERAPY	69575				449				49
50 PHYSICAL THERAPY	32991		9012		331				50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY	4934				33				54
55 MEDICAL SUPPLIES CHARGED TO PAT					44903	41			55
56 DRUGS CHARGED TO PATIENTS						1248111			56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	75395		52052	71465	7309	529			60
60.01 DAY PSYCH	4866		1767	2427					60.01
61 EMERGENCY	117106		159945	219607	105219	11453			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	1832930	1573011	1333250	1316397	569978	1307415	2635600	63157	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	336846				2422				98
100 OUTPATIENT PHARMACY	11505		10037		4	559551			100
100.01 PUBLIC RELATIONS									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2181281	1573011	1343287	1316397	572404	1866966	2635600	63157	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM COSTS		POST STEP-DOWN ADJS		
	23	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A	399170				23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		19370859		19370859	25
26 INTENSIVE CARE UNIT		3559461		3559461	26
31 SUBPROVIDER I		5514677		5514677	31
33 NURSERY		2458782		2458782	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		2520669		2520669	37
39 DELIVERY ROOM & LABOR ROOM		2054138		2054138	39
40 ANESTHESIOLOGY		109780		109780	40
41 RADIOLOGY-DIAGNOSTIC		4040192		4040192	41
44 LABORATORY		5409387		5409387	44
49 RESPIRATORY THERAPY		2111209		2111209	49
50 PHYSICAL THERAPY		482589		482589	50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY		30379		30379	54
55 MEDICAL SUPPLIES CHARGED TO PAT		2433084		2433084	55
56 DRUGS CHARGED TO PATIENTS		3336412		3336412	56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		1334135		1334135	60
60.01 DAY PSYCH		70438		70438	60.01
61 EMERGENCY	399170	6447545	-399170	6048375	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS					71
95 SUBTOTALS	399170	61283736	-399170	60884566	95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES		1666677		1666677	98
100 OUTPATIENT PHARMACY		1835306		1835306	100
100.01 PUBLIC RELATIONS		55715		55715	100.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	399170	64841434	-399170	64442264	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	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
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		5565	8210	13775	13775				5
6 ADMINISTRATIVE & GENERAL	562702		830181	1392883	1691	1394574			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		224286	330900	555186	462	122605	678253		8
9 LAUNDRY & LINEN SERVICE		8841	13044	21885	29	12193	7293	41400	9
10 HOUSEKEEPING		20686	30518	51204	443	43829	17064		10
11 DIETARY		27073	39942	67015	211	28192	22332		11
12 CAFETERIA		11526	17005	28531	165	26490	9508		12
14 NURSING ADMINISTRATION		17843	26325	44168	292	24078	14719		14
15 CENTRAL SERVICES & SUPPLY		13208	19486	32694	97	9032	10895		15
16 PHARMACY		10584	15616	26200	454	36675	8731		16
17 MEDICAL RECORDS & LIBRARY		40958	60427	101385	457	46683	33787		17
18 SOCIAL SERVICE		5032	7424	12456		310	4151		18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A						8585			23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		171252	252656	423908	3223	291464	141267	25709	25
26 INTENSIVE CARE UNIT		33150	48908	82058	739	58910	27346	2662	26
31 SUBPROVIDER I		68316	100789	169105	851	69809	56354	10422	31
33 NURSERY		8957	13214	22171	525	43052	7389	2607	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		48890	72130	121020	419	38980	40330		37
39 DELIVERY ROOM & LABOR ROOM		25618	37796	63414	415	35798	21133		39
40 ANESTHESIOLOGY		1070	1579	2649	9	1377	883		40
41 RADIOLOGY-DIAGNOSTIC		33749	49791	83540	723	76476	27840		41
44 LABORATORY		38079	56179	94258	735	106062	31411		44
49 RESPIRATORY THERAPY		25284	37302	62586		40130	20857		49
50 PHYSICAL THERAPY		11989	17688	29677	87	7681	9890		50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY		1793	2645	4438		279	1479		54
55 MEDICAL SUPPLIES CHARGED TO PAT						51362			55
56 DRUGS CHARGED TO PATIENTS						44914			56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		27399	40423	67822	299	20161	22602		60
60.01 DAY PSYCH		1768	2609	4377	12	1056	1459		60.01
61 EMERGENCY		42557	62786	105343	1348	110547	35106		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		1488175	2195573	3683748	13686	1356730	573826	41400	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		122412	180599	303011		10295	100978		98
100 OUTPATIENT PHARMACY		4181	6168	10349	79	26351	3449		100
100.01 PUBLIC RELATIONS					10	1198			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		1614768	2382340	3997108	13775	1394574	678253	41400	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	112540								10
11 DIETARY	3844	121594							11
12 CAFETERIA	1636		66330						12
14 NURSING ADMINISTRATION	2533		1188	86978					14
15 CENTRAL SERVICES & SUPPLY	1875		1211		55804				15
16 PHARMACY	1503		2598		643	76804			16
17 MEDICAL RECORDS & LIBRARY	5815		3374				191501		17
18 SOCIAL SERVICE	714							17631	18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	24313	78177	19941	36638	11072	483	118921	10948	25
26 INTENSIVE CARE UNIT	4706	6698	3253	5978	3739	168	12312	1134	26
31 SUBPROVIDER I	9699	36719	6009	11038	554	8	48210	4439	31
33 NURSERY	1272		2872	5278	1915	128	12058	1110	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6941		2439	4481	10295	492			37
39 DELIVERY ROOM & LABOR ROOM	3637		2271	4173	2574	248			39
40 ANESTHESIOLOGY	152		517		1506	390			40
41 RADIOLOGY-DIAGNOSTIC	4791		4541		6323	29			41
44 LABORATORY	5406		4620		1519				44
49 RESPIRATORY THERAPY	3590				44				49
50 PHYSICAL THERAPY	1702		445		32				50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY	255				3				54
55 MEDICAL SUPPLIES CHARGED TO PAT					4378	2			55
56 DRUGS CHARGED TO PATIENTS						51344			56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3890		2570	4722	713	22			60
60.01 DAY PSYCH	251		87	160					60.01
61 EMERGENCY	6042		7898	14510	10258	471			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
95 SUBTOTALS	94567	121594	65834	86978	55568	53785	191501	17631	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	17379				236				98
100 OUTPATIENT PHARMACY	594		496			23019			100
100.01 PUBLIC RELATIONS									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	112540	121594	66330	86978	55804	76804	191501	17631	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM COSTS		POST STEP-DOWN ADJS		
	23	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A	8585				23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		1186064		1186064	25
26 INTENSIVE CARE UNIT		209703		209703	26
31 SUBPROVIDER I		423217		423217	31
33 NURSERY		100377		100377	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		225397		225397	37
39 DELIVERY ROOM & LABOR ROOM		133663		133663	39
40 ANESTHESIOLOGY		7483		7483	40
41 RADIOLOGY-DIAGNOSTIC		204263		204263	41
44 LABORATORY		244011		244011	44
49 RESPIRATORY THERAPY		127207		127207	49
50 PHYSICAL THERAPY		49514		49514	50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY		6454		6454	54
55 MEDICAL SUPPLIES CHARGED TO PAT		55742		55742	55
56 DRUGS CHARGED TO PATIENTS		96258		96258	56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		122801		122801	60
60.01 DAY PSYCH		7402		7402	60.01
61 EMERGENCY		291523		291523	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS		3491079		3491079	95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES		431899		431899	98
100 OUTPATIENT PHARMACY		64337		64337	100
100.01 PUBLIC RELATIONS		1208		1208	100.01
101 CROSS FOOT ADJUSTMENTS	8585	8585		8585	101
102 NEGATIVE COST CENTER					102
103 TOTAL	8585	3997108		3997108	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	
	3	4	5	6A	6	8	9	
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	390858							3
4 NEW CAP REL COSTS-MVBLE EQUIP		390858						4
5 EMPLOYEE BENEFITS	1347	1347	34743517					5
6 ADMINISTRATIVE & GENERAL	136203	136203	4271397	-8839358	56002076			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	54289	54289	1166683		4923515	199019		8
9 LAUNDRY & LINEN SERVICE	2140	2140	73205		489648	2140	44453	9
10 HOUSEKEEPING	5007	5007	1118782		1760055	5007		10
11 DIETARY	6553	6553	533950		1132118	6553		11
12 CAFETERIA	2790	2790	416743		1063751	2790		12
14 NURSING ADMINISTRATION	4319	4319	738304		966902	4319		14
15 CENTRAL SERVICES & SUPPLY	3197	3197	245270		362707	3197		15
16 PHARMACY	2562	2562	1147584		1472785	2562		16
17 MEDICAL RECORDS & LIBRARY	9914	9914	1153740		1874684	9914		17
18 SOCIAL SERVICE	1218	1218			12456	1218		18
20 NONPHYSICIAN ANESTHETISTS								20
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS					344754			23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	41452	41452	8093322		11703920	41452	27605	25
26 INTENSIVE CARE UNIT	8024	8024	1865324		2365678	8024	2858	26
31 SUBPROVIDER I	16536	16536	2148942		2803346	16536	11191	31
33 NURSERY	2168	2168	1325765		1728861	2168	2799	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	11834	11834	1057086		1565321	11834		37
39 DELIVERY ROOM & LABOR ROOM	6201	6201	1048510		1437542	6201		39
40 ANESTHESIOLOGY	259	259	21928		55293	259		40
41 RADIOLOGY-DIAGNOSTIC	8169	8169	1826775		3071075	8169		41
44 LABORATORY	9217	9217	1856587		4259192	9217		44
49 RESPIRATORY THERAPY	6120	6120			1611522	6120		49
50 PHYSICAL THERAPY	2902	2902	219028		308446	2902		50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY	434	434			11211	434		54
55 MEDICAL SUPPLIES CHARGED TO P					2062582			55
56 DRUGS CHARGED TO PATIENTS					1803618			56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	6632	6632	753969		809628	6632		60
60.01 DAY PSYCH	428	428	31382		42422	428		60.01
61 EMERGENCY	10301	10301	3404886		4439289	10301		61
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	360216	360216	34519162	-8839358	54482321	168377	44453	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	29630	29630			413439	29630		98
100 OUTPATIENT PHARMACY	1012	1012	198411		1058196	1012		100
100.01 PUBLIC RELATIONS			25944		48120			100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1614768	2382340	4478599		8839358	5700643	628232	103
104 UNIT COST MULT-WS B PT I		6.095155				28.643712		104
104 UNIT COST MULT-WS B PT I	4.131342		.128905		.157840		14.132499	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			13775		1394574	678253	41400	107
108 UNIT COST MULT-WS B PT III						3.407981		108
108 UNIT COST MULT-WS B PT III			.000396		.024902		.931321	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING-ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	SQUARE FEET	MEALS SERVED	FTEs	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	PATIENT DAYS	PATIENT DAYS	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	191872								10
11 DIETARY	6553	129708							11
12 CAFETERIA	2790		52465						12
14 NURSING ADMINISTRATION	4319		940	784863					14
15 CENTRAL SERVICES & SUPPLY	3197		958		2455733				15
16 PHARMACY	2562		2055		28275	2697911			16
17 MEDICAL RECORDS & LIBRARY	9914		2669				44453		17
18 SOCIAL SERVICE	1218							44453	18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	41452	83394	15772	330606	487250	16975	27605	27605	25
26 INTENSIVE CARE UNIT	8024	7145	2573	53942	164526	5889	2858	2858	26
31 SUBPROVIDER I	16536	39169	4753	99607	24399	268	11191	11191	31
33 NURSERY	2168		2272	47625	84282	4495	2799	2799	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	11834		1929	40438	453066	17277			37
39 DELIVERY ROOM & LABOR ROOM	6201		1796	37655	113282	8718			39
40 ANESTHESIOLOGY	259		409		66281	13693			40
41 RADIOLOGY-DIAGNOSTIC	8169		3592		278238	1008			41
44 LABORATORY	9217		3654		66827				44
49 RESPIRATORY THERAPY	6120				1926				49
50 PHYSICAL THERAPY	2902		352		1419				50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY	434				143				54
55 MEDICAL SUPPLIES CHARGED TO P					192644	59			55
56 DRUGS CHARGED TO PATIENTS						1803618			56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	6632		2033	42609	31356	765			60
60.01 DAY PSYCH	428		69	1447					60.01
61 EMERGENCY	10301		6247	130934	451410	16551			61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	161230	129708	52073	784863	2445324	1889316	44453	44453	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	29630				10393				98
100 OUTPATIENT PHARMACY	1012		392		16	808595			100
100.01 PUBLIC RELATIONS									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2181281	1573011	1343287	1316397	572404	1866966	2635600	63157	103
104 UNIT COST MULT-WS B PT I	11.368417		25.603488		.233089		59.289587		104
104 UNIT COST MULT-WS B PT I		12.127324		1.677232		.692004		1.420759	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	112540	121594	66330	86978	55804	76804	191501	17631	107
108 UNIT COST MULT-WS B PT III	.586537		1.264271		.022724		4.307943		108
108 UNIT COST MULT-WS B PT III		.937444		.110819		.028468		.396621	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		I&R PROGRAM COSTS ASSIGNED TIME	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	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
22	I&R SERVICES-SALARY & FRINGES		22
23	I&R SERVICES-OTHER PRGM COSTS	100	23
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS		25
26	INTENSIVE CARE UNIT		26
31	SUBPROVIDER I		31
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
44	LABORATORY		44
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
53	ELECTROCARDIOLOGY		53
54	ELECTROENCEPHALOGRAPHY		54
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC		60
60.01	DAY PSYCH		60.01
61	EMERGENCY	100	61
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		62
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	100	95
NONREIMBURSABLE COST CENTERS			
98	PHYSICIANS' PRIVATE OFFICES		98
100	OUTPATIENT PHARMACY		100
100.01	PUBLIC RELATIONS		100.01
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	COST TO BE ALLOC PER B PT I	399170	103
104	UNIT COST MULT-WS B PT I	3991.700000	104
104	UNIT COST MULT-WS B PT I		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	8585	107
108	UNIT COST MULT-WS B PT III	85.850000	108
108	UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19370859		19370859		19370859	25
26 INTENSIVE CARE UNIT	3559461		3559461		3559461	26
31 SUBPROVIDER I	5514677		5514677		5514677	31
33 NURSERY	2458782		2458782		2458782	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2520669		2520669		2520669	37
39 DELIVERY ROOM & LABOR ROOM	2054138		2054138		2054138	39
40 ANESTHESIOLOGY	109780		109780		109780	40
41 RADIOLOGY-DIAGNOSTIC	4040192		4040192		4040192	41
44 LABORATORY	5409387		5409387		5409387	44
49 RESPIRATORY THERAPY	2111209		2111209		2111209	49
50 PHYSICAL THERAPY	482589		482589		482589	50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	30379		30379		30379	54
55 MEDICAL SUPPLIES CHARGED TO	2433084		2433084		2433084	55
56 DRUGS CHARGED TO PATIENTS	3336412		3336412		3336412	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1334135		1334135		1334135	60
60.01 DAY PSYCH	70438		70438		70438	60.01
61 EMERGENCY	6048375		6048375		6048375	61
62 OBSERVATION BEDS (NON-DISTI	969236		969236		969236	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	61853802		61853802		61853802	101
102 LESS OBSERVATION BEDS	969236		969236		969236	102
103 TOTAL	60884566		60884566		60884566	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	31842164		31842164			25
26 INTENSIVE CARE UNIT	4979137		4979137			26
31 SUBPROVIDER I	9978840		9978840			31
33 NURSERY	3814179		3814179			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2293166	1682128	3975294	.634084	.634084	.634084 37
39 DELIVERY ROOM & LABOR ROOM	936008	17860	953868	2.153482	2.153482	2.153482 39
40 ANESTHESIOLOGY	1369560	820087	2189647	.050136	.050136	.050136 40
41 RADIOLOGY-DIAGNOSTIC	8268816	10092977	18361793	.220033	.220033	.220033 41
44 LABORATORY	19348387	14500343	33848730	.159811	.159811	.159811 44
49 RESPIRATORY THERAPY	7499972	1751499	9251471	.228203	.228203	.228203 49
50 PHYSICAL THERAPY	197342	196341	393683	1.225831	1.225831	1.225831 50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	12921	744	13665	2.223125	2.223125	2.223125 54
55 MEDICAL SUPPLIES CHARGED TO	5838150	2655607	8493757	.286456	.286456	.286456 55
56 DRUGS CHARGED TO PATIENTS	17263262	2881709	20144971	.165620	.165620	.165620 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	17448	117331	134779	9.898686	9.898686	9.898686 60
60.01 DAY PSYCH		34678	34678	2.031201	2.031201	2.031201 60.01
61 EMERGENCY	3171922	7713106	10885028	.555660	.555660	.555660 61
62 OBSERVATION BEDS (NON-DISTI		1535292	1535292	.631304	.631304	.631304 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	116831274	43999702	160830976			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	116831274	43999702	160830976			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1186064		1186064
26 INTENSIVE CARE UNIT				209703		209703
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				423217		423217
33 NURSERY				100377		100377
101 TOTAL				1919361		1919361

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	29059	8908			40.82	363625
26 INTENSIVE CARE UNIT	2858	1235			73.37	90612
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	11191	3016			37.82	114065
33 NURSERY	2799				35.86	
101 TOTAL	45907	13159				568302

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] 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		225397	3975294	833068			.056699	47234 37
39 DELIVERY ROOM & LABOR ROOM		133663	953868	18481			.140127	2590 39
40 ANESTHESIOLOGY		7483	2189647	291985			.003417	998 40
41 RADIOLOGY-DIAGNOSTIC		204263	18361793	3259313			.011124	36257 41
44 LABORATORY		244011	33848730	6823150			.007209	49188 44
49 RESPIRATORY THERAPY		127207	9251471	1911809			.013750	26287 49
50 PHYSICAL THERAPY		49514	393683	112640			.125771	14167 50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY		6454	13665	5262			.472302	2485 54
55 MEDICAL SUPPLIES CHARGED TO P		55742	8493757	3139588			.006563	20605 55
56 DRUGS CHARGED TO PATIENTS		96258	20144971	5399172			.004778	25797 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		122801	134779	754			.911129	687 60
60.01 DAY PSYCH		7402	34678				.213449	60.01
61 EMERGENCY		291523	10885028	981665			.026782	26291 61
62 OBSERVATION BEDS (NON-DISTINC		59345	1535292				.038654	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1631063	110216656	22776887				252586 101

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
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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	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					29059		8908	25
26	INTENSIVE CARE UNIT					2858		1235	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					11191		3016	31
33	NURSERY					2799			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					45907		13159	101

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
61 EMERGENCY							61
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 (14-0103) [] 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		3975294			833068		214794 37
39 DELIVERY ROOM & LABOR ROOM		953868			18481		39
40 ANESTHESIOLOGY		2189647			291985		78880 40
41 RADIOLOGY-DIAGNOSTIC		18361793			3259313		1071875 41
44 LABORATORY		33848730			6823150		55787 44
49 RESPIRATORY THERAPY		9251471			1911809		194443 49
50 PHYSICAL THERAPY		393683			112640		50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		13665			5262		372 54
55 MEDICAL SUPPLIES CHARGED TO P		8493757			3139588		358944 55
56 DRUGS CHARGED TO PATIENTS		20144971			5399172		150874 56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		134779			754		12005 60
60.01 DAY PSYCH		34678					4644 60.01
61 EMERGENCY		10885028			981665		582365 61
62 OBSERVATION BEDS (NON-DISTINC		1535292					85712 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		110216656			22776887		2810695 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] 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
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 DAY PSYCH						60.01
61 EMERGENCY						61
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 (14-0103) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.634084	.634084	.634084			37
39 DELIVERY ROOM & LABOR ROOM	2.153482	2.153482	2.153482			39
40 ANESTHESIOLOGY	.050136	.050136	.050136			40
41 RADIOLOGY-DIAGNOSTIC	.220033	.220033	.220033			41
44 LABORATORY	.159811	.159811	.159811			44
49 RESPIRATORY THERAPY	.228203	.228203	.228203			49
50 PHYSICAL THERAPY	1.225831	1.225831	1.225831			50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	2.223125	2.223125	2.223125			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.286456	.286456	.286456			55
56 DRUGS CHARGED TO PATIENTS	.165620	.165620	.165620			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	9.898686	9.898686	9.898686			60
60.01 DAY PSYCH	2.031201	2.031201	2.031201			60.01
61 EMERGENCY	.555660	.555660	.555660			61
62 OBSERVATION BEDS (NON-DISTINCT	.631304	.631304	.631304			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	1	.165620	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0103) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		214794						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		78880						40
41 RADIOLOGY-DIAGNOSTIC		1071875						41
44 LABORATORY		55787						44
49 RESPIRATORY THERAPY		194443						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY		372						54
55 MEDICAL SUPPLIES CHARGED TO PA		358944						55
56 DRUGS CHARGED TO PATIENTS		150874						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		12005						60
60.01 DAY PSYCH		4644						60.01
61 EMERGENCY		582365						61
62 OBSERVATION BEDS (NON-DISTINCT)		85712						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		2810695						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		2810695						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0103) [] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		136197				37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY		3955				40
41 RADIOLOGY-DIAGNOSTIC		235848				41
44 LABORATORY		8915				44
49 RESPIRATORY THERAPY		44372				49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY		827				54
55 MEDICAL SUPPLIES CHARGED TO PAT		102822				55
56 DRUGS CHARGED TO PATIENTS		24988				56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		118834				60
60.01 DAY PSYCH		9433				60.01
61 EMERGENCY		323597				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		54110				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		1063898				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		1063898				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S103) [] 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		225397	3975294				.056699	37
39 DELIVERY ROOM & LABOR ROOM		133663	953868				.140127	39
40 ANESTHESIOLOGY		7483	2189647				.003417	40
41 RADIOLOGY-DIAGNOSTIC		204263	18361793	84011			.011124	935 41
44 LABORATORY		244011	33848730	517395			.007209	3730 44
49 RESPIRATORY THERAPY		127207	9251471	38659			.013750	532 49
50 PHYSICAL THERAPY		49514	393683	1086			.125771	137 50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY		6454	13665				.472302	54
55 MEDICAL SUPPLIES CHARGED TO P		55742	8493757	8105			.006563	53 55
56 DRUGS CHARGED TO PATIENTS		96258	20144971	572093			.004778	2733 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		122801	134779				.911129	60
60.01 DAY PSYCH		7402	34678				.213449	60.01
61 EMERGENCY		291523	10885028	125632			.026782	3365 61
62 OBSERVATION BEDS (NON-DISTINC		59345	1535292				.038654	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1631063	110216656	1346981				11485 101

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
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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 [XX] SUB I (14-S103) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
61 EMERGENCY							61
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 [XX] SUB I (14-S103) [] 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		3975294					37
39 DELIVERY ROOM & LABOR ROOM		953868					39
40 ANESTHESIOLOGY		2189647					40
41 RADIOLOGY-DIAGNOSTIC		18361793			84011		41
44 LABORATORY		33848730			517395		44
49 RESPIRATORY THERAPY		9251471			38659		49
50 PHYSICAL THERAPY		393683			1086		50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		13665					54
55 MEDICAL SUPPLIES CHARGED TO P		8493757			8105		55
56 DRUGS CHARGED TO PATIENTS		20144971			572093		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		134779					60
60.01 DAY PSYCH		34678					60.01
61 EMERGENCY		10885028			125632		61
62 OBSERVATION BEDS (NON-DISTINC		1535292					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		110216656			1346981		7777 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 [XX] SUB I (14-S103) [] 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
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 DAY PSYCH						60.01
61 EMERGENCY						61
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 [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S103) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.634084	.634084	.634084			37
39 DELIVERY ROOM & LABOR ROOM	2.153482	2.153482	2.153482			39
40 ANESTHESIOLOGY	.050136	.050136	.050136			40
41 RADIOLOGY-DIAGNOSTIC	.220033	.220033	.220033			41
44 LABORATORY	.159811	.159811	.159811			44
49 RESPIRATORY THERAPY	.228203	.228203	.228203			49
50 PHYSICAL THERAPY	1.225831	1.225831	1.225831			50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	2.223125	2.223125	2.223125			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.286456	.286456	.286456			55
56 DRUGS CHARGED TO PATIENTS	.165620	.165620	.165620			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	9.898686	9.898686	9.898686			60
60.01 DAY PSYCH	2.031201	2.031201	2.031201			60.01
61 EMERGENCY	.555660	.555660	.555660			61
62 OBSERVATION BEDS (NON-DISTINCT	.631304	.631304	.631304			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	1	.165620	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S103) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		4829						41
44 LABORATORY								44
49 RESPIRATORY THERAPY		2948						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 DAY PSYCH								60.01
61 EMERGENCY								61
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		7777						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		7777						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	SUB I (14-S103)	[]	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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			1063			41
44 LABORATORY						44
49 RESPIRATORY THERAPY			673			49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 DAY PSYCH						60.01
61 EMERGENCY						61
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			1736			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES			1736			104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1186064		1186064
26 INTENSIVE CARE UNIT				209703		209703
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				423217		423217
33 NURSERY				100377		100377
101 TOTAL				1919361		1919361

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	29059	13525			40.82	552091
26 INTENSIVE CARE UNIT	2858	961			73.37	70509
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	11191	6897			37.82	260845
33 NURSERY	2799	1197			35.86	42924
101 TOTAL	45907	22580				926369

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		225397	3975294	991405			.056699	56212 37
39 DELIVERY ROOM & LABOR ROOM		133663	953868	412660			.140127	57825 39
40 ANESTHESIOLOGY		7483	2189647	504576			.003417	1724 40
41 RADIOLOGY-DIAGNOSTIC		204263	18361793	2433758			.011124	27073 41
44 LABORATORY		244011	33848730	6612301			.007209	47668 44
49 RESPIRATORY THERAPY		127207	9251471	2720840			.013750	37412 49
50 PHYSICAL THERAPY		49514	393683	40798			.125771	5131 50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY		6454	13665	3720			.472302	1757 54
55 MEDICAL SUPPLIES CHARGED TO P		55742	8493757	1100207			.006563	7221 55
56 DRUGS CHARGED TO PATIENTS		96258	20144971	6049036			.004778	28902 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		122801	134779	4154			.911129	3785 60
60.01 DAY PSYCH		7402	34678				.213449	60.01
61 EMERGENCY		291523	10885028	893376			.026782	23926 61
62 OBSERVATION BEDS (NON-DISTINC		59345	1535292				.038654	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1631063	110216656	21766831				298636 101

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
 05/28/2009 21:18

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS	DAYS	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					29059		13525	25
26	INTENSIVE CARE UNIT					2858		961	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					11191		6897	31
33	NURSERY					2799		1197	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					45907		22580	101

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
61 EMERGENCY							61
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 (14-0103) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3975294			991405		37
39 DELIVERY ROOM & LABOR ROOM		953868			412660		39
40 ANESTHESIOLOGY		2189647			504576		40
41 RADIOLOGY-DIAGNOSTIC		18361793			2433758		41
44 LABORATORY		33848730			6612301		44
49 RESPIRATORY THERAPY		9251471			2720840		49
50 PHYSICAL THERAPY		393683			40798		50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		13665			3720		54
55 MEDICAL SUPPLIES CHARGED TO P		8493757			1100207		55
56 DRUGS CHARGED TO PATIENTS		20144971			6049036		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		134779			4154		60
60.01 DAY PSYCH		34678					60.01
61 EMERGENCY		10885028			893376		61
62 OBSERVATION BEDS (NON-DISTINC		1535292					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		110216656			21766831		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY PSYCH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S103) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		225397	3975294	2419			.056699	137 37
39 DELIVERY ROOM & LABOR ROOM		133663	953868				.140127	39
40 ANESTHESIOLOGY		7483	2189647	972			.003417	3 40
41 RADIOLOGY-DIAGNOSTIC		204263	18361793	185860			.011124	2068 41
44 LABORATORY		244011	33848730	1120491			.007209	8078 44
49 RESPIRATORY THERAPY		127207	9251471	81996			.013750	1127 49
50 PHYSICAL THERAPY		49514	393683	4287			.125771	539 50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY		6454	13665				.472302	54
55 MEDICAL SUPPLIES CHARGED TO P		55742	8493757	15629			.006563	103 55
56 DRUGS CHARGED TO PATIENTS		96258	20144971	1231338			.004778	5883 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		122801	134779				.911129	60
60.01 DAY PSYCH		7402	34678				.213449	60.01
61 EMERGENCY		291523	10885028	333717			.026782	8938 61
62 OBSERVATION BEDS (NON-DISTINC		59345	1535292				.038654	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1631063	110216656	2976709				26876 101

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S103) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
61 EMERGENCY							61
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 [] TITLE XVIII-PT A [XX] SUB I (14-S103) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3975294			2419		37
39 DELIVERY ROOM & LABOR ROOM		953868					39
40 ANESTHESIOLOGY		2189647			972		40
41 RADIOLOGY-DIAGNOSTIC		18361793			185860		41
44 LABORATORY		33848730			1120491		44
49 RESPIRATORY THERAPY		9251471			81996		49
50 PHYSICAL THERAPY		393683			4287		50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		13665					54
55 MEDICAL SUPPLIES CHARGED TO P		8493757			15629		55
56 DRUGS CHARGED TO PATIENTS		20144971			1231338		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		134779					60
60.01 DAY PSYCH		34678					60.01
61 EMERGENCY		10885028			333717		61
62 OBSERVATION BEDS (NON-DISTINC		1535292					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		110216656			2976709		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S103) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] 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
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 DAY PSYCH						60.01
61 EMERGENCY						61
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) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	29059	11191					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29059	11191					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29059	11191					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)	8908	3016					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) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	SNF	
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	19370859	5514677					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	19370859	5514677					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31842164	9978840					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31842164	9978840					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.608340	.552637					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1095.78	891.68					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	19370859	5514677					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) (14-0103)	SUB I (PPS) (14-S103)	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	666.60	492.78				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5938073	1486224				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5938073	1486224				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3559461	2858	1245.44	1235	1538118	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) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	5322801	278204				48
49 TOTAL PROGRAM INPATIENT COSTS	12798992	1764428				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	454237	114065				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	252586	11485				51
52 TOTAL PROGRAM EXCLUDABLE COST	706823	125550				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	12092169	1638878				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) (14-0103)	SUB I (PPS) (14-S103)	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. 14-0103 ST. BERNARD HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
05/28/2009 21:18

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

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0103)(14-S103)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1454	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	666.60	84
85 OBSERVATION BED COST	969236	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		19370859		969236		86
87 NEW CAPITAL-RELATED COST	1186064	19370859	.061229	969236	59345	87
88 NON PHYSICIAN ANESTHETIST		19370859		969236		88
89 MEDICAL EDUCATION		19370859		969236		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	29059	11191					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29059	11191					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29059	11191					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)	13525	6897					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		2799					15
16 TITLE V OR XIX NURSERY DAYS		1197					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19370859	5514677					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	19370859	5514677					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31842164	9978840					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31842164	9978840					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.608340	.552637					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1095.78	891.68					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	19370859	5514677					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	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	666.60	492.78				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9015765	3398704				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9015765	3398704				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	2458782	2799	878.45	1197	1051505	42
43 INTENSIVE CARE UNIT	3559461	2858	1245.44	961	1196868	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) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	5668531	639356				48
49 TOTAL PROGRAM INPATIENT COSTS	16932669	4038060				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	665524	260845				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	298636	26876				51
52 TOTAL PROGRAM EXCLUDABLE COST	964160	287721				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	15968509	3750339				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES		997				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. 14-0103 ST. BERNARD HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
05/28/2009 21:18

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0103)(14-S103)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1454	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	666.60	84
85 OBSERVATION BED COST	969236	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		19370859		969236		86
87 NEW CAPITAL-RELATED COST	1186064	19370859	.061229	969236	59345	87
88 NON PHYSICIAN ANESTHETIST		19370859		969236		88
89 MEDICAL EDUCATION		19370859		969236		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0103)	<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		10188490		25
26 INTENSIVE CARE UNIT		2168705		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.634084	833068	528235	37
39 DELIVERY ROOM & LABOR ROOM	2.153482	18481	39799	39
40 ANESTHESIOLOGY	.050136	291985	14639	40
41 RADIOLOGY-DIAGNOSTIC	.220033	3259313	717156	41
44 LABORATORY	.159811	6823150	1090414	44
49 RESPIRATORY THERAPY	.228203	1911809	436281	49
50 PHYSICAL THERAPY	1.225831	112640	138078	50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	2.223125	5262	11698	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.286456	3139588	899354	55
56 DRUGS CHARGED TO PATIENTS	.165620	5399172	894211	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	9.898686	754	7464	60
60.01 DAY PSYCH	2.031201			60.01
61 EMERGENCY	.555660	981665	545472	61
62 OBSERVATION BEDS (NON-DISTINCT	.631304			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		22776887	5322801	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		22776887		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S103)	<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
31 SUBPROVIDER I		2690512		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.634084			37
39 DELIVERY ROOM & LABOR ROOM	2.153482			39
40 ANESTHESIOLOGY	.050136			40
41 RADIOLOGY-DIAGNOSTIC	.220033	84011	18485	41
44 LABORATORY	.159811	517395	82685	44
49 RESPIRATORY THERAPY	.228203	38659	8822	49
50 PHYSICAL THERAPY	1.225831	1086	1331	50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	2.223125			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.286456	8105	2322	55
56 DRUGS CHARGED TO PATIENTS	.165620	572093	94750	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	9.898686			60
60.01 DAY PSYCH	2.031201			60.01
61 EMERGENCY	.555660	125632	69809	61
62 OBSERVATION BEDS (NON-DISTINCT	.631304			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		1346981	278204	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1346981		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0103)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		13077051		25
26 INTENSIVE CARE UNIT		1672036		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.634084	991405	628634	37
39 DELIVERY ROOM & LABOR ROOM	2.153482	412660	888656	39
40 ANESTHESIOLOGY	.050136	504576	25297	40
41 RADIOLOGY-DIAGNOSTIC	.220033	2433758	535507	41
44 LABORATORY	.159811	6612301	1056718	44
49 RESPIRATORY THERAPY	.228203	2720840	620904	49
50 PHYSICAL THERAPY	1.225831	40798	50011	50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	2.223125	3720	8270	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.286456	1100207	315161	55
56 DRUGS CHARGED TO PATIENTS	.165620	6049036	1001841	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	9.898686	4154	41119	60
60.01 DAY PSYCH	2.031201			60.01
61 EMERGENCY	.555660	893376	496413	61
62 OBSERVATION BEDS (NON-DISTINCT	.631304			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		21766831	5668531	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		21766831		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S103)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		6088490		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.634084	2419	1534	37
39 DELIVERY ROOM & LABOR ROOM	2.153482			39
40 ANESTHESIOLOGY	.050136	972	49	40
41 RADIOLOGY-DIAGNOSTIC	.220033	185860	40895	41
44 LABORATORY	.159811	1120491	179067	44
49 RESPIRATORY THERAPY	.228203	81996	18712	49
50 PHYSICAL THERAPY	1.225831	4287	5255	50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	2.223125			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.286456	15629	4477	55
56 DRUGS CHARGED TO PATIENTS	.165620	1231338	203934	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	9.898686			60
60.01 DAY PSYCH	2.031201			60.01
61 EMERGENCY	.555660	333717	185433	61
62 OBSERVATION BEDS (NON-DISTINCT	.631304			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		2976709	639356	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2976709		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0103)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	8538476					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3172549					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	464876					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	241203					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	21918					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	146.03					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	3.03					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	4.25					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	3.03					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	3.03					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	4.03					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	3.36				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0103)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.023009				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.021578				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	0.021578				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	105546				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	40019				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]					3.23
3.24	SUM OF LINES 3.21-3.23	145565	0	145565		3.24
4	DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2005				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.5828				4.01
4.02	SUM OF 4 AND 4.01	0.7833				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.5384				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6305216				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, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					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	18183724				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	18183724				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1173363				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	80039				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	19437126				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19437126				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1095264				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	186576				20
21	REIMBURSABLE BAD DEBTS	945599				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	661919				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	719303				21.02
22	SUBTOTAL	18817205				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0103)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	18817205					26
27						27
28	18126223					28
28.01						28.01
29	690982					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0103) 1	HOSPITAL (14-0103) 1.01	HOSPITAL (14-0103) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1063898			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	987922			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	987922			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0103) 1	HOSPITAL (14-0103) 1.01	HOSPITAL (14-0103) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	272556		18.01
19 SUBTOTAL	715366		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	5857		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	721223		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	721223		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	257319		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	180123		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	223865		27.02
28 SUBTOTAL	901346		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	901346		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	785073		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	116273		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

	SUB I (14-S103) 1	SUB I (14-S103) 1.01	SUB I (14-S103) 1.02	
1				1
1.01	1736			1.01
1.02	1978			1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	1978			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0103)
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
(14-0103)
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
(14-0103)
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 (14-0103)

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		15690436		715366
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.		666750		69707
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	07/15/2008 12/24/2008 12/31/2008 12/31/2008		704800 1032400 9919 21918 NONE NONE
				3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	1769037		3.99
4 TOTAL INTERIM PAYMENTS		18126223		785073
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
				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): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S103)

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		1999122		1455	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	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1999122		1455	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
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 I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S103)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	2231186				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	30.576503				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2231186				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2231186				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2231186				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2231186				6
7	DEDUCTIBLES	135040				7
8	SUBTOTAL	2096146				8
9	COINSURANCE	97024				9
10	SUBTOTAL	1999122				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1999122				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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

WORKSHEET E-3
 PART III

	[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX			NF I
	HOSPITAL (14-0103) (PPS)	SUB I (14-S103) (PPS)	SUB II	SUB III	SUB IV			
1	1	1	1	1	1	1	1	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
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17								
18								
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26								
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28								
29								
30								
31								
32								
33								

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII		[XX] TITLE XIX			
		HOSPITAL (14-0103) (PPS)	SUB I (14-S103) (PPS)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS						37
38.01	REIMBURSABLE BAD DEBTS						38
38.02	REDUCED REIMBURSABLE BAD DEBTS						38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	LESS INPATIENT COSTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)						59

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	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]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	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	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	3.09
3.10	SEE INSTRUCTIONS	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	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			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	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		0.00	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			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		262427	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		13159	4
5	TOTAL INPATIENT DAYS		41654	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.315912	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 82904	0	82904	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		553	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		41654	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		2992	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			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. 14-0103 ST. BERNARD HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
05/28/2009 21:18

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

WORKSHEET E-3
PART IV
(CONT)

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	14563420	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	14563420	16
PART B REASONABLE COST			
17	REASONABLE COST	1065634	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	1065634	19
20	TOTAL REASONABLE COST	15629054	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.931817	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.068183	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	85896	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	80039	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	5857	25

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

WORKSHEET E-3
 PART IV

[] TITLE V [] TITLE XVIII [XX] 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	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]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	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	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	3.09
3.10	SEE INSTRUCTIONS	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	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	[] TITLE XVIII	[XX] TITLE XIX	
3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	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		0.00	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			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			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		21383	4
5	TOTAL INPATIENT DAYS		41654	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.513348	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		41654	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			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			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. 14-0103 ST. BERNARD HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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05/28/2009 21:18

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	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	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	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	1808966			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	12773578			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	725344			7
8	PREPAID EXPENSES	12611920			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	27919808			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	26266991			14
14.01	ACCUMULATED DEPRECIATION				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				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	26266991			21
OTHER ASSETS					
22	INVESTMENTS	3640			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	5814802			25
26	TOTAL OTHER ASSETS	5818442			26
27	TOTAL ASSETS	60005241			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	10276763			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	500000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	2176014			35
36	TOTAL CURRENT LIABILITIES	12952777			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	13294885			41
42	TOTAL LONG TERM LIABILITIES	13294885			42
43	TOTAL LIABILITIES	26247662			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	33757579			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	33757579			51
52	TOTAL LIABILITIES AND FUND BALANCES	60005241			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	29188399			1
2 NET INCOME (LOSS)	4233204			2
3 TOTAL	33421603			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 TEMPORARILY RESTRICTED	500			6
7 CONTRIBUTIONS	1032110			7
8				8
9				9
10 TOTAL ADDITIONS	1032610			10
11 SUBTOTAL	34454213			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED	696634			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	696634			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	33757579			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	32162919		32162919	1
2 SUBPROVIDER I	1003288		1003288	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	33166207		33166207	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	4993950		4993950	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	4993950		4993950	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	38160157		38160157	16
17 ANCILLARY SERVICES	78481120	45320065	123801185	17
18 OUTPATIENT SERVICES				18
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	116641277	45320065	161961342	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		76910171	26
27 ADD (SPECIFY)			27
28 PROVISION FOR DOUBTFUL ACCTS	10997562		28
29 ADD BACK BP EXPENSES	3644		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		11001206	33
34 DEDUCT (SPECIFY)	-10172		34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-10172		39
40 TOTAL OPERATING EXPENSES		87901205	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	161961342	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	76889751	2
3	NET PATIENT REVENUES	85071591	3
4	LESS - TOTAL OPERATING EXPENSES	87901205	4
5	NET INCOME FROM SERVICE TO PATIENTS	-2829614	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	151812	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	3330	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	411435	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	58143	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	20386	21
22	RENTAL OF HOSPITAL SPACE	179814	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS INCOME	90724	24
24.01	ER PRO FEE INCOME	1528190	24.01
24.02	ANEST PRO FEE INCOME	426495	24.02
24.03	SISTERS MAINTENANCE	24000	24.03
24.04	OTHER RENTAL INCOME	82603	24.04
24.05	EMPLOYEES ROOM RENT	145874	24.05
24.06	PARTNERS IN HEALTH	3186774	24.06
24.07	CAPITATION REVENUE	28000	24.07
24.08	CLINIC REVENUE	221007	24.08
24.09	BP INCOME	221	24.09
24.10	NET ASSETS RELEASED	663913	24.10
24.11	GAIN ON SALE OF EQUIPMENT	1630	24.11
24.12	NET ASSETS RELEASED	32701	24.12
25	TOTAL OTHER INCOME	7257052	25
26	TOTAL	4427438	26
27	CHANGE IN NET UNREALIZED GAINS/LOSS	194234	27
27.01	LOSS ON SALE OF EQUIPMENT		27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	194234	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4233204	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0103)	HOSPITAL (14-0103)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	990712				2
3					3
3.01	955				3.01
4	83.23				4
4.01	3.36	0.00	3.36		4.01
4.02			1.15		4.02
4.03			11393		4.03
5			0.2005		5
5.01			0.5828		5.01
5.02			0.7833		5.02
5.03			0.1719		5.03
5.04			170303		5.04
6	1173363				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0103)	HOSPITAL (14-0103)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY PSYCH					60.01
61 EMERGENCY					61
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
00 OUTPATIENT PHARMACY					00
00.01 PUBLIC RELATIONS					00.01
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	30.65		46.54				77.19 25
26 INTENSIVE CARE UNIT	43.21		33.62				76.83 26
33 NURSERY			42.77				42.77 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	20.96	5.40	24.94				51.30 37
39 DELIVERY ROOM & LABOR ROOM	1.94		43.26				45.20 39
40 ANESTHESIOLOGY	13.33	3.60	23.04				39.97 40
41 RADIOLOGY-DIAGNOSTIC	17.75	5.84	13.25				36.84 41
44 LABORATORY	20.16	0.16	19.53				39.85 44
49 RESPIRATORY THERAPY	20.66	2.10	29.41				52.17 49
50 PHYSICAL THERAPY	28.61		10.36				38.97 50
54 ELECTROENCEPHALOGRAPHY	38.51	2.72	27.22				68.45 54
55 MEDICAL SUPPLIES CHARGED TO PAT	36.96	4.23	12.95				54.14 55
56 DRUGS CHARGED TO PATIENTS	26.80	0.75	30.03				57.58 56
60 CLINIC	0.56	8.91	3.08				12.55 60
60.01 DAY PSYCH		13.39					13.39 60.01
61 EMERGENCY	9.02	5.35	8.21				22.58 61
62 OBSERVATION BEDS (NON-DISTINCT		5.58					5.58 62
101 TOTAL CHARGES	14.16	1.75	13.53				29.44 101

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

SUBPROVIDER I

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							
31 SUBPROVIDER I	26.95		61.63				88.58 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM			0.06				0.06 37
40 ANESTHESIOLOGY			0.04				0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.46	0.03	1.01				1.50 41
44 LABORATORY	1.53		3.31				4.84 44
49 RESPIRATORY THERAPY	0.42	0.03	0.89				1.34 49
50 PHYSICAL THERAPY	0.28		1.09				1.37 50
55 MEDICAL SUPPLIES CHARGED TO PAT	0.10		0.18				0.28 55
56 DRUGS CHARGED TO PATIENTS	2.84		6.11				8.95 56
61 EMERGENCY	1.15		3.07				4.22 61
101 TOTAL CHARGES	0.84		1.85				2.69 101

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	1614768	2.49	-1614768	-5.77		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	2382340	3.67	-2382340	-8.52		4	
5	EMPLOYEE BENEFITS	4464824	6.89	-4464824	-15.96		5	
6	ADMINISTRATIVE & GENERAL	6895871	10.63	-6895871	-24.65		6	
7	MAINTENANCE & REPAIRS						7	
8	OPERATION OF PLANT	4217938	6.51	-4217938	-15.08		8	
9	LAUNDRY & LINEN SERVICE	458327	.71	-458327	-1.64		9	
10	HOUSEKEEPING	1564634	2.41	-1564634	-5.59		10	
11	DIETARY	996274	1.54	-996274	-3.56		11	
12	CAFETERIA	981500	1.51	-981500	-3.51		12	
14	NURSING ADMINISTRATION	827563	1.28	-827563	-2.96		14	
15	CENTRAL SERVICES & SUPPLY	298396	.46	-298396	-1.07		15	
16	PHARMACY	1298656	2.00	-1298656	-4.64		16	
17	MEDICAL RECORDS & LIBRARY	1624576	2.51	-1624576	-5.81		17	
18	SOCIAL SERVICE						18	
20	NONPHYSICIAN ANESTHETISTS						20	
22	I&R SERVICES-SALARY & FRINGES A						22	
23	I&R SERVICES-OTHER PRGM COSTS A	344754	.53	-344754	-1.23		23	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	10236755	15.79	9134104	32.66	19370859	29.87	25
26	INTENSIVE CARE UNIT	2043170	3.15	1516291	5.42	3559461	5.49	26
31	SUBPROVIDER I	2357232	3.64	3157445	11.29	5514677	8.50	31
33	NURSERY	1535792	2.37	922990	3.30	2458782	3.79	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1308037	2.02	1212632	4.34	2520669	3.89	37
39	DELIVERY ROOM & LABOR ROOM	1238970	1.91	815168	2.91	2054138	3.17	39
40	ANESTHESIOLOGY	49817	.08	59963	.21	109780	.17	40
41	RADIOLOGY-DIAGNOSTIC	2752055	4.24	1288137	4.61	4040192	6.23	41
44	LABORATORY	3925611	6.05	1483776	5.30	5409387	8.34	44
49	RESPIRATORY THERAPY	1548936	2.39	562273	2.01	2111209	3.26	49
50	PHYSICAL THERAPY	250535	.39	232054	.83	482589	.74	50
53	ELECTROCARDIOLOGY							53
54	ELECTROENCEPHALOGRAPHY	6773	.01	23606	.08	30379	.05	54
55	MEDICAL SUPPLIES CHARGED TO PAT	2062582	3.18	370502	1.32	2433084	3.75	55
56	DRUGS CHARGED TO PATIENTS	1803618	2.78	1532794	5.48	3336412	5.15	56
60	CLINIC	644616	.99	689519	2.47	1334135	2.06	60
60.01	DAY PSYCH	34000	.05	36438	.13	70438	.11	60.01
61	EMERGENCY	3895039	6.01	2552506	9.13	6447545	9.94	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
	OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
98	PHYSICIANS' PRIVATE OFFICES	110428	.17	1556249	5.56	1666677	2.57	98

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
100	OUTPATIENT PHARMACY	1022271	1.58	813035	2.91	1835306	2.83	100
100.01	PUBLIC RELATIONS	44776	.07	10939	.04	55715	.09	100.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	64841434	100.00	0	.00	64841434	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS 1	CHARGES 2	CAPITAL COST TO CHARGES 3	PROGRAM CHARGES 4	INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	225397	3975294	.056699	833068	47234	37
39 DELIVERY ROOM & LABOR ROOM	133663	953868	.140127	18481	2590	39
40 ANESTHESIOLOGY	7483	2189647	.003417	291985	998	40
41 RADIOLOGY-DIAGNOSTIC	204263	18361793	.011124	3259313	36257	41
44 LABORATORY	244011	33848730	.007209	6823150	49188	44
49 RESPIRATORY THERAPY	127207	9251471	.013750	1911809	26287	49
50 PHYSICAL THERAPY	49514	393683	.125771	112640	14167	50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	6454	13665	.472302	5262	2485	54
55 MEDICAL SUPPLIES CHARGED TO PAT	55742	8493757	.006563	3139588	20605	55
56 DRUGS CHARGED TO PATIENTS	96258	20144971	.004778	5399172	25797	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	122801	134779	.911129	754	687	60
60.01 DAY PSYCH	7402	34678	.213449			60.01
61 EMERGENCY	291523	10885028	.026782	981665	26291	61
62 OBSERVATION BEDS (NON-DISTINCT	59345	1535292	.038654			62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	1631063	110216656		22776887	252586	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	1186064		1186064	29059	40.82	8908	363625 25
26 INTENSIVE CARE UNIT	209703		209703	2858	73.37	1235	90612 26
101 TOTAL	1395767		1395767			10143	454237 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 454237

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 252586

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 706823

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	12092169
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	35134082
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.344

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1764428
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4037493
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.437

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)	706823
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.020

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	1063898
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	2810695
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.379