

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 PROVENA COVENANT MEDICAL CENTER (14-0113) (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	
		PART A	PART B		
1	HOSPITAL				1
2	SUBPROVIDER I	-260029	113239		2
3	SWING BED - SNF	26967			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	-233062	113239		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: 1400 WEST PARK STREET  
 1.01 CITY: URBANA

STATE: IL

P.O.BOX:

ZIP CODE: 61803

COUNTY: CHAMPAIGN

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	PROVENA COVENANT MEDICAL CENTER	14-0113	07/01/1966	N	P	O	2
3	SUBPROVIDER I	REHABILITATION UNIT	14-T113	10/01/1983	N	P	O	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
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	5	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	16580	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				YES		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES				YES		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				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					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
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.	YES	148003	40
40.01	NAME: PROVENA HEALTH	FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET: 19065 HICKORY CREEK DRIVE, SUITE 300	P.O. BOX:		40.02
40.03	CITY:	STATE: IL ZIP CODE: 60448		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 395129 PAID LOSSES: 791143 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 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			YES		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.			YES		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)			NO		58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
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)	NO					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		3334	1892	9226	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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		3334	1892	9226	12
13	RPCH VISITS					13
14	SUBPROVIDER I		266	28	397	14
14.01	SUB-PROVIDER II PSYCHE					14.01
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
28.01	EMP. DISC. DAYS(IRF Sub)					28.01

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
		2	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	42953858	38427	42992285	1773896.18	24.24		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R		769341	769341	26000.00	29.59		6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	4719910	-101457	4618453	213695.69	21.61		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2535696		2535696	50219.30	50.49		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	2122209		2122209	9797.39	216.61		9.03
10 CONTRACT LABOR: PHYSICIAN PART A	289226		289226	1688.00	171.34		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT	54000		54000	270.00	200.00		10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	9303452		9303452	209595.00	44.39		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	13731638		13731638			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1652661		1652661			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1133613	38427	1172040	43167.87	27.15		21
22 ADMINISTRATIVE & GENERAL	3918722	101457	4020179	181803.16	22.11		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1310393		1310393	58643.30	22.35		24
25 LAUNDRY & LINEN SERVICE	121923		121923	8487.80	14.36		25
26 HOUSEKEEPING	979144		979144	78962.40	12.40		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	805510	-332522	472988	39441.50	11.99		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		332522	332522	27728.40	11.99		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1073025		1073025	48345.60	22.19		30
31 CENTRAL SERVICES AND SUPPLY	433563		433563	26041.30	16.65		31
32 PHARMACY	1707411		1707411	40155.30	42.52		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	894681		894681	45471.80	19.68		33
34 SOCIAL SERVICE	690635		690635	22224.70	31.08		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)	DATA SOURCE	WORKSHEET S-3 PART III
		2	3	4	5		
1 NET SALARIES	42953858	-730914	42222944	1747896.18	24.16		1
2 EXCLUDED AREA SALARIES	4719910	-101457	4618453	213695.69	21.61		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38233948	-629457	37604491	1534200.49	24.51		3
4 SUBTOTAL OTHER WAGES & REL COSTS	14304583		14304583	271569.69	52.67		4
5 SUBTOTAL WAGE-RELATED COSTS	13731638		13731638		36.52%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	66270169	-629457	65640712	1805770.18	36.35		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	13068620	139884	13208504	620473.13	21.29		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	16014111 17
17.01	GROSS MEDICAID REVENUES	65469000 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	-8461882 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	-960437 21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	72060792 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	65449000 23
24	COST TO CHARGE RATIO	0.251449 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	16457086 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16457086 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		3491244	3491244	-3491244				88
90	9000		187908	187908	-187908				90
95		41863073	112635984	154499057	345976	154845033	-23279132	131565901	95
NONREIMBURSABLE COST CENTERS									
96	9600	47115	228304	275419		275419		275419	96
100	7950	575472	833405	1408877	-193966	1214911		1214911	100
100.01	7951		4578	4578		4578		4578	100.01
100.02	7952								100.02
100.04	7953	166856	780945	947801		947801		947801	100.04
100.05	7954	301342	1602960	1904302	-152010	1752292		1752292	100.05
101	TOTAL	42953858	116086176	159040034		159040034	-23279132	135760902	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 MEDICAL SUPPLIES-CENTRAL STORES	A	MEDICAL SUPPLIES CHARGED TO P	55		423429 1
2 MEDICAL SUPPLIES-SURGERY	A	MEDICAL SUPPLIES CHARGED TO P	55		8300988 2
3 MEDICAL SUPPLIES-PERFUSION	A	MEDICAL SUPPLIES CHARGED TO P	55		255243 3
4 MEDICAL SUPPLIES-EMERGENCY RM	A	MEDICAL SUPPLIES CHARGED TO P	55		235843 4
5 MEDICAL SUPPLIES-PROCEDURE CTR	A	MEDICAL SUPPLIES CHARGED TO P	55		115890 5
6 MEDICAL SUPPLIES-RADIATION THER	A	MEDICAL SUPPLIES CHARGED TO P	55		21468 6
7 MEDICAL SUPPLIES-SPECIAL PROCEDURES	A	MEDICAL SUPPLIES CHARGED TO P	55		189888 7
8 MEDICAL SUPPLIES-CARDIAC REHAB	A	MEDICAL SUPPLIES CHARGED TO P	55		1456 8
9 MEDICAL SUPPLIES-RESP THERAPY	A	MEDICAL SUPPLIES CHARGED TO P	55		195443 9
10 MEDICAL SUPPLIES-CARDIAC CATH	A	MEDICAL SUPPLIES CHARGED TO P	55		2299566 10
11 PHARMACY RECLASS	B	DRUGS CHARGED TO PATIENTS	56		4009240 11
12 CAFETERIA RECLASS	C	CAFETERIA	12	332522	534040 12
13 REHAB RECLASSIFICATION	D	OCCUPATIONAL THERAPY	51		666313 13
14 REHAB RECLASSIFICATION	D	SPEECH PATHOLOGY	52		235061 14
15 REHAB RECLASSIFICATION	D	SUBPROVIDER I	31		454980 15
16 INTEREST RECLASSIFICATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		2877111 16
17 INTEREST RECLASSIFICATION	E	NEW CAP REL COSTS-MVBLE EQUIP	4		614133 17
18 DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		1917917 18
19 DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		3761599 19
20 EICU FEES	G	INTENSIVE CARE UNIT	26		871884 20
21 EICU RELATED EXPENSES	G	INTENSIVE CARE UNIT	26		1750 21
22 INTERNS & RESIDENTS	H	I&R SERVICES-SALARY & FRINGES	22		769341 22
23 PYXIX RECLASS	I	DRUGS CHARGED TO PATIENTS	56		420183 23
24 PYXIX RECLASS	I	MEDICAL SUPPLIES CHARGED TO P	55		339898 24
25 EMM FEES	J	PHARMACY	16		252528 25
26 ASBESTOS ACCRETION EXP ARO LIABILIT	K	NEW CAP REL COSTS-BLDG & FIXT	3		40851 26
27 CAPITAL LEASE INTEREST	L	CAT SCAN	41.01		4145 27
28 CAPITAL LEASE INTEREST	L	MRI	41.03		23140 28
29 CAPITAL LEASE INTEREST	L	OPERATING ROOM	37		24373 29
30 LEASE EXPENSE	M	I&R SERVICES-OTHER PRGM COSTS	23		59979 30
31 LEASE EXPENSE	M	MAMMOGRAPHY	41.02		92031 31
32 SEVERANCE EXP	N	EMPLOYEE BENEFITS	5	38427	32
33 COMMUNICATIONS	O	NON-PATIENT PHONES	6.01	341895	33
34 VP DEVELOPMENT	P	ADMIN & GENERAL	6.06	101457	34
35					35
36 TOTAL RECLASSIFICATIONS				814301	30009711 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 MEDICAL SUPPLIES-CENTRAL STORES	A	CENTRAL SERVICES & SUPPLY	15		423429	1
2 MEDICAL SUPPLIES-SURGERY	A	OPERATING ROOM	37		8300988	2
3 MEDICAL SUPPLIES-PERFUSION	A	OPERATING ROOM	37		255243	3
4 MEDICAL SUPPLIES-EMERGENCY RM	A	EMERGENCY	61		235843	4
5 MEDICAL SUPPLIES-PROCEDURE CTR	A	GASTROINTESTINAL SERVICES	48.01		115890	5
6 MEDICAL SUPPLIES-RADIATION THER	A	RADIOLOGY-THERAPEUTIC	42		21468	6
7 MEDICAL SUPPLIES-SPECIAL PROCEDUR	A	RADIOLOGY-DIAGNOSTIC	41		189888	7
8 MEDICAL SUPPLIES-CARDIAC REHAB	A	CARDIOPULMONARY	59.01		1456	8
9 MEDICAL SUPPLIES-RESP THERAPY	A	RESPIRATORY THERAPY	49		195443	9
10 MEDICAL SUPPLIES-CARDIAC CATH	A	CARDIAC CATHETERIZATION LABOR	59.02		2299566	10
11 PHARMACY RECLASS	B	PHARMACY	16		4009240	11
12 CAFETERIA RECLASS	C	DIETARY	11	332522	534040	12
13 REHAB RECLASSIFICATION	D	PHYSICAL THERAPY	50		666313	13
14 REHAB RECLASSIFICATION	D	PHYSICAL THERAPY	50		235061	14
15 REHAB RECLASSIFICATION	D	PHYSICAL THERAPY	50		454980	15
16 INTEREST RECLASSIFICATION	E	INTEREST EXPENSE	88		2877111	11 16
17 INTEREST RECLASSIFICATION	E	INTEREST EXPENSE	88		614133	11 17
18 DEPRECIATION	F	OLD CAP REL COSTS-BLDG & FIXT	1		1917917	9 18
19 DEPRECIATION	F	OLD CAP REL COSTS-BLDG & FIXT	1		3761599	9 19
20 EICU FEES	G	ADMIN & GENERAL	6.06		871884	20
21 EICU RELATED EXPENSES	G	ADMIN & GENERAL	6.06		1750	21
22 INTERNS & RESIDENTS	H	I&R SERVICES-OTHER PRGM COSTS	23		769341	22
23 PYXIX RECLASS	I	PURCHASING	6.03		420183	23
24 PYXIX RECLASS	I	PURCHASING	6.03		339898	24
25 EMM FEES	J	ADMIN & GENERAL	6.06		252528	25
26 ASBESTOS ACCRETION EXP ARO LIABIL	K	OTHER NON-REIMBURSABLE	100		40851	9 26
27 CAPITAL LEASE INTEREST	L	OTHER NON-REIMBURSABLE	100		4145	27
28 CAPITAL LEASE INTEREST	L	OTHER NON-REIMBURSABLE	100		23140	28
29 CAPITAL LEASE INTEREST	L	OTHER NON-REIMBURSABLE	100		24373	29
30 LEASE EXPENSE	M	PRIMARY CARE PHYSICIAN	100.05		59979	30
31 LEASE EXPENSE	M	PRIMARY CARE PHYSICIAN	100.05		92031	31
32 SEVERANCE EXP	N	EMPLOYEE BENEFITS	5		38427	32
33 COMMUNICATIONS	O	DATA PROCESSING	6.02	341895		33
34 VP DEVELOPMENT	P	OTHER NON-REIMBURSABLE	100	101457		34
35						35
36 TOTAL RECLASSIFICATIONS				775874	30048138	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	6224094				67337	6156757		1
2 LAND IMPROVEMENTS	4503332					4503332	2259789	2
3 BUILDINGS AND FIXTURES	53061820	2011322		2011322		55073142	2884955	3
4 BUILDING IMPROVEMENTS	327236	3350247		3350247	3169290	508193		4
5 FIXED EQUIPMENT	19351017	638		638	723	19350932	12299214	5
6 MOVABLE EQUIPMENT	60415929	3257695		3257695	1522770	62150854	39502317	6
7 SUBTOTAL	143883428	8619902		8619902	4760120	147743210	56946275	7
8 RECONCILING ITEMS								8
9 TOTAL	143883428	8619902		8619902	4760120	147743210	56946275	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	78927406		78927406	.581467	109262			3
4 NEW CAP REL COSTS-MVBLE EQUIP	59480975	2669878	56811097	.418533	78646			4
5 TOTAL	138408381	2669878	135738503	1.000000	187908			5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1958768		2203138	109262			3
4 NEW CAP REL COSTS-MVBLE EQUIP	3761599		470270	78646			4
5 TOTAL	5720367		2673408	187908			5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	5679516						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 TOTAL	5679516						5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	A	-258071	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	A	-55087	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-6525	PURCHASING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-93126	OPERATION OF PLANT	8	8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-4755	NON-PATIENT PHONES	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3951324			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-511564			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-505356	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-168930	MEDICAL RECORDS & LIBRARY	17	17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES	B	-220	PATIENT ACCOUNTING	6.05	23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 OTHER OPER INC	B	-21789	ADMIN & GENERAL	6.06	37
38 OTHER OPER IN NURSING SVC	B	-15000	NURSING ADMINISTRATION	14	38
39 OTHER OPER IN EMS	B	-72825	PARAMED ED PRGM-(SPECIFY)	24	39
40 OTHER OPER IN LAB	B	-27455	LABORATORY	44	40
41 OTHER OPER IN EKG	B	-3000	ELECTROCARDIOLOGY	53	41
42 OTHER OPER IN RADIOLOGY	B	-130	RADIOLOGY-DIAGNOSTIC	41	42
43 OTHER OPER IN CARDIO PULM REHAB	B	-8355	CARDIOPULMONARY	59.01	43
44 OTHER OPER IN AMBULANCE	B	-10098	AMBULANCE SERVICES	65	44
45 OTHER OPER IN PLANT ENG	B	-600	OPERATION OF PLANT	8	45
46 OTHER OPER IN QUALITY MGMT	B	-905	ADMIN & GENERAL	6.06	46
47 OTHER OPER IN CLINICAL ED	B	-3595	EMPLOYEE BENEFITS	5	47
48 ADVERTISING	A	-747952	ADMIN & GENERAL	6.06	48
49 ALCOHOLIC BEVERAGES	A	-2554	ADMIN & GENERAL	6.06	49
49.01 LOBBYING COSTS	A	-24591	ADMIN & GENERAL	6.06	49.01
49.02 INDIGENT CARE	A	-18428	SOCIAL SERVICE	18	49.02
49.03 PHYSICIAN RECRUITMENT	A	-192854	ADMIN & GENERAL	6.06	49.03
49.04 CONTRIBUTIONS	A	-81578	ADMIN & GENERAL	6.06	49.04
49.05 EMP HEALTH ADMIN FEES	A	285364	EMPLOYEE BENEFITS	5	49.05
49.06 BAD DEBTS	A	-1625882	PATIENT ACCOUNTING	6.05	49.06
49.07 PHYSICIAN FEES	A	-521947	ADMIN & GENERAL	6.06	49.07
50 TOTAL		-23279132			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.02	DATA PROCESSING	ADMIN FEES-IT	4048902	5354184	-1305282	1
2	6.05	PATIENT ACCOUNTING	CBO FEES	1310066	1547053	-236987	2
3	6.06	ADMIN & GENERAL	ADMIN FEES-CORP	6611041	4738163	1872878	3
4	6.06	ADMIN & GENERAL	PROF/GEN LIAB INSUR	1373568	1373568		4
4.01	6.06	ADMIN & GENERAL	INS SERVICE FEE	37380	37380		4.01
4.02	6.06	ADMIN & GENERAL	AUTO/AIRCRAFT INSURANCE	86436	86436		4.02
4.03	6.06	ADMIN & GENERAL	PROPERTY INSURANCE	101472	101472		4.03
4.04	6.06	ADMIN & GENERAL	EXCESS GEN & MAL INSURANC	71388	71388		4.04
4.05	16	PHARMACY	EMM FEES	59353	252528	-193175	4.05
4.06	5	EMPLOYEE BENEFITS	WORKERS COMP	839280	839280		4.06
4.07	26	INTENSIVE CARE UNIT	EICU FEES	727564	871884	-144320	4.07
4.08	41	RADIOLOGY-DIAGNOSTIC	PACS FEES	445752	445752		4.08
4.09	59.02	CARDIAC CATHETERIZATION LABORAT	CPACS FEES	53148	53148		4.09
4.10	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	2461209	2877111	-415902	11 4.10
4.11	4	NEW CAP REL COSTS-MVBLE EQUIP	INTEREST	525357	614133	-88776	11 4.11
4.12	44	LABORATORY	LAB FEES	4653866	4653866		4.12
5		TOTALS		23405782	23917346	-511564	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B		PROVENA HEALTH	100.00	HEALTH MANAGEMENT	1
2	G		APHL LABS		LAB SERVICE	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: FINANCIAL

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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	DR S	14256		14256	142500	140	9591	480
	2	25 ADULTS & PEDIATRICS	DR B	56553		56553	142500	251	17196	860
	3	25 ADULTS & PEDIATRICS	DR MHC	62595	62595		142500			
	4	33 NURSERY	DR MNA	736332	736332		171400			
	5	44 LABORATORY	DR CC	66500		66500	219500	400	42212	2111
	6	53 ELECTROCARDIOLOGY	VARIOUS	94602	94602		171400			
	7	41.01 CAT SCAN	DR L	12150	12150		231100			
	8	41 RADIOLOGY-DIAGNOSTIC	DR L	21667		21667	231100	144	15999	800
	9	40 ANESTHESIOLOGY	DR PA	2964440	2929440	35000	200300	233	22437	1122
	10	49 RESPIRATORY THERAPY	DR P	24000		24000	171400	120	9888	494
	11	49 RESPIRATORY THERAPY	DR B	25000		25000	171400	125	10300	515
	12	42.01 ONCOLOGY	STAFF	852	852		231100			
101		TOTAL		4078947	3835971	242976		1413	127623	6382

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE  
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER								
LINE NO.			COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11		12	13	14	15	16	17	18
1	25	ADULTS & PEDIATRICS		DR S			9591	4665	4665
2	25	ADULTS & PEDIATRICS		DR B			17196	39357	39357
3	25	ADULTS & PEDIATRICS		DR MHC					62595
4	33	NURSERY		DR MNA					736332
5	44	LABORATORY		DR CC			42212	24288	24288
6	53	ELECTROCARDIOLOGY		VARIOUS					94602
7	41.01	CAT SCAN		DR L					12150
8	41	RADIOLOGY-DIAGNOSTIC		DR L			15999	5668	5668
9	40	ANESTHESIOLOGY		DR PA			22437	12563	2942003
10	49	RESPIRATORY THERAPY		DR P			9888	14112	14112
11	49	RESPIRATORY THERAPY		DR B			10300	14700	14700
12	42.01	ONCOLOGY		STAFF					852
101		TOTAL					127623	115353	3951324



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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	NONPATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	ADMITTING 6.04	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	131565901	4119440	4262262	16936411	679739	3941196	1918436	1414298	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	275419	19218	5955	19543			15029		96
100 OTHER NON-REIMBURSABLE	1214911	48254	26420	196619	8680	94010	9062		100
100.01 SHARED SERVICES	4578						560		100.01
100.02 CASE MANAGEMENT			57						100.02
100.04 OUTPATIENT PHARMACY	947801	8352		69211	3339		695		100.04
100.05 PRIMARY CARE PHYSICIAN	1752292	75904	15821	124995	19364	108473	1729		100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	135760902	4271168	4310515	17346779	711122	4143679	1945511	1414298	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PATIENT ACCOUNTS	SUBTOTAL	ADMIN AND GENERAL	OPERATION OF PLANT	WORKORDER SERVICE CENTERS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.05	5A	6.06	8	8.01	9	10	11	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2860941	130694611	17763120	7582503	1915553	767620	2328401	2270010	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		335164	53096	49020			15452		96
100 OTHER NON-REIMBURSABLE		1597956	253143	123082		3741	38797		100
100.01 SHARED SERVICES		5138	814						100.01
100.02 CASE MANAGEMENT		57	9						100.02
100.04 OUTPATIENT PHARMACY		1029398	163074	21304			6715		100.04
100.05 PRIMARY CARE PHYSICIAN		2098578	332450	193607	4157	5003	61028		100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2860941	135760902	18565706	7969516	1919710	776364	2450393	2270010	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	842633	2006264	1686657	3340288	3349956	1232546	892764	789788	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1750								96
100 OTHER NON-REIMBURSABLE	11122		1437						100
100.01 SHARED SERVICES			281						100.01
100.02 CASE MANAGEMENT									100.02
100.04 OUTPATIENT PHARMACY	3164		83						100.04
100.05 PRIMARY CARE PHYSICIAN	5938		370	496					100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	864607	2006264	1688828	3340784	3349956	1232546	892764	789788	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	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
6.01 NON-PATIENT PHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT ACCOUNTING					6.05
6.06 ADMIN & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 BIO, ED					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)	550936				24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		26568792	-1061522	25507270	25
26 INTENSIVE CARE UNIT	12010	7421193	-268872	7152321	26
31 SUBPROVIDER I		4818145		4818145	31
31.01 SUB-PROVIDER II PSYCHE					31.01
33 NURSERY	3002	2216618		2216618	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	6005	9821736	-18508	9803228	37
38 RECOVERY ROOM		1293198		1293198	38
39 DELIVERY ROOM & LABOR ROOM	18014	3575244		3575244	39
39.01 PSYCHIATRIC/PSYCHOLOGIC					39.01
40 ANESTHESIOLOGY		1064751		1064751	40
41 RADIOLOGY-DIAGNOSTIC		4150660		4150660	41
41.01 CAT SCAN		1516898		1516898	41.01
41.02 MAMMOGRAPHY		287377		287377	41.02
41.03 MRI		1174922		1174922	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		839811		839811	41.04
41.05 ULTRASOUND		682278		682278	41.05
42 RADIOLOGY-THERAPEUTIC		1167919		1167919	42
42.01 ONCOLOGY		750167		750167	42.01
44 LABORATORY		6992127		6992127	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA		1015681		1015681	47
48.01 GASTROINTESTINAL SERVICES		2188644	-166909	2021735	48.01
49 RESPIRATORY THERAPY	12010	3254712		3254712	49
50 PHYSICAL THERAPY		1776697		1776697	50
51 OCCUPATIONAL THERAPY		943073		943073	51
52 SPEECH PATHOLOGY		284951		284951	52
53 ELECTROCARDIOLOGY		246126		246126	53
54 ELECTROENCEPHALOGRAPHY		190088		190088	54
55 MEDICAL SUPPLIES CHARGED TO PAT		18044976		18044976	55
56 DRUGS CHARGED TO PATIENTS		8655970		8655970	56
57 RENAL DIALYSIS		315107		315107	57
59 OTHER CARDIOLOGY		984892	-166741	818151	59
59.01 CARDIOPULMONARY		913843		913843	59.01
59.02 CARDIAC CATHETERIZATION LABORAT	6005	3216200		3216200	59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	244693	7788253		7788253	61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES	240190	5175422		5175422	65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	541929	129336471	-1682552	127653919
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		454482		454482
100 OTHER NON-REIMBURSABLE	9007	2038285		2038285
100.01 SHARED SERVICES		6233		6233
100.02 CASE MANAGEMENT		66		66
100.04 OUTPATIENT PHARMACY		1223738		1223738
100.05 PRIMARY CARE PHYSICIAN		2701627		2701627
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	550936	135760902	-1682552	134078350



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4470600	4119440	4262262	12852302	12992	7958	1498130	474736	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		19218	5955	25173	15			3719	96
100 OTHER NON-REIMBURSABLE		48254	26420	74674	151	102	35735	2242	100
100.01 SHARED SERVICES								138	100.01
100.02 CASE MANAGEMENT			57	57					100.02
100.04 OUTPATIENT PHARMACY		8352		8352	53	39		172	100.04
100.05 PRIMARY CARE PHYSICIAN		75904	15821	91725	96	227	41233	428	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4470600	4271168	4310515	13052283	13307	8326	1575098	481435	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	PATIENT ACCOUNTS 6.05	ADMIN AND GENERAL 6.06	OPERATION OF PLANT 8	WORKORDER SERVICE CENTERS 8.01	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	141919	123707	1320245	1453015	61155	26939	113928	231454	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			3946	9394			756		96
100 OTHER NON-REIMBURSABLE			18814	23586		131	1898		100
100.01 SHARED SERVICES			60						100.01
100.02 CASE MANAGEMENT			1						100.02
100.04 OUTPATIENT PHARMACY			12120	4082			329		100.04
100.05 PRIMARY CARE PHYSICIAN			24709	37100	133	176	2986		100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	141919	123707	1379895	1527177	61288	27246	119897	231454	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	101069	29826	304601	164394	285450	36028		95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	210							96
100 OTHER NON-REIMBURSABLE	1334		260					100
100.01 SHARED SERVICES			51					100.01
100.02 CASE MANAGEMENT								100.02
100.04 OUTPATIENT PHARMACY	380		15					100.04
100.05 PRIMARY CARE PHYSICIAN	712		67	24				100.05
101 CROSS FOOT ADJUSTMENTS							9090	94094 101
102 NEGATIVE COST CENTER								102
103 TOTAL	103705	29826	304994	164418	285450	36028	9090	94094 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	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
6.01 NON-PATIENT PHONES				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 ADMIN & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
8.01 BIO, ED				8.01
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)	24142			24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		2045189		2045189
26 INTENSIVE CARE UNIT		596849		596849
31 SUBPROVIDER I		428199		428199
31.01 SUB-PROVIDER II PSYCHE				31.01
33 NURSERY		181746		181746
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		1215935		1215935
38 RECOVERY ROOM		84390		84390
39 DELIVERY ROOM & LABOR ROOM		294425		294425
39.01 PSYCHIATRIC/PSYCHOLOGIC				39.01
40 ANESTHESIOLOGY		105435		105435
41 RADIOLOGY-DIAGNOSTIC		766544		766544
41.01 CAT SCAN		452689		452689
41.02 MAMMOGRAPHY		114879		114879
41.03 MRI		646644		646644
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		74076		74076
41.05 ULTRASOUND		65042		65042
42 RADIOLOGY-THERAPEUTIC		299297		299297
42.01 ONCOLOGY		116940		116940
44 LABORATORY		368002		368002
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA		13359		13359
48.01 GASTROINTESTINAL SERVICES		415528		415528
49 RESPIRATORY THERAPY		380734		380734
50 PHYSICAL THERAPY		132618		132618
51 OCCUPATIONAL THERAPY		54708		54708
52 SPEECH PATHOLOGY		3937		3937
53 ELECTROCARDIOLOGY		41969		41969
54 ELECTROENCEPHALOGRAPHY		14541		14541
55 MEDICAL SUPPLIES CHARGED TO PAT		1165536		1165536
56 DRUGS CHARGED TO PATIENTS		658874		658874
57 RENAL DIALYSIS		16379		16379
59 OTHER CARDIOLOGY		114586		114586
59.01 CARDIOPULMONARY		117104		117104
59.02 CARDIAC CATHETERIZATION LABORAT		641637		641637
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		432407		432407
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES		437154		437154
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS		12497352		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		43213		96
100 OTHER NON-REIMBURSABLE		158927		100
100.01 SHARED SERVICES		249		100.01
100.02 CASE MANAGEMENT		58		100.02
100.04 OUTPATIENT PHARMACY		25542		100.04
100.05 PRIMARY CARE PHYSICIAN		199616		100.05
101 CROSS FOOT ADJUSTMENTS	24142	127326		101
102 NEGATIVE COST CENTER				102
103 TOTAL	24142	13052283		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	PURCHASING	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	PHONES	PROCESSING DEVICES	SUPPLIES	INPATIENT REVENUE	
	3	4	5	6.01	6.02	6.03	6.04	
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	378929							3
4 NEW CAP REL COSTS-MVBLE EQUIP		3635718						4
5 EMPLOYEE BENEFITS	255	8800	41820245					5
6.01 NON-PATIENT PHONES	729		341895	1065				6.01
6.02 DATA PROCESSING	2744	171		45	573			6.02
6.03 PURCHASING		359380	359971	10	7	15916183		6.03
6.04 ADMITTING	2147	51726	790813	50	20	25591	263367840	6.04
6.05 PATIENT ACCOUNTING			17056	8	12			6.05
6.06 ADMIN & GENERAL	16913	83068	2510444	185	63	64960		6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	78947	444733	1310393	26	9	121479		8
8.01 BIO, ED	1414	8122		5	3	18081		8.01
9 LAUNDRY & LINEN SERVICE	973	498	121923	2		88147		9
10 HOUSEKEEPING	4425	7609	979144	8	3	145028		10
11 DIETARY	8446	25822	472988	44	11	157915		11
12 CAFETERIA	5630		332522					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	180	1939	1073025	7		9041		14
15 CENTRAL SERVICES & SUPPLY	13215	33394	433563	9	7			15
16 PHARMACY	3414	11338	1707411	25	20	31660		16
17 MEDICAL RECORDS & LIBRARY	8306	6945	894681	36	35	104947		17
18 SOCIAL SERVICE	628		690635	11	4	1250		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES				2				22
23 I&R SERVICES-OTHER PRGM COSTS	1512	528						23
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS		13719	311048			44609		24
25 ADULTS & PEDIATRICS	63198	52233	8184969	113	83	581768	36352909	25
26 INTENSIVE CARE UNIT	10158	21064	2286499	16	26	283316	12401080	26
31 SUBPROVIDER I	13331	4205	1363956	17	28	85195	6278845	31
31.01 SUB-PROVIDER II PSYCHE								31.01
33 NURSERY	3835	21145	501700	13	8	103465	4112689	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	27749	428059	3052167	48	24	271957	16660174	37
38 RECOVERY ROOM	2390		506950	12	8	31884	4351214	38
39 DELIVERY ROOM & LABOR ROOM	9631	61042	1369933	15	2	141502	4801773	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		55645		4		296353	7641110	40
41 RADIOLOGY-DIAGNOSTIC	8574	167847	1368572	45	30	46538	5562254	41
41.01 CAT SCAN	2363	320210	357382	6		45292	6969178	41.01
41.02 MAMMOGRAPHY		6363	55326		4	22867	196	41.02
41.03 MRI	1581	487246	129211	7		48912	2943314	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	1245	22838	151918	3		283686	939255	41.04
41.05 ULTRASOUND	2275	13064	255664	1		16835	1879776	41.05
42 RADIOLOGY-THERAPEUTIC	7159	138385	303898	36		9016	491906	42
42.01 ONCOLOGY	4772		232787	5	10	9588	7030	42.01
44 LABORATORY	11656			43	26		25258559	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T						10	3700486	47
48.01 GASTROINTESTINAL SERVICES	4410	8625	632752	13	5	109339	1624563	48.01
49 RESPIRATORY THERAPY	9723	97904	1094690	28	12	127764	21401440	49
50 PHYSICAL THERAPY	3688	5688		25		22336	2953916	50
51 OCCUPATIONAL THERAPY	2518	268				1479	2696947	51
52 SPEECH PATHOLOGY		382	115			1821	619311	52
53 ELECTROCARDIOLOGY		28925	75288	3	1	5800	725418	53
54 ELECTROENCEPHALOGRAPHY	336	421	80016	3	2	3489	308871	54
55 MEDICAL SUPPLIES CHARGED TO P						12013813	29549325	55
56 DRUGS CHARGED TO PATIENTS						17826	44716151	56
57 RENAL DIALYSIS	425			3	2	179	571584	57
59 OTHER RADIOLOGY	2026	44407	277131	10	5	35863	2052693	59
59.01 CARDIOPULMONARY	3097	32935	367923	3	5	16570	510474	59.01
59.02 CARDIAC CATHETERIZATION LABOR	8366	357290	941925	16	9	60914	7471311	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	11084	25292	2938512	57	34	69932	7814088	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		135744	1954121		27	116664		65

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	PURCHASING	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS	PHONES	PROCESSING	SUPPLIES	INPATIENT REVENUE	
	3	4	5	6.01	6.02	6.03	6.04	
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	365468	3595019	40830917	1018	545	15694681	263367840	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1705	5023	47115			122955		96
100 OTHER NON-REIMBURSABLE	4281	22284	474015	13	13	74136		100
100.01 SHARED SERVICES						4578		100.01
100.02 CASE MANAGEMENT		48						100.02
100.04 OUTPATIENT PHARMACY	741		166856	5		5688		100.04
100.05 PRIMARY CARE PHYSICIAN	6734	13344	301342	29	15	14145		100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4271168	4310515	17346779	711122	4143679	1945511	1414298	103
104 UNIT COST MULT-WS B PT I		1.185602		667.720188		.122235		104
104 UNIT COST MULT-WS B PT I	11.271684		.414794		7231.551483		.005370	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			13307	8326	1575098	481435	141919	107
108 UNIT COST MULT-WS B PT III				7.817840		.030248		108
108 UNIT COST MULT-WS B PT III			.000318		2748.862129		.000539	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT ACCOUNTS	RECON- CILIATION	ADMIN AND	OPERATION	WORKORDER	LAUNDRY	HOUSE-	DIETARY
	GROSS REVENUE		GENERAL	OF PLANT	SERVICE	& LINEN	KEEPING	
	6.05	6A.06	ACCUM COST	SQUARE FEET	OTHER	SERVICE POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED
			6.06	8	8.01	9	10	11
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 PATIENT ACCOUNTING	507672251							6.05
6.06 ADMIN & GENERAL		-18565706	117195196					6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT			6879661	277194				8
8.01 BIO, ED			1622090	1414	3233			8.01
9 LAUNDRY & LINEN SERVICE			646045	973		1186121		9
10 HOUSEKEEPING			2005470	4425			270382	10
11 DIETARY			1682857	8446	2		8446	305667 11
12 CAFETERIA			562594	5630			5630	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			1699013	180			180	14
15 CENTRAL SERVICES & SUPPLY			837677	13215	340		13215	15
16 PHARMACY			2750036	3414			3414	16
17 MEDICAL RECORDS & LIBRARY			2594736	8306			8306	17
18 SOCIAL SERVICE			1030923	628			628	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			770676					22
23 I&R SERVICES-OTHER PRGM COSTS			632427	1512			1512	23
24 PARAMED ED PRGM-(SPECIFY)			469080					24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	41781757		14313532	63198	304	481878	63198	214092 25
26 INTENSIVE CARE UNIT	12401080		4809343	10158	160	89822	10158	30578 26
31 SUBPROVIDER I	6278845		2928660	13331	21	68898	13331	37839 31
31.01 SUB-PROVIDER II PSYCHE								31.01
33 NURSERY	4112689		1192214	3835	153	19531	3835	23158 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	38353168		6708351	27749	564	178164	27749	37
38 RECOVERY ROOM	9443062		940291	2390	57		2390	38
39 DELIVERY ROOM & LABOR ROOM	5175598		2461465	9631	125	68519	9631	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY	18626119		730717		133			40
41 RADIOLOGY-DIAGNOSTIC	15339180		3150320	8574	168	22219	8574	41
41.01 CAT SCAN	21201773		1187444	2363		7868	2363	41.01
41.02 MAMMOGRAPHY	779223		244383			1661		41.02
41.03 MRI	8678638		928363	1581	43	7868	1581	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	6172130		629302	1245	28	8730	1245	41.04
41.05 ULTRASOUND	5699082		489071	2275	39		2275	41.05
42 RADIOLOGY-THERAPEUTIC	2794633		749659	7159	33	3674	7159	42
42.01 ONCOLOGY	896377		483707	4772		729	4772	42.01
44 LABORATORY	54863733		5582874	11656	139	2076	11656	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	4264517		876783					47
48.01 GASTROINTESTINAL SERVICES	13629600		1519404	4410	79	29269	4410	48.01
49 RESPIRATORY THERAPY	24870128		2353085	9723	201	198	9723	49
50 PHYSICAL THERAPY	6501507		1354323	3688	96	15886	3688	50
51 OCCUPATIONAL THERAPY	3656033		731864	2518			2518	51
52 SPEECH PATHOLOGY	720772		245422		1			52
53 ELECTROCARDIOLOGY	1686079		167022		84			53
54 ELECTROENCEPHALOGRAPHY	658919		143651	336	14		336	54
55 MEDICAL SUPPLIES CHARGED TO P	53143647		14305763			8064		55
56 DRUGS CHARGED TO PATIENTS	63653036		5030633					56
57 RENAL DIALYSIS	621640		257095	425		1820	425	57
59 OTHER RADIOLOGY	5103445		597912	2026	52	7038	2026	59
59.01 CARDIOPULMONARY	1849227		658692	3097	42		3097	59.01
59.02 CARDIAC CATHETERIZATION LABOR	26321368		2337846	8366	132	27190	8366	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	40521930		5675540	11084	182	118854	11084	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	7873316		4160889		34	2806		65

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT	RECON- CILIATION	ADMIN AND	OPERATION	WORKORDER	LAUNDRY	HOUSE-	DIETARY
	ACCOUNTS		GENERAL	OF PLANT	SERVICE	& LINEN	KEEPING	
	GROSS		ACCUM	SQUARE	CENTERS	SERVICE	SQUARE	MEALS
	REVENUE		COST	FEET	OTHER	POUNDS OF	FEET	SERVED
	6.05	6A.06	6.06	8	8.01	9	10	11
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	507672251	-18565706	112128905	263733	3226	1172762	256921	305667 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			335164	1705			1705	96
100 OTHER NON-REIMBURSABLE			1597956	4281		5715	4281	100
100.01 SHARED SERVICES			5138					100.01
100.02 CASE MANAGEMENT			57					100.02
100.04 OUTPATIENT PHARMACY			1029398	741			741	100.04
100.05 PRIMARY CARE PHYSICIAN			2098578	6734	7	7644	6734	100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2860941		18565706	7969516	1919710	776364	2450393	2270010 103
104 UNIT COST MULT-WS B PT I	.005635		.158417		593.785957		9.062708	104
104 UNIT COST MULT-WS B PT I				28.750680		.654540		7.426415 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	123707		1379895	1527177	61288	27246	119897	231454 107
108 UNIT COST MULT-WS B PT III	.000244		.011774		18.957006		.443436	108
108 UNIT COST MULT-WS B PT III				5.509416		.022971		.757210 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY COSTED	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE TIME	I&R SALARY & FRINGES ASSIGNED	I&R PROGRAM COSTS ASSIGNED
	MEALS SERVED 12	DIRECT NRSING HRS 14	COSTED REQUIS. 15	REQUIS. 16	TIME SPENT 17	SPENT 18	TIME 22	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
6.01 NON-PATIENT PHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 BIO, ED								8.01
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	64212							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2324	23668						14
15 CENTRAL SERVICES & SUPPLY	1252		13808100					15
16 PHARMACY	1931			4739200				16
17 MEDICAL RECORDS & LIBRARY	2186		5376		10000			17
18 SOCIAL SERVICE	1068		5	256		10000		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES							10000	22
23 I&R SERVICES-OTHER PRGM COSTS								10000
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	559		153					24
25 ADULTS & PEDIATRICS	15168	12493	437627	132385	6654	6584	6309	6309
26 INTENSIVE CARE UNIT	3467	3000	255758	53516	950	940	1598	1598
31 SUBPROVIDER I	2462		68861	5497	1176	1164		
31.01 SUB-PROVIDER II PSYCHE								
33 NURSERY	821	717	74735	2808	720	712		
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	6060	4869	61415	33373			110	110
38 RECOVERY ROOM	744	635	26661	17907				
39 DELIVERY ROOM & LABOR ROOM	2210	1954	105004	20343				
39.01 PSYCHIATRIC/PSYCHOLOGIC								
40 ANESTHESIOLOGY			237958	156325				
41 RADIOLOGY-DIAGNOSTIC	2894		21960	29949				
41.01 CAT SCAN	669		39579	46801				
41.02 MAMMOGRAPHY	99		15133	13				
41.03 MRI	218		45864	682				
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	218		280389	5916				
41.05 ULTRASOUND	382		11303	28				
42 RADIOLOGY-THERAPEUTIC	470			663				
42.01 ONCOLOGY	424		4645	3736				
44 LABORATORY				260				
46.30 BLOOD CLOTTING FACTORS ADMIN								
47 BLOOD STORING, PROCESSING & T			10					
48.01 GASTROINTESTINAL SERVICES	1047			20868			992	992
49 RESPIRATORY THERAPY	2130		4873	612				
50 PHYSICAL THERAPY			7926					
51 OCCUPATIONAL THERAPY			452					
52 SPEECH PATHOLOGY			461					
53 ELECTROCARDIOLOGY	192		1488					
54 ELECTROENCEPHALOGRAPHY	197		73					
55 MEDICAL SUPPLIES CHARGED TO P			11979517	3517				
56 DRUGS CHARGED TO PATIENTS			17826	4009240				
57 RENAL DIALYSIS			179					
59 OTHER CARDIOLOGY	396		29152	6425			991	991
59.01 CARDIOPULMONARY	650			6				
59.02 CARDIAC CATHETERIZATION LABOR	1489			98480				
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	5232			73810	500	600		
62 OBSERVATION BEDS (NON-DISTINC								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	5621		55966	15080				

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I&R	I&R	
	MEALS	ADMINIS-	SERVICES &		RECORDS &	SERVICE	SALARY &	PROGRAM	
	SERVED	TRATION	SUPPLY	COSTED	LIBRARY	TIME	FRINGES	COSTS	
	12	DIRECT	COSTED	REQUIS.	TIME	SPENT	ASSIGNED	ASSIGNED	
		NRSING	REQUIS.	REQUIS.	SPENT	SPENT	TIME	TIME	
		HRS							
		14	15	16	17	18	22	23	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	62580	23668	13790349	4738496	10000	10000	10000	10000	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	130								96
100 OTHER NON-REIMBURSABLE	826		11749						100
100.01 SHARED SERVICES			2296						100.01
100.02 CASE MANAGEMENT									100.02
100.04 OUTPATIENT PHARMACY	235		678						100.04
100.05 PRIMARY CARE PHYSICIAN	441		3028	704					100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	864607	2006264	1688828	3340784	3349956	1232546	892764	789788	103
104 UNIT COST MULT-WS B PT I	13.464882		.122307		334.995600		89.276400		104
104 UNIT COST MULT-WS B PT I		84.766943		.704926		123.254600		78.978800	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	103705	29826	304994	164418	285450	36028	9090	94094	107
108 UNIT COST MULT-WS B PT III	1.615041		.022088		28.545000		.909000		108
108 UNIT COST MULT-WS B PT III		1.260183		.034693		3.602800		9.409400	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		24	
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
6.01	NON-PATIENT PHONES		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT ACCOUNTING		6.05
6.06	ADMIN & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
8.01	BIO, ED		8.01
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES		22
23	I&R SERVICES-OTHER PRGM COSTS		23
24	PARAMED ED PRGM-(SPECIFY)	3670	24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS		25
26	INTENSIVE CARE UNIT	80	26
31	SUBPROVIDER I		31
31.01	SUB-PROVIDER II PSYCHE		31.01
33	NURSERY	20	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	40	37
38	RECOVERY ROOM		38
39	DELIVERY ROOM & LABOR ROOM	120	39
39.01	PSYCHIATRIC/PSYCHOLOGIC		39.01
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
41.01	CAT SCAN		41.01
41.02	MAMMOGRAPHY		41.02
41.03	MRI		41.03
41.04	NUCLEAR MEDICINE-DIAGNOSTIC		41.04
41.05	ULTRASOUND		41.05
42	RADIOLOGY-THERAPEUTIC		42
42.01	ONCOLOGY		42.01
44	LABORATORY		44
46.30	BLOOD CLOTTING FACTORS ADMIN		46.30
47	BLOOD STORING, PROCESSING & T		47
48.01	GASTROINTESTINAL SERVICES		48.01
49	RESPIRATORY THERAPY	80	49
50	PHYSICAL THERAPY		50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY		52
53	ELECTROCARDIOLOGY		53
54	ELECTROENCEPHALOGRAPHY		54
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
57	RENAL DIALYSIS		57
59	OTHER CARDIOLOGY		59
59.01	CARDIOPULMONARY		59.01
59.02	CARDIAC CATHETERIZATION LABOR	40	59.02
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	1630	61
62	OBSERVATION BEDS (NON-DISTINC		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
65	AMBULANCE SERVICES	1600	65

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		24	
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	3610		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
100 OTHER NON-REIMBURSABLE	60		100
100.01 SHARED SERVICES			100.01
100.02 CASE MANAGEMENT			100.02
100.04 OUTPATIENT PHARMACY			100.04
100.05 PRIMARY CARE PHYSICIAN			100.05
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	550936		103
104 UNIT COST MULT-WS B PT I	150.118801		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	24142		107
108 UNIT COST MULT-WS B PT III	6.578202		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	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	25507270		25507270	44022	25551292	25
26 INTENSIVE CARE UNIT	7152321		7152321		7152321	26
31 SUBPROVIDER I	4818145		4818145		4818145	31
31.01 SUB-PROVIDER II PSYCHE						31.01
33 NURSERY	2216618		2216618		2216618	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9803228		9803228		9803228	37
38 RECOVERY ROOM	1293198		1293198		1293198	38
39 DELIVERY ROOM & LABOR ROOM	3575244		3575244		3575244	39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY	1064751		1064751	12563	1077314	40
41 RADIOLOGY-DIAGNOSTIC	4150660		4150660	5668	4156328	41
41.01 CAT SCAN	1516898		1516898		1516898	41.01
41.02 MAMMOGRAPHY	287377		287377		287377	41.02
41.03 MRI	1174922		1174922		1174922	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	839811		839811		839811	41.04
41.05 ULTRASOUND	682278		682278		682278	41.05
42 RADIOLOGY-THERAPEUTIC	1167919		1167919		1167919	42
42.01 ONCOLOGY	750167		750167		750167	42.01
44 LABORATORY	6992127		6992127	24288	7016415	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1015681		1015681		1015681	47
48.01 GASTROINTESTINAL SERVICES	2021735		2021735		2021735	48.01
49 RESPIRATORY THERAPY	3254712		3254712	28812	3283524	49
50 PHYSICAL THERAPY	1776697		1776697		1776697	50
51 OCCUPATIONAL THERAPY	943073		943073		943073	51
52 SPEECH PATHOLOGY	284951		284951		284951	52
53 ELECTROCARDIOLOGY	246126		246126		246126	53
54 ELECTROENCEPHALOGRAPHY	190088		190088		190088	54
55 MEDICAL SUPPLIES CHARGED TO	18044976		18044976		18044976	55
56 DRUGS CHARGED TO PATIENTS	8655970		8655970		8655970	56
57 RENAL DIALYSIS	315107		315107		315107	57
59 OTHER CARDIOLOGY	818151		818151		818151	59
59.01 CARDIOPULMONARY	913843		913843		913843	59.01
59.02 CARDIAC CATHETERIZATION LAB	3216200		3216200		3216200	59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	7788253		7788253		7788253	61
62 OBSERVATION BEDS (NON-DISTI	2736518		2736518		2736518	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	5175422		5175422		5175422	65
101 SUBTOTAL	130390437		130390437	115353	130505790	101
102 LESS OBSERVATION BEDS	2736518		2736518		2736518	102
103 TOTAL	127653919		127653919	115353	127769272	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	36352909		36352909			25
26 INTENSIVE CARE UNIT	12401080		12401080			26
31 SUBPROVIDER I	6278845		6278845			31
31.01 SUB-PROVIDER II PSYCHE						31.01
33 NURSERY	4112689		4112689			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16660174	21692994	38353168	.255604	.255604	.255604 37
38 RECOVERY ROOM	4351214	5091848	9443062	.136947	.136947	.136947 38
39 DELIVERY ROOM & LABOR ROOM	4801773	373825	5175598	.690789	.690789	.690789 39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY	7641110	10985009	18626119	.057164	.057164	.057839 40
41 RADIOLOGY-DIAGNOSTIC	5562254	9776926	15339180	.270592	.270592	.270962 41
41.01 CAT SCAN	6969178	14232595	21201773	.071546	.071546	.071546 41.01
41.02 MAMMOGRAPHY	196	779027	779223	.368799	.368799	.368799 41.02
41.03 MRI	2943314	5735324	8678638	.135381	.135381	.135381 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	939255	5232875	6172130	.136065	.136065	.136065 41.04
41.05 ULTRASOUND	1879776	3819306	5699082	.119717	.119717	.119717 41.05
42 RADIOLOGY-THERAPEUTIC	491906	2302727	2794633	.417915	.417915	.417915 42
42.01 ONCOLOGY	7030	889347	896377	.836888	.836888	.836888 42.01
44 LABORATORY	25258559	29605174	54863733	.127445	.127445	.127888 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3700486	564031	4264517	.238170	.238170	.238170 47
48.01 GASTROINTESTINAL SERVICES	1624563	12005037	13629600	.148334	.148334	.148334 48.01
49 RESPIRATORY THERAPY	21401440	3468688	24870128	.130868	.130868	.132027 49
50 PHYSICAL THERAPY	2953916	3547591	6501507	.273275	.273275	.273275 50
51 OCCUPATIONAL THERAPY	2696947	959086	3656033	.257950	.257950	.257950 51
52 SPEECH PATHOLOGY	619311	101461	720772	.395341	.395341	.395341 52
53 ELECTROCARDIOLOGY	725418	960661	1686079	.145975	.145975	.145975 53
54 ELECTROENCEPHALOGRAPHY	308871	350048	658919	.288485	.288485	.288485 54
55 MEDICAL SUPPLIES CHARGED TO	29549325	23594322	53143647	.339551	.339551	.339551 55
56 DRUGS CHARGED TO PATIENTS	44716151	18936885	63653036	.135987	.135987	.135987 56
57 RENAL DIALYSIS	571584	50056	621640	.506896	.506896	.506896 57
59 OTHER CARDIOLOGY	2052693	3050752	5103445	.160313	.160313	.160313 59
59.01 CARDIOPULMONARY	510474	1338753	1849227	.494176	.494176	.494176 59.01
59.02 CARDIAC CATHETERIZATION LAB	7471311	18850057	26321368	.122190	.122190	.122190 59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	7814088	32707842	40521930	.192198	.192198	.192198 61
62 OBSERVATION BEDS (NON-DISTI	570881	4857967	5428848	.504070	.504070	.504070 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		7873316	7873316	.657337	.657337	.657337 65
101 SUBTOTAL	263938721	243733530	507672251			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	263938721	243733530	507672251			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2045189		2045189
26 INTENSIVE CARE UNIT				596849		596849
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				428199		428199
31.01 SUB-PROVIDER II PSYCHE						
33 NURSERY				181746		181746
101 TOTAL				3251983		3251983

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	29580	12718			69.14	879323
26 INTENSIVE CARE UNIT	3862	1966			154.54	303826
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4750	3195			90.15	288029
31.01 SUB-PROVIDER II PSYCHE						
33 NURSERY	2883				63.04	
101 TOTAL	41075	17879				1471178

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0113) [ ] 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		1215935	38353168	8455290			.031704	268067
38 RECOVERY ROOM		84390	9443062	22384			.008937	200
39 DELIVERY ROOM & LABOR ROOM		294425	5175598	15035			.056887	855
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		105435	18626119	4700761			.005661	26611
41 RADIOLOGY-DIAGNOSTIC		766544	15339180	3429074			.049973	171361
41.01 CAT SCAN		452689	21201773	3293568			.021351	70321
41.02 MAMMOGRAPHY		114879	779223				.147428	41.02
41.03 MRI		646644	8678638	1352263			.074510	100757
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		74076	6172130	553931			.012002	6648
41.05 ULTRASOUND		65042	5699082	993770			.011413	11342
42 RADIOLOGY-THERAPEUTIC		299297	2794633	161006			.107097	17243
42.01 ONCOLOGY		116940	896377	3924			.130459	512
44 LABORATORY		368002	54863733	17689261			.006708	118660
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		13359	4264517	1122095			.003133	3516
48.01 GASTROINTESTINAL SERVICES		415528	13629600	982483			.030487	29953
49 RESPIRATORY THERAPY		380734	24870128	7603647			.015309	116404
50 PHYSICAL THERAPY		132618	6501507	925667			.020398	18882
51 OCCUPATIONAL THERAPY		54708	3656033	585991			.014964	8769
52 SPEECH PATHOLOGY		3937	720772	139388			.005462	761
53 ELECTROCARDIOLOGY		41969	1686079	457702			.024891	11393
54 ELECTROENCEPHALOGRAPHY		14541	658919	152927			.022068	3375
55 MEDICAL SUPPLIES CHARGED TO P		1165536	53143647	13143925			.021932	288273
56 DRUGS CHARGED TO PATIENTS		658874	63653036	22437435			.010351	232250
57 RENAL DIALYSIS		16379	621640	359320			.026348	9467
59 OTHER CARDIOLOGY		114586	5103445	1235192			.022453	27734
59.01 CARDIOPULMONARY		117104	1849227	75866			.063326	4804
59.02 CARDIAC CATHETERIZATION LABOR		641637	26321368	2686741			.024377	65495
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		432407	40521930	4115118			.010671	43912
62 OBSERVATION BEDS (NON-DISTINC		219036	5428848	180725			.040347	7292
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		9027251	440653412	96874489				1664857

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE  
 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 13:17

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL		
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT			12010			26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
31.01 SUB-PROVIDER II PSYCHE						31.01
33 NURSERY			3002			33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			15012			101

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE  
 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 13:17

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	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	29580		12718	25
26 INTENSIVE CARE UNIT	3862	3.11	1966	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	4750		3195	31
31.01 SUB-PROVIDER II PSYCHE				31.01
33 NURSERY	2883	1.04		33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	41075		17879	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0113) [ ] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				6005			6005	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				18014			18014	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 CAT SCAN								41.01
41.02 MAMMOGRAPHY								41.02
41.03 MRI								41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC								41.04
41.05 ULTRASOUND								41.05
42 RADIOLOGY-THERAPEUTIC								42
42.01 ONCOLOGY								42.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48.01 GASTROINTESTINAL SERVICES								48.01
49 RESPIRATORY THERAPY				12010			12010	49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
59 OTHER CARDIOLOGY								59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABOR				6005			6005	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY				244693			244693	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL				286727			286727	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0113) [ ] 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	6005	38353168	.000157	.000157	8455290	1327	5162285	37
38 RECOVERY ROOM		9443062			22384		983820	38
39 DELIVERY ROOM & LABOR ROOM	18014	5175598	.003481	.003481	15035	52		39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		18626119			4700761		2424802	40
41 RADIOLOGY-DIAGNOSTIC		15339180			3429074		2701730	41
41.01 CAT SCAN		21201773			3293568		2980087	41.01
41.02 MAMMOGRAPHY		779223					54849	41.02
41.03 MRI		8678638			1352263		1284820	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		6172130			553931		2021437	41.04
41.05 ULTRASOUND		5699082			993770		930982	41.05
42 RADIOLOGY-THERAPEUTIC		2794633			161006		934278	42
42.01 ONCOLOGY		896377			3924		448455	42.01
44 LABORATORY		54863733			17689261		2235525	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		4264517			1122095		201081	47
48.01 GASTROINTESTINAL SERVICES		13629600			982483		3510733	48.01
49 RESPIRATORY THERAPY	12010	24870128	.000483	.000483	7603647	3673	781178	49
50 PHYSICAL THERAPY		6501507			925667			50
51 OCCUPATIONAL THERAPY		3656033			585991			51
52 SPEECH PATHOLOGY		720772			139388			52
53 ELECTROCARDIOLOGY		1686079			457702		227895	53
54 ELECTROENCEPHALOGRAPHY		658919			152927		74336	54
55 MEDICAL SUPPLIES CHARGED TO P		53143647			13143925		8054955	55
56 DRUGS CHARGED TO PATIENTS		63653036			22437435		5281504	56
57 RENAL DIALYSIS		621640			359320		13416	57
59 OTHER CARDIOLOGY		5103445			1235192		1036663	59
59.01 CARDIOPULMONARY		1849227			75866		505782	59.01
59.02 CARDIAC CATHETERIZATION LABOR	6005	26321368	.000228	.000228	2686741	613	9142282	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	244693	40521930	.006039	.006039	4115118	24851	5269420	61
62 OBSERVATION BEDS (NON-DISTINC		5428848			180725		1536836	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	286727	440653412			96874489	30516	57799151	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0113) [ ] 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			810		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
39.01 PSYCHIATRIC/PSYCHOLOGIC					39.01
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 MAMMOGRAPHY					41.02
41.03 MRI					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC					41.04
41.05 ULTRASOUND					41.05
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48.01 GASTROINTESTINAL SERVICES					48.01
49 RESPIRATORY THERAPY			377		49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTHER CARDIOLOGY					59
59.01 CARDIOPULMONARY					59.01
59.02 CARDIAC CATHETERIZATION LABOR			2084		59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY			31822		61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			35093		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0113) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			4
				2	3		
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.255604	.255604	.255604				37
38 RECOVERY ROOM	.136947	.136947	.136947				38
39 DELIVERY ROOM & LABOR ROOM	.690789	.690789	.690789				39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY	.057164	.057164	.057164				40
41 RADIOLOGY-DIAGNOSTIC	.270592	.270592	.270592				41
41.01 CAT SCAN	.071546	.071546	.071546				41.01
41.02 MAMMOGRAPHY	.368799	.368799	.368799				41.02
41.03 MRI	.135381	.135381	.135381				41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.136065	.136065	.136065				41.04
41.05 ULTRASOUND	.119717	.119717	.119717				41.05
42 RADIOLOGY-THERAPEUTIC	.417915	.417915	.417915				42
42.01 ONCOLOGY	.836888	.836888	.836888				42.01
44 LABORATORY	.127445	.127445	.127445				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.238170	.238170	.238170				47
48.01 GASTROINTESTINAL SERVICES	.148334	.148334	.148334				48.01
49 RESPIRATORY THERAPY	.130868	.130868	.130868				49
50 PHYSICAL THERAPY	.273275	.273275	.273275				50
51 OCCUPATIONAL THERAPY	.257950	.257950	.257950				51
52 SPEECH PATHOLOGY	.395341	.395341	.395341				52
53 ELECTROCARDIOLOGY	.145975	.145975	.145975				53
54 ELECTROENCEPHALOGRAPHY	.288485	.288485	.288485				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.339551	.339551	.339551				55
56 DRUGS CHARGED TO PATIENTS	.135987	.135987	.135987				56
57 RENAL DIALYSIS	.506896	.506896	.506896				57
59 OTHER CARDIOLOGY	.160313	.160313	.160313				59
59.01 CARDIOPULMONARY	.494176	.494176	.494176				59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.122190	.122190	.122190				59.02
61 EMERGENCY	.192198	.192198	.192198				61
62 OBSERVATION BEDS (NON-DISTINCT	.504070	.504070	.504070				62
63.50 RHC							63.50
63.60 FQHC							63.60
65 OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	.657337	.657337	.657337				65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.657337	.657337	.657337				65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.657337	.657337	.657337				65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.657337	.657337	.657337				65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.135987	1
2 PROGRAM VACCINE CHARGES	9197	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1251	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0113) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		5162285						37
38 OPERATING ROOM		983820						38
39 DELIVERY ROOM & LABOR ROOM								39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		2424802						40
41 RADIOLOGY-DIAGNOSTIC		2701730						41
41.01 CAT SCAN		2980087						41.01
41.02 MAMMOGRAPHY		54849						41.02
41.03 MRI		1284820						41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		2021437						41.04
41.05 ULTRASOUND		930982						41.05
42 RADIOLOGY-THERAPEUTIC		934278						42
42.01 ONCOLOGY		448455	126					42.01
44 LABORATORY		2235525						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		201081						47
48.01 GASTROINTESTINAL SERVICES		3510733						48.01
49 RESPIRATORY THERAPY		781178						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		227895						53
54 ELECTROENCEPHALOGRAPHY		74336						54
55 MEDICAL SUPPLIES CHARGED TO PA		8054955						55
56 DRUGS CHARGED TO PATIENTS		5281504	2165					56
57 RENAL DIALYSIS		13416						57
59 OTHER CARDIOLOGY		1036663						59
59.01 CARDIOPULMONARY		505782						59.01
59.02 CARDIAC CATHETERIZATION LABORA		9142282						59.02
61 OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		5269420						61
62 OBSERVATION BEDS (NON-DISTINCT		1536836						62
63.50 RHC								63.50
63.60 FQHC								63.60
65 OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
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		57799151	2291					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		57799151	2291					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0113) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1319501					37
38 RECOVERY ROOM		134731					38
39 DELIVERY ROOM & LABOR ROOM							39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		138611					40
41 RADIOLOGY-DIAGNOSTIC		731067					41
41.01 CAT SCAN		213213					41.01
41.02 MAMMOGRAPHY		20228					41.02
41.03 MRI		173940					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		275047					41.04
41.05 ULTRASOUND		111454					41.05
42 RADIOLOGY-THERAPEUTIC		390449					42
42.01 ONCOLOGY		375307	105				42.01
44 LABORATORY		284906					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		47891					47
48.01 GASTROINTESTINAL SERVICES		520761					48.01
49 RESPIRATORY THERAPY		102231					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		33267					53
54 ELECTROENCEPHALOGRAPHY		21445					54
55 MEDICAL SUPPLIES CHARGED TO PAT		2735068					55
56 DRUGS CHARGED TO PATIENTS		718216	294				56
57 RENAL DIALYSIS		6801					57
59 OTHER CARDIOLOGY		166191					59
59.01 CARDIOPULMONARY		249945					59.01
59.02 CARDIAC CATHETERIZATION LABORAT		1117095					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1012772					61
62 OBSERVATION BEDS (NON-DISTINCT		774673					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
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		11674810	399				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		11674810	399				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-T113) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		1215935	38353168	74116			.031704	2350 37
38 RECOVERY ROOM		84390	9443062	26358			.008937	236 38
39 DELIVERY ROOM & LABOR ROOM		294425	5175598				.056887	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		105435	18626119	30412			.005661	172 40
41 RADIOLOGY-DIAGNOSTIC		766544	15339180	101866			.049973	5091 41
41.01 CAT SCAN		452689	21201773	91322			.021351	1950 41.01
41.02 MAMMOGRAPHY		114879	779223				.147428	41.02
41.03 MRI		646644	8678638	110827			.074510	8258 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		74076	6172130	19440			.012002	233 41.04
41.05 ULTRASOUND		65042	5699082	47584			.011413	543 41.05
42 RADIOLOGY-THERAPEUTIC		299297	2794633				.107097	42
42.01 ONCOLOGY		116940	896377				.130459	42.01
44 LABORATORY		368002	54863733	853208			.006708	5723 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		13359	4264517	32569			.003133	102 47
48.01 GASTROINTESTINAL SERVICES		415528	13629600	14987			.030487	457 48.01
49 RESPIRATORY THERAPY		380734	24870128	353133			.015309	5406 49
50 PHYSICAL THERAPY		132618	6501507	1287503			.020398	26262 50
51 OCCUPATIONAL THERAPY		54708	3656033	1235959			.014964	18495 51
52 SPEECH PATHOLOGY		3937	720772	236128			.005462	1290 52
53 ELECTROCARDIOLOGY		41969	1686079	14350			.024891	357 53
54 ELECTROENCEPHALOGRAPHY		14541	658919	17127			.022068	378 54
55 MEDICAL SUPPLIES CHARGED TO P		1165536	53143647	410048			.021932	8993 55
56 DRUGS CHARGED TO PATIENTS		658874	63653036	1352214			.010351	13997 56
57 RENAL DIALYSIS		16379	621640	40404			.026348	1065 57
59 OTHER CARDIOLOGY		114586	5103445	32337			.022453	726 59
59.01 CARDIOPULMONARY		117104	1849227	3350			.063326	212 59.01
59.02 CARDIAC CATHETERIZATION LABOR		641637	26321368				.024377	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		432407	40521930	13154			.010671	140 61
62 OBSERVATION BEDS (NON-DISTINC		219036	5428848				.040347	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		9027251	440653412	6398396				102436 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-T113) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				6005			6005	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				18014			18014	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 CAT SCAN								41.01
41.02 MAMMOGRAPHY								41.02
41.03 MRI								41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC								41.04
41.05 ULTRASOUND								41.05
42 RADIOLOGY-THERAPEUTIC								42
42.01 ONCOLOGY								42.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48.01 GASTROINTESTINAL SERVICES								48.01
49 RESPIRATORY THERAPY				12010			12010	49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
59 OTHER CARDIOLOGY								59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABOR				6005			6005	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY				244693			244693	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL				286727			286727	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-T113) [ ] 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			RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	6005	38353168	.000157	.000157	74116	12	37
38 RECOVERY ROOM		9443062			26358		38
39 DELIVERY ROOM & LABOR ROOM	18014	5175598	.003481	.003481			39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		18626119			30412		40
41 RADIOLOGY-DIAGNOSTIC		15339180			101866		41
41.01 CAT SCAN		21201773			91322		41.01
41.02 MAMMOGRAPHY		779223					41.02
41.03 MRI		8678638			110827		41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		6172130			19440		41.04
41.05 ULTRASOUND		5699082			47584		41.05
42 RADIOLOGY-THERAPEUTIC		2794633					42
42.01 ONCOLOGY		896377					42.01
44 LABORATORY		54863733			853208		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		4264517			32569		47
48.01 GASTROINTESTINAL SERVICES		13629600			14987		48.01
49 RESPIRATORY THERAPY	12010	24870128	.000483	.000483	353133	171	49
50 PHYSICAL THERAPY		6501507			1287503		50
51 OCCUPATIONAL THERAPY		3656033			1235959		51
52 SPEECH PATHOLOGY		720772			236128		52
53 ELECTROCARDIOLOGY		1686079			14350		53
54 ELECTROENCEPHALOGRAPHY		658919			17127		54
55 MEDICAL SUPPLIES CHARGED TO P		53143647			410048		55
56 DRUGS CHARGED TO PATIENTS		63653036			1352214		56
57 RENAL DIALYSIS		621640			40404		57
59 OTHER CARDIOLOGY		5103445			32337		59
59.01 CARDIOPULMONARY		1849227			3350		59.01
59.02 CARDIAC CATHETERIZATION LABOR	6005	26321368	.000228	.000228			59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	244693	40521930	.006039	.006039	13154	79	61
62 OBSERVATION BEDS (NON-DISTINC		5428848					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	286727	440653412			6398396	262	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-T113) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CAT SCAN						41.01
41.02 MAMMOGRAPHY						41.02
41.03 MRI						41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC						41.04
41.05 ULTRASOUND						41.05
42 RADIOLOGY-THERAPEUTIC						42
42.01 ONCOLOGY						42.01
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
48.01 GASTROINTESTINAL SERVICES						48.01
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 OTHER CARDIOLOGY						59
59.01 CARDIOPULMONARY						59.01
59.02 CARDIAC CATHETERIZATION LABOR						59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL						101

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
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2045189		2045189
26 INTENSIVE CARE UNIT				596849		596849
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				428199		428199
31.01 SUB-PROVIDER II PSYCHE						
33 NURSERY				181746		181746
101 TOTAL				3251983		3251983

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	29580	4351			69.14	300828
26 INTENSIVE CARE UNIT	3862	127			154.54	19627
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4750	308			90.15	27766
31.01 SUB-PROVIDER II PSYCHE						
33 NURSERY	2883	1414			63.04	89139
101 TOTAL	41075	6200				437360

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0113) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] 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		1215935	38353168				.031704	37	
38 RECOVERY ROOM		84390	9443062				.008937	38	
39 DELIVERY ROOM & LABOR ROOM		294425	5175598				.056887	39	
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01	
40 ANESTHESIOLOGY		105435	18626119				.005661	40	
41 RADIOLOGY-DIAGNOSTIC		766544	15339180				.049973	41	
41.01 CAT SCAN		452689	21201773				.021351	41.01	
41.02 MAMMOGRAPHY		114879	779223				.147428	41.02	
41.03 MRI		646644	8678638				.074510	41.03	
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		74076	6172130				.012002	41.04	
41.05 ULTRASOUND		65042	5699082				.011413	41.05	
42 RADIOLOGY-THERAPEUTIC		299297	2794633				.107097	42	
42.01 ONCOLOGY		116940	896377				.130459	42.01	
44 LABORATORY		368002	54863733				.006708	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
47 BLOOD STORING, PROCESSING & T		13359	4264517				.003133	47	
48.01 GASTROINTESTINAL SERVICES		415528	13629600				.030487	48.01	
49 RESPIRATORY THERAPY		380734	24870128				.015309	49	
50 PHYSICAL THERAPY		132618	6501507				.020398	50	
51 OCCUPATIONAL THERAPY		54708	3656033				.014964	51	
52 SPEECH PATHOLOGY		3937	720772				.005462	52	
53 ELECTROCARDIOLOGY		41969	1686079				.024891	53	
54 ELECTROENCEPHALOGRAPHY		14541	658919				.022068	54	
55 MEDICAL SUPPLIES CHARGED TO P		1165536	53143647				.021932	55	
56 DRUGS CHARGED TO PATIENTS		658874	63653036				.010351	56	
57 RENAL DIALYSIS		16379	621640				.026348	57	
59 OTHER CARDIOLOGY		114586	5103445				.022453	59	
59.01 CARDIOPULMONARY		117104	1849227				.063326	59.01	
59.02 CARDIAC CATHETERIZATION LABOR		641637	26321368				.024377	59.02	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		432407	40521930				.010671	61	
62 OBSERVATION BEDS (NON-DISTINC		219036	5428848				.040347	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES								65	
101 TOTAL		9027251	440653412					101	

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE  
 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 13:17

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	NURSING	ALLIED	ALL OTHER		TOTAL
	ANESTHETIST	SCHOOL		MEDICAL	SWING-BED	
	COST	COST	HEALTH	EDUCATION	ADJUSTMENT	COSTS
	1	2	COSTS	COSTS	AMOUNT	4
			2.01	2.02	3	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT			12010			12010
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
31.01 SUB-PROVIDER II PSYCHE						31.01
33 NURSERY			3002			3002
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			15012			15012

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE  
 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 13:17

APPORIONMENT 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	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	29580		4351		25
26 INTENSIVE CARE UNIT	3862	3.11	127	395	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	4750		308		31
31.01 SUB-PROVIDER II PSYCHE					31.01
33 NURSERY	2883	1.04	1414	1471	33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	41075		6200	1866	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0113) [ ] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				6005			6005	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				18014			18014	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 CAT SCAN								41.01
41.02 MAMMOGRAPHY								41.02
41.03 MRI								41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC								41.04
41.05 ULTRASOUND								41.05
42 RADIOLOGY-THERAPEUTIC								42
42.01 ONCOLOGY								42.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48.01 GASTROINTESTINAL SERVICES								48.01
49 RESPIRATORY THERAPY				12010			12010	49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
59 OTHER CARDIOLOGY								59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABOR				6005			6005	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY				244693			244693	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL				286727			286727	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0113) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	6005	38353168	.000157	.000157			37
38 RECOVERY ROOM		9443062					38
39 DELIVERY ROOM & LABOR ROOM	18014	5175598	.003481	.003481			39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		18626119					40
41 RADIOLOGY-DIAGNOSTIC		15339180					41
41.01 CAT SCAN		21201773					41.01
41.02 MAMMOGRAPHY		779223					41.02
41.03 MRI		8678638					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		6172130					41.04
41.05 ULTRASOUND		5699082					41.05
42 RADIOLOGY-THERAPEUTIC		2794633					42
42.01 ONCOLOGY		896377					42.01
44 LABORATORY		54863733					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		4264517					47
48.01 GASTROINTESTINAL SERVICES		13629600					48.01
49 RESPIRATORY THERAPY	12010	24870128	.000483	.000483			49
50 PHYSICAL THERAPY		6501507					50
51 OCCUPATIONAL THERAPY		3656033					51
52 SPEECH PATHOLOGY		720772					52
53 ELECTROCARDIOLOGY		1686079					53
54 ELECTROENCEPHALOGRAPHY		658919					54
55 MEDICAL SUPPLIES CHARGED TO P		53143647					55
56 DRUGS CHARGED TO PATIENTS		63653036					56
57 RENAL DIALYSIS		621640					57
59 OTHER CARDIOLOGY		5103445					59
59.01 CARDIOPULMONARY		1849227					59.01
59.02 CARDIAC CATHETERIZATION LABOR	6005	26321368	.000228	.000228			59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	244693	40521930	.006039	.006039			61
62 OBSERVATION BEDS (NON-DISTINC		5428848					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	286727	440653412					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0113) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CAT SCAN						41.01
41.02 MAMMOGRAPHY						41.02
41.03 MRI						41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC						41.04
41.05 ULTRASOUND						41.05
42 RADIOLOGY-THERAPEUTIC						42
42.01 ONCOLOGY						42.01
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
48.01 GASTROINTESTINAL SERVICES						48.01
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 OTHER CARDIOLOGY						59
59.01 CARDIOPULMONARY						59.01
59.02 CARDIAC CATHETERIZATION LABOR						59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-T113) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] 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		1215935	38353168				.031704	37	
38 RECOVERY ROOM		84390	9443062				.008937	38	
39 DELIVERY ROOM & LABOR ROOM		294425	5175598				.056887	39	
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01	
40 ANESTHESIOLOGY		105435	18626119				.005661	40	
41 RADIOLOGY-DIAGNOSTIC		766544	15339180				.049973	41	
41.01 CAT SCAN		452689	21201773				.021351	41.01	
41.02 MAMMOGRAPHY		114879	779223				.147428	41.02	
41.03 MRI		646644	8678638				.074510	41.03	
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		74076	6172130				.012002	41.04	
41.05 ULTRASOUND		65042	5699082				.011413	41.05	
42 RADIOLOGY-THERAPEUTIC		299297	2794633				.107097	42	
42.01 ONCOLOGY		116940	896377				.130459	42.01	
44 LABORATORY		368002	54863733				.006708	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
47 BLOOD STORING, PROCESSING & T		13359	4264517				.003133	47	
48.01 GASTROINTESTINAL SERVICES		415528	13629600				.030487	48.01	
49 RESPIRATORY THERAPY		380734	24870128				.015309	49	
50 PHYSICAL THERAPY		132618	6501507				.020398	50	
51 OCCUPATIONAL THERAPY		54708	3656033				.014964	51	
52 SPEECH PATHOLOGY		3937	720772				.005462	52	
53 ELECTROCARDIOLOGY		41969	1686079				.024891	53	
54 ELECTROENCEPHALOGRAPHY		14541	658919				.022068	54	
55 MEDICAL SUPPLIES CHARGED TO P		1165536	53143647				.021932	55	
56 DRUGS CHARGED TO PATIENTS		658874	63653036				.010351	56	
57 RENAL DIALYSIS		16379	621640				.026348	57	
59 OTHER CARDIOLOGY		114586	5103445				.022453	59	
59.01 CARDIOPULMONARY		117104	1849227				.063326	59.01	
59.02 CARDIAC CATHETERIZATION LABOR		641637	26321368				.024377	59.02	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		432407	40521930				.010671	61	
62 OBSERVATION BEDS (NON-DISTINC		219036	5428848				.040347	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES								65	
101 TOTAL		9027251	440653412					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-T113) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				6005			6005	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				18014			18014	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 CAT SCAN								41.01
41.02 MAMMOGRAPHY								41.02
41.03 MRI								41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC								41.04
41.05 ULTRASOUND								41.05
42 RADIOLOGY-THERAPEUTIC								42
42.01 ONCOLOGY								42.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48.01 GASTROINTESTINAL SERVICES								48.01
49 RESPIRATORY THERAPY				12010			12010	49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
59 OTHER CARDIOLOGY								59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABOR				6005			6005	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY				244693			244693	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL				286727			286727	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-T113) [ ] 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	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	6005	38353168	.000157	.000157			37
38 RECOVERY ROOM		9443062					38
39 DELIVERY ROOM & LABOR ROOM	18014	5175598	.003481	.003481			39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		18626119					40
41 RADIOLOGY-DIAGNOSTIC		15339180					41
41.01 CAT SCAN		21201773					41.01
41.02 MAMMOGRAPHY		779223					41.02
41.03 MRI		8678638					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		6172130					41.04
41.05 ULTRASOUND		5699082					41.05
42 RADIOLOGY-THERAPEUTIC		2794633					42
42.01 ONCOLOGY		896377					42.01
44 LABORATORY		54863733					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		4264517					47
48.01 GASTROINTESTINAL SERVICES		13629600					48.01
49 RESPIRATORY THERAPY	12010	24870128	.000483	.000483			49
50 PHYSICAL THERAPY		6501507					50
51 OCCUPATIONAL THERAPY		3656033					51
52 SPEECH PATHOLOGY		720772					52
53 ELECTROCARDIOLOGY		1686079					53
54 ELECTROENCEPHALOGRAPHY		658919					54
55 MEDICAL SUPPLIES CHARGED TO P		53143647					55
56 DRUGS CHARGED TO PATIENTS		63653036					56
57 RENAL DIALYSIS		621640					57
59 OTHER CARDIOLOGY		5103445					59
59.01 CARDIOPULMONARY		1849227					59.01
59.02 CARDIAC CATHETERIZATION LABOR	6005	26321368	.000228	.000228			59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	244693	40521930	.006039	.006039			61
62 OBSERVATION BEDS (NON-DISTINC		5428848					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	286727	440653412					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-T113) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
39.01 PSYCHIATRIC/PSYCHOLOGIC					39.01
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 MAMMOGRAPHY					41.02
41.03 MRI					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC					41.04
41.05 ULTRASOUND					41.05
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48.01 GASTROINTESTINAL SERVICES					48.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTHER CARDIOLOGY					59
59.01 CARDIOPULMONARY					59.01
59.02 CARDIAC CATHETERIZATION LABOR					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0113)	(PPS) (14-T113)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	29580	4750					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29580	4750					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		242					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29338	4750					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)	12718	3195					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)	110						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) (14-0113)	SUB I (PPS) (14-T113)	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	25551292	4818145					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	25551292	4818145					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	43346895	6338969					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		319774					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43027121	6338969					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.589461	.760083					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1321.38						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1466.60	1334.52					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	25551292	4818145					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) (14-0113)	SUB I (PPS) (14-T113)	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	863.80	1014.35				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10985808	3240848				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10985808	3240848				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	7152321	3862	1851.97	1966	3640973	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0113)	SUB I (PPS) (14-T113)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	17450775	1371522				48
49 TOTAL PROGRAM INPATIENT COSTS	32077556	4612370				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1189263	288029				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1695373	102698				51
52 TOTAL PROGRAM EXCLUDABLE COST	2884636	390727				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	29192920	4221643				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) (14-0113)	SUB I (PPS) (14-T113)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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)  
 (14-0113)(14-T113)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3168	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	863.80	84
85 OBSERVATION BED COST	2736518	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		25551292		2736518		86
87 NEW CAPITAL-RELATED COST	2045189	25551292	.080042	2736518	219036	87
88 NON PHYSICIAN ANESTHETIST		25551292		2736518		88
89 NURSING SCHOOL		25551292		2736518		89
89.01 ALLIED HEALTH		25551292		2736518		89.01
89.02 ALL OTHER		25551292		2736518		89.02

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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0113)	(OTHER) (14-T113)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	29580	4750					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29580	4750					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		242					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29338	4750					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)	4351	308					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		2883					15
16 TITLE V OR XIX NURSERY DAYS		1414					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 (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	25507270	4818145					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	25507270	4818145					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	43346895	6338969					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29		319774					29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	43027121	6338969					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.588445	.760083					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32	1321.38						32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1466.60	1334.52					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	25507270	4818145					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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 (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	862.31	1014.35			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3751911	312420			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3751911	312420			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)	2216618	2883	768.86	1414	1087168 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	7152321	3862	1851.97	127	235200 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	5074279	312420			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	411460	27766			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	411460	27766			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					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 (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		28				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE  
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 13:17

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

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE  
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 13:17

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3168	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	863.80	84
85 OBSERVATION BED COST	2736518	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0113) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		18452927		25
26 INTENSIVE CARE UNIT		6524309		26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II PSYCHE				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.255604	8455290	2161206	37
38 RECOVERY ROOM	.136947	22384	3065	38
39 DELIVERY ROOM & LABOR ROOM	.690789	15035	10386	39
39.01 PSYCHIATRIC/PSYCHOLOGIC				39.01
40 ANESTHESIOLOGY	.057839	4700761	271887	40
41 RADIOLOGY-DIAGNOSTIC	.270962	3429074	929149	41
41.01 CAT SCAN	.071546	3293568	235642	41.01
41.02 MAMMOGRAPHY	.368799			41.02
41.03 MRI	.135381	1352263	183071	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.136065	553931	75371	41.04
41.05 ULTRASOUND	.119717	993770	118971	41.05
42 RADIOLOGY-THERAPEUTIC	.417915	161006	67287	42
42.01 ONCOLOGY	.836888	3924	3284	42.01
44 LABORATORY	.127888	17689261	2262244	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.238170	1122095	267249	47
48.01 GASTROINTESTINAL SERVICES	.148334	982483	145736	48.01
49 RESPIRATORY THERAPY	.132027	7603647	1003887	49
50 PHYSICAL THERAPY	.273275	925667	252962	50
51 OCCUPATIONAL THERAPY	.257950	585991	151156	51
52 SPEECH PATHOLOGY	.395341	139388	55106	52
53 ELECTROCARDIOLOGY	.145975	457702	66813	53
54 ELECTROENCEPHALOGRAPHY	.288485	152927	44117	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.339551	13143925	4463033	55
56 DRUGS CHARGED TO PATIENTS	.135987	22437435	3051199	56
57 RENAL DIALYSIS	.506896	359320	182138	57
59 OTHER CARDIOLOGY	.160313	1235192	198017	59
59.01 CARDIOPULMONARY	.494176	75866	37491	59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.122190	2686741	328293	59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.192198	4115118	790917	61
62 OBSERVATION BEDS (NON-DISTINCT	.504070	180725	91098	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		96874489	17450775	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		96874489		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-T113)	<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		4238593		31
31.01 SUB-PROVIDER II PSYCHE				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.255604	74116	18944	37
38 RECOVERY ROOM	.136947	26358	3610	38
39 DELIVERY ROOM & LABOR ROOM	.690789			39
39.01 PSYCHIATRIC/PSYCHOLOGIC				39.01
40 ANESTHESIOLOGY	.057839	30412	1759	40
41 RADIOLOGY-DIAGNOSTIC	.270962	101866	27602	41
41.01 CAT SCAN	.071546	91322	6534	41.01
41.02 MAMMOGRAPHY	.368799			41.02
41.03 MRI	.135381	110827	15004	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.136065	19440	2645	41.04
41.05 ULTRASOUND	.119717	47584	5697	41.05
42 RADIOLOGY-THERAPEUTIC	.417915			42
42.01 ONCOLOGY	.836888			42.01
44 LABORATORY	.127888	853208	109115	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.238170	32569	7757	47
48.01 GASTROINTESTINAL SERVICES	.148334	14987	2223	48.01
49 RESPIRATORY THERAPY	.132027	353133	46623	49
50 PHYSICAL THERAPY	.273275	1287503	351842	50
51 OCCUPATIONAL THERAPY	.257950	1235959	318816	51
52 SPEECH PATHOLOGY	.395341	236128	93351	52
53 ELECTROCARDIOLOGY	.145975	14350	2095	53
54 ELECTROENCEPHALOGRAPHY	.288485	17127	4941	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.339551	410048	139232	55
56 DRUGS CHARGED TO PATIENTS	.135987	1352214	183884	56
57 RENAL DIALYSIS	.506896	40404	20481	57
59 OTHER CARDIOLOGY	.160313	32337	5184	59
59.01 CARDIOPULMONARY	.494176	3350	1655	59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.122190			59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.192198	13154	2528	61
62 OBSERVATION BEDS (NON-DISTINCT	.504070			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		6398396	1371522	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		6398396		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0113)	<input type="checkbox"/> SNF	<input 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 checked="" 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			31
31.01 SUB-PROVIDER II PSYCHE			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.255604		37
38 RECOVERY ROOM	.136947		38
39 DELIVERY ROOM & LABOR ROOM	.690789		39
39.01 PSYCHIATRIC/PSYCHOLOGIC			39.01
40 ANESTHESIOLOGY	.057164		40
41 RADIOLOGY-DIAGNOSTIC	.270592		41
41.01 CAT SCAN	.071546		41.01
41.02 MAMMOGRAPHY	.368799		41.02
41.03 MRI	.135381		41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.136065		41.04
41.05 ULTRASOUND	.119717		41.05
42 RADIOLOGY-THERAPEUTIC	.417915		42
42.01 ONCOLOGY	.836888		42.01
44 LABORATORY	.127445		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.238170		47
48.01 GASTROINTESTINAL SERVICES	.148334		48.01
49 RESPIRATORY THERAPY	.130868		49
50 PHYSICAL THERAPY	.273275		50
51 OCCUPATIONAL THERAPY	.257950		51
52 SPEECH PATHOLOGY	.395341		52
53 ELECTROCARDIOLOGY	.145975		53
54 ELECTROENCEPHALOGRAPHY	.288485		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.339551		55
56 DRUGS CHARGED TO PATIENTS	.135987		56
57 RENAL DIALYSIS	.506896		57
59 OTHER CARDIOLOGY	.160313		59
59.01 CARDIOPULMONARY	.494176		59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.122190		59.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.192198		61
62 OBSERVATION BEDS (NON-DISTINCT	.504070		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T113)	<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 checked="" 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			31
31.01 SUB-PROVIDER II PSYCHE			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.255604		37
38 RECOVERY ROOM	.136947		38
39 DELIVERY ROOM & LABOR ROOM	.690789		39
39.01 PSYCHIATRIC/PSYCHOLOGIC			39.01
40 ANESTHESIOLOGY	.057164		40
41 RADIOLOGY-DIAGNOSTIC	.270592		41
41.01 CAT SCAN	.071546		41.01
41.02 MAMMOGRAPHY	.368799		41.02
41.03 MRI	.135381		41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.136065		41.04
41.05 ULTRASOUND	.119717		41.05
42 RADIOLOGY-THERAPEUTIC	.417915		42
42.01 ONCOLOGY	.836888		42.01
44 LABORATORY	.127445		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.238170		47
48.01 GASTROINTESTINAL SERVICES	.148334		48.01
49 RESPIRATORY THERAPY	.130868		49
50 PHYSICAL THERAPY	.273275		50
51 OCCUPATIONAL THERAPY	.257950		51
52 SPEECH PATHOLOGY	.395341		52
53 ELECTROCARDIOLOGY	.145975		53
54 ELECTROENCEPHALOGRAPHY	.288485		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.339551		55
56 DRUGS CHARGED TO PATIENTS	.135987		56
57 RENAL DIALYSIS	.506896		57
59 OTHER CARDIOLOGY	.160313		59
59.01 CARDIOPULMONARY	.494176		59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.122190		59.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.192198		61
62 OBSERVATION BEDS (NON-DISTINCT	.504070		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0113)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	18147808				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5619229				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	880678				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	502772				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	818310				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	155.44				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	9.59				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]	1.19				3.06
3.07 SUM OF LINES 3.04-3.06	9.50	1.19			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	10.69				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	10.04				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	9.89				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	8.33				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	9.42	0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0113)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.060602				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.058364				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	0.058364				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	596981				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	192066				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 DISPROPORTIONATE SHARE ADJUSTMENT	789047 0	789047			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0373				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1986				4.01
4.02	SUM OF 4 AND 4.01	0.2359				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0868				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	2062979				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	27437373				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	27437373				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2342221				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	320147				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	6114				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	30516				15
16	TOTAL	30136371				16
17	PRIMARY PAYER PAYMENTS	10215				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	30126156				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2382048				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	57856				20
21	REIMBURSABLE BAD DEBTS	485688				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	339982				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	383456				21.02
22	SUBTOTAL	28026234				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0113)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	28026234				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	28286263				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-260029				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	490695				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0113) 1	HOSPITAL (14-0113) 1.01	HOSPITAL (14-0113) 1.02	
1 MEDICAL AND OTHER SERVICES	1650			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	11639717			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	10311681			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.836			1.03
1.04 LINE 1.01 TIMES LINE 1.03	9730803			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	35093			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	1650			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	11488			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	11488			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	11488			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	9838			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1650			17
17.01 TOTAL PPS PAYMENTS	10346774			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0113) 1	HOSPITAL (14-0113) 1.01	HOSPITAL (14-0113) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2584810		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	167		18.01
19 SUBTOTAL	7763447		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	101910		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	7865357		23
24 PRIMARY PAYER PAYMENTS	413		24
25 SUBTOTAL	7864944		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	383456		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	268419		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	244947		27.02
28 SUBTOTAL	8133363		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	8133363		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8020124		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	113239		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-T113)	SUB I (14-T113)	SUB I (14-T113)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T113)	SUB I (14-T113)	SUB I (14-T113)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(14-0113)  
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  
(14-0113)  
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  
(14-0113)  
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 (14-0113)

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		27964791		8033699	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 01/06/2009 PROVIDER .51 TO .52 PROGRAM .53 .54	453848	08/11/2008     01/06/2009	50358     63933	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	321472		-13575	3.99
4 TOTAL INTERIM PAYMENTS		28286263		8020124	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-T113)

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		4210393		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 PROGRAM .05 PROVIDER .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		4210393		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-T113)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3573082				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0248				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	225040				1.04
1.05	OUTLIER PAYMENTS	476352				1.05
1.06	TOTAL PPS PAYMENTS	4274474				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)					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)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					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					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)	12.978142				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	4274474				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	4274474				6
7	DEDUCTIBLES	26624				7
8	SUBTOTAL	4247850				8
9	COINSURANCE	10752				9
10	SUBTOTAL	4237098				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	4237098				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE  
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (5/2007)

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T113)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		262			13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4237360				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	4210393				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	26967				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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 (14-0113) (OTHER)	SUB I (14-T113) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	5074279	312420				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	5074279	312420				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	5074279	312420				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	5074279	312420				22
23	COST OF COVERED SERVICES	5074279	312420				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	5074279	312420				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	5074279	312420				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I
		HOSPITAL (14-0113) (OTHER)	SUB I (14-T113) (OTHER)	SUB II	SUB III	SUB IV
		1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	5074279	312420			34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
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					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
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					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
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					59
	SECTION 115.2					

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	8.70 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]	1.99 3.03
3.04	FTE ADJUSTMENT CAP 1.99	10.69 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	10.04 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	10.04 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	10.04 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	10.04 3.09
3.10	SEE INSTRUCTIONS	10.04 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	86050.59 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		8.33	3.19
3.20	SEE INSTRUCTIONS		7.86	3.20
3.21	SEE INSTRUCTIONS		8.74	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		8.74	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		90874.98	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		794247	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		794247	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		17879	4
5	TOTAL INPATIENT DAYS		35024	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.510479	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 405446	0	405446	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		853	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		35024	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		16611	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		621640	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. 14-0113 PROVENA COVENANT MEDICAL CENTE  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

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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	36689926	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	10215	15
16	TOTAL PART A REASONABLE COST	36679711	16

PART B REASONABLE COST

17	REASONABLE COST	11676460	17
18	PRIMARY PAYER PAYMENTS	413	18
19	TOTAL PART B REASONABLE COST	11676047	19
20	TOTAL REASONABLE COST	48355758	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.758539	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.241461	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	422057	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	320147	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	101910	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	4786	4
5	TOTAL INPATIENT DAYS	35024	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x ] [E-3,PART 6] [LINE 3.25] [ LINE 11 ]	.136649	6
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	35024	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
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [ PRIOR TO ] [E-3,PART 6] [ 422 ] [ LINE 12 ] 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. 14-0113 PROVENA COVENANT MEDICAL CENTE  
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 13:17

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

CALCULATION OF GME AND IME PAYMENTS FOR  
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3  
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2
3	UNADJUSTED DIRECT GME FTE CAP	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	87935.22 8
9	LINE 7 TIMES LINE 8	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	9.50 13
14	UNADJUSTED IME FTE CAP	9.59 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	9.50 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	1.19 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	-.65 17
18	SEE INSTRUCTIONS	18
19	RESIDENT TO BED COUNT	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23

CALCULATION OF GME AND IME PAYMENTS FOR  
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3  
PART VI

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

1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
5	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
13	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
16	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	3193118			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	77827666			4
5 OTHER RECEIVABLES	3038481			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-54947890			6
7 INVENTORY	2708488			7
8 PREPAID EXPENSES	749118			8
9 OTHER CURRENT ASSETS	507016			9
10 DUE FROM OTHER FUNDS	176235			10
11 TOTAL CURRENT ASSETS	33252232			11
<b>FIXED ASSETS</b>				
12 LAND	6156757			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	4503332			13
13.01 ACCUMULATED DEPRECIATION	-4041403			13.01
14 BUILDINGS	55073142			14
14.01 ACCUMULATED DEPRECIATION	-31997349			14.01
15 LEASEHOLD IMPROVEMENTS	508193			15
15.01 ACCUMULATED AMORTIZATION	-815255			15.01
16 FIXED EQUIPMENT	19350932			16
16.01 ACCUMULATED DEPRECIATION	-20252203			16.01
17 AUTOMOBILES AND TRUCKS	2669878			17
17.01 ACCUMULATED DEPRECIATION	-1871568			17.01
18 MAJOR MOVABLE EQUIPMENT	58491308			18
18.01 ACCUMULATED DEPRECIATION	-45331701			18.01
19 MINOR EQUIPMENT DEPRECIABLE	930041			19
19.01 ACCUMULATED DEPRECIATION	-376846			19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE	59626			20
21 TOTAL FIXED ASSETS	43056884			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	4566268			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	829671			25
26 TOTAL OTHER ASSETS	5395939			26
27 TOTAL ASSETS	81705055			27
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
28 ACCOUNTS PAYABLE	8481853			28
29 SALARIES, WAGES & FEES PAYABLE	3293389			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	176697			31
32 DEFERRED INCOME	118729			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	1910204			34
35 OTHER CURRENT LIABILITIES	11545136			35
36 TOTAL CURRENT LIABILITIES	25526008			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	701879			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	914936			41
42 TOTAL LONG TERM LIABILITIES	1616815			42
43 TOTAL LIABILITIES	27142823			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	54562232			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	54562232			51
52 TOTAL LIABILITIES AND FUND BALANCES	81705055			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	62193582			1
2 NET INCOME (LOSS)	-8324982			2
3 TOTAL	53868600			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	388501			5
6 INVESTMENT INCOME	9210			6
7 EQUITY TRANSFER	522019			7
8				8
9				9
10 TOTAL ADDITIONS	919730			10
11 SUBTOTAL	54788330			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED	224097			13
14 ROUNDING ERROR	2001			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	226098			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	54562232			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	43106711		43106711	2
4 SUBPROVIDER I	6338969		6338969	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	49445680		49445680	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	12520589		12520589	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	12520589		12520589	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	61966269		61966269	18
18.50 ANCILLARY SERVICES	205623768		448896361	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE		7873316	7873316	22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	267590037	251145909	518735946	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES			26
27 ADD (SPECIFY)		159040034	27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		159040034	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	518735946	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	368981585	2
3	NET PATIENT REVENUES	149754361	3
4	LESS - TOTAL OPERATING EXPENSES	159040034	4
5	NET INCOME FROM SERVICE TO PATIENTS	-9285673	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5750	6
7	INCOME FROM INVESTMENTS	134126	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	580413	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING INCOME	1133324	24
24.01	NET ASSETS RELEASED	224096	24.01
24.02	OTHER NON OPERATING INCOME	262476	24.02
24.03	ROUNDING ERROR	5	24.03
25	TOTAL OTHER INCOME	2340190	25
26	TOTAL	-6945483	26
27	UNREALIZED LOSS ON INVESTMENT	1379499	27
28			28
29			29
30	TOTAL OTHER EXPENSES	1379499	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-8324982	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0113)	HOSPITAL (14-0113)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	2004256				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	175220				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	83.70				4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18]					
4.01 NO. OF INTERNS & RESIDENTS	9.42	0.00	9.42		4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE			3.23		4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT			64737		4.03
DISPROPORTIONATE SHARE ADJUSTMENT					
5	0.0373				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1986				5.01
5.02 SUM OF LINES 5 AND 5.01	0.2359				5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0489				5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT	98008				5.04
6	2342221				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

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
6.01	NON-PATIENT PHONES				6.01
6.02	DATA PROCESSING				6.02
6.03	PURCHASING				6.03
6.04	ADMITTING				6.04
6.05	PATIENT ACCOUNTING				6.05
6.06	ADMIN & GENERAL				6.06
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
8.01	BIO, ED				8.01
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
31	SUBPROVIDER I				31
31.01	SUB-PROVIDER II PSYCHE				31.01
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
39.01	PSYCHIATRIC/PSYCHOLOGIC				39.01
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	CAT SCAN				41.01
41.02	MAMMOGRAPHY				41.02
41.03	MRI				41.03
41.04	NUCLEAR MEDICINE-DIAGNOSTIC				41.04
41.05	ULTRASOUND				41.05
42	RADIOLOGY-THERAPEUTIC				42
42.01	ONCOLOGY				42.01
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA				47
48.01	GASTROINTESTINAL SERVICES				48.01
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
53	ELECTROCARDIOLOGY				53
54	ELECTROENCEPHALOGRAPHY				54
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
57	RENAL DIALYSIS				57
59	OTHER CARDIOLOGY				59
59.01	CARDIOPULMONARY				59.01
59.02	CARDIAC CATHETERIZATION LABORAT				59.02
OUTPATIENT SERVICE COST CENTERS					
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
65	AMBULANCE SERVICES				65
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20

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
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
00 OTHER NON-REIMBURSABLE					00
00.01 SHARED SERVICES					00.01
00.02 CASE MANAGEMENT					00.02
00.04 OUTPATIENT PHARMACY					00.04
00.05 PRIMARY CARE PHYSICIAN					00.05
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	43.00		14.71				57.71 25
26 INTENSIVE CARE UNIT	50.91		3.29				54.20 26
33 NURSERY			49.05				49.05 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	22.05	13.46					35.51 37
38 RECOVERY ROOM	0.24	10.42					10.66 38
39 DELIVERY ROOM & LABOR ROOM	0.29						0.29 39
40 ANESTHESIOLOGY	25.24	13.02					38.26 40
41 RADIOLOGY-DIAGNOSTIC	22.36	17.61					39.97 41
41.01 CAT SCAN	15.53	14.06					29.59 41.01
41.02 MAMMOGRAPHY		7.04					7.04 41.02
41.03 MRI	15.58	14.80					30.38 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	8.97	32.75					41.72 41.04
41.05 ULTRASOUND	17.44	16.34					33.78 41.05
42 RADIOLOGY-THERAPEUTIC	5.76	33.43					39.19 42
42.01 ONCOLOGY	0.44	50.03					50.47 42.01
44 LABORATORY	32.24	4.07					36.31 44
47 BLOOD STORING, PROCESSING & TRA	26.31	4.72					31.03 47
48.01 GASTROINTESTINAL SERVICES	7.21	25.76					32.97 48.01
49 RESPIRATORY THERAPY	30.57	3.14					33.71 49
50 PHYSICAL THERAPY	14.24						14.24 50
51 OCCUPATIONAL THERAPY	16.03						16.03 51
52 SPEECH PATHOLOGY	19.34						19.34 52
53 ELECTROCARDIOLOGY	27.15	13.52					40.67 53
54 ELECTROENCEPHALOGRAPHY	23.21	11.28					34.49 54
55 MEDICAL SUPPLIES CHARGED TO PAT	24.73	15.16					39.89 55
56 DRUGS CHARGED TO PATIENTS	35.25	8.30					43.55 56
57 RENAL DIALYSIS	57.80	2.16					59.96 57
59 OTHER CARDIOLOGY	24.20	20.31					44.51 59
59.01 CARDIOPULMONARY	4.10	27.35					31.45 59.01
59.02 CARDIAC CATHETERIZATION LABORAT	10.21	34.73					44.94 59.02
61 EMERGENCY	10.16	13.00					23.16 61
62 OBSERVATION BEDS (NON-DISTINCT	3.33	28.31					31.64 62
101 TOTAL CHARGES	19.08	11.39					30.47 101

\*\*\*\*\* 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	67.26		6.48				73.74 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.19						0.19 37
38 RECOVERY ROOM	0.28						0.28 38
40 ANESTHESIOLOGY	0.16						0.16 40
41 RADIOLOGY-DIAGNOSTIC	0.66						0.66 41
41.01 CAT SCAN	0.43						0.43 41.01
41.03 MRI	1.28						1.28 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	0.31						0.31 41.04
41.05 ULTRASOUND	0.83						0.83 41.05
44 LABORATORY	1.56						1.56 44
47 BLOOD STORING, PROCESSING & TRA	0.76						0.76 47
48.01 GASTROINTESTINAL SERVICES	0.11						0.11 48.01
49 RESPIRATORY THERAPY	1.42						1.42 49
50 PHYSICAL THERAPY	19.80						19.80 50
51 OCCUPATIONAL THERAPY	33.81						33.81 51
52 SPEECH PATHOLOGY	32.76						32.76 52
53 ELECTROCARDIOLOGY	0.85						0.85 53
54 ELECTROENCEPHALOGRAPHY	2.60						2.60 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.77						0.77 55
56 DRUGS CHARGED TO PATIENTS	2.12						2.12 56
57 RENAL DIALYSIS	6.50						6.50 57
59 OTHER CARDIOLOGY	0.63						0.63 59
59.01 CARDIOPULMONARY	0.18						0.18 59.01
61 EMERGENCY	0.03						0.03 61
101 TOTAL CHARGES	1.26						1.26 101

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	4271168	3.15	-4271168	-6.11			3
4	NEW CAP REL COSTS-MVBLE EQUIP	4310515	3.18	-4310515	-6.17			4
5	EMPLOYEE BENEFITS	17333472	12.77	-17333472	-24.81			5
6.01	NON-PATIENT PHONES	561089	.41	-561089	-.80			6.01
6.02	DATA PROCESSING	4082499	3.01	-4082499	-5.84			6.02
6.03	PURCHASING	1312817	.97	-1312817	-1.88			6.03
6.04	ADMITTING	819603	.60	-819603	-1.17			6.04
6.05	PATIENT ACCOUNTING	2761745	2.03	-2761745	-3.95			6.05
6.06	ADMIN & GENERAL	16648208	12.26	-16648208	-23.83			6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	4821682	3.55	-4821682	-6.90			8
8.01	BIO, ED	1569279	1.16	-1569279	-2.25			8.01
9	LAUNDRY & LINEN SERVICE	571805	.42	-571805	-.82			9
10	HOUSEKEEPING	1495665	1.10	-1495665	-2.14			10
11	DIETARY	1232618	.91	-1232618	-1.76			11
12	CAFETERIA	361206	.27	-361206	-.52			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1243822	.92	-1243822	-1.78			14
15	CENTRAL SERVICES & SUPPLY	412661	.30	-412661	-.59			15
16	PHARMACY	1824694	1.34	-1824694	-2.61			16
17	MEDICAL RECORDS & LIBRARY	1831801	1.35	-1831801	-2.62			17
18	SOCIAL SERVICE	700949	.52	-700949	-1.00			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	769341	.57	-769341	-1.10			22
23	I&R SERVICES-OTHER PRGM COSTS A	614758	.45	-614758	-.88			23
24	PARAMED ED PRGM-(SPECIFY)	318341	.23	-318341	-.46			24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	8966752	6.60	17602040	25.19	26568792	19.57	25
26	INTENSIVE CARE UNIT	3351636	2.47	4069557	5.82	7421193	5.47	26
31	SUBPROVIDER I	1914305	1.41	2903840	4.16	4818145	3.55	31
31.01	SUB-PROVIDER II PSYCHE							31.01
33	NURSERY	791376	.58	1425242	2.04	2216618	1.63	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	4077608	3.00	5744128	8.22	9821736	7.23	37
38	RECOVERY ROOM	556732	.41	736466	1.05	1293198	.95	38
39	DELIVERY ROOM & LABOR ROOM	1615570	1.19	1959674	2.80	3575244	2.63	39
39.01	PSYCHIATRIC/PSYCHOLOGIC							39.01
40	ANESTHESIOLOGY	479857	.35	584894	.84	1064751	.78	40
41	RADIOLOGY-DIAGNOSTIC	1918014	1.41	2232646	3.20	4150660	3.06	41
41.01	CAT SCAN	466489	.34	1050409	1.50	1516898	1.12	41.01
41.02	MAMMOGRAPHY	177777	.13	109600	.16	287377	.21	41.02
41.03	MRI	203906	.15	971016	1.39	1174922	.87	41.03
41.04	NUCLEAR MEDICINE-DIAGNOSTIC	448674	.33	391137	.56	839811	.62	41.04

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
41.05 ULTRASOUND	296957	.22	385321	.55	682278	.50	41.05
42 RADIOLOGY-THERAPEUTIC	335310	.25	832609	1.19	1167919	.86	42
42.01 ONCOLOGY	251444	.19	498723	.71	750167	.55	42.01
44 LABORATORY	4789964	3.53	2202163	3.15	6992127	5.15	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	832879	.61	182802	.26	1015681	.75	47
48.01 GASTROINTESTINAL SERVICES	1053278	.78	1135366	1.62	2188644	1.61	48.01
49 RESPIRATORY THERAPY	1297183	.96	1957529	2.80	3254712	2.40	49
50 PHYSICAL THERAPY	1234087	.91	542610	.78	1776697	1.31	50
51 OCCUPATIONAL THERAPY	667898	.49	275175	.39	943073	.69	51
52 SPEECH PATHOLOGY	237310	.17	47641	.07	284951	.21	52
53 ELECTROCARDIOLOGY	78159	.06	167967	.24	246126	.18	53
54 ELECTROENCEPHALOGRAPHY	83911	.06	106177	.15	190088	.14	54
55 MEDICAL SUPPLIES CHARGED TO PAT	12379112	9.12	5665864	8.11	18044976	13.29	55
56 DRUGS CHARGED TO PATIENTS	4429423	3.26	4226547	6.05	8655970	6.38	56
57 RENAL DIALYSIS	229245	.17	85862	.12	315107	.23	57
59 OTHER CARDIOLOGY	320475	.24	664417	.95	984892	.73	59
59.01 CARDIOPULMONARY	378777	.28	535066	.77	913843	.67	59.01
59.02 CARDIAC CATHETERIZATION LABORAT	1157582	.85	2058618	2.95	3216200	2.37	59.02
61 EMERGENCY	3738958	2.75	4049295	5.80	7788253	5.74	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	2935515	2.16	2239907	3.21	5175422	3.81	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	275419	.20	179063	.26	454482	.33	96
100 OTHER NON-REIMBURSABLE	1214911	.89	823374	1.18	2038285	1.50	100
100.01 SHARED SERVICES	4578		1655		6233		100.01
100.02 CASE MANAGEMENT			66		66		100.02
100.04 OUTPATIENT PHARMACY	947801	.70	275937	.39	1223738	.90	100.04
100.05 PRIMARY CARE PHYSICIAN	1752292	1.29	949335	1.36	2701627	1.99	100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	135760902	100.00	0	.00	135760902	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1215935	38353168	.031704	8455290	268067	37
38 RECOVERY ROOM	84390	9443062	.008937	22384	200	38
39 DELIVERY ROOM & LABOR ROOM	294425	5175598	.056887	15035	855	39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY	105435	18626119	.005661	4700761	26611	40
41 RADIOLOGY-DIAGNOSTIC	766544	15339180	.049973	3429074	171361	41
41.01 CAT SCAN	452689	21201773	.021351	3293568	70321	41.01
41.02 MAMMOGRAPHY	114879	779223	.147428			41.02
41.03 MRI	646644	8678638	.074510	1352263	100757	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	74076	6172130	.012002	553931	6648	41.04
41.05 ULTRASOUND	65042	5699082	.011413	993770	11342	41.05
42 RADIOLOGY-THERAPEUTIC	299297	2794633	.107097	161006	17243	42
42.01 ONCOLOGY	116940	896377	.130459	3924	512	42.01
44 LABORATORY	368002	54863733	.006708	17689261	118660	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	13359	4264517	.003133	1122095	3516	47
48.01 GASTROINTESTINAL SERVICES	415528	13629600	.030487	982483	29953	48.01
49 RESPIRATORY THERAPY	380734	24870128	.015309	7603647	116404	49
50 PHYSICAL THERAPY	132618	6501507	.020398	925667	18882	50
51 OCCUPATIONAL THERAPY	54708	3656033	.014964	585991	8769	51
52 SPEECH PATHOLOGY	3937	720772	.005462	139388	761	52
53 ELECTROCARDIOLOGY	41969	1686079	.024891	457702	11393	53
54 ELECTROENCEPHALOGRAPHY	14541	658919	.022068	152927	3375	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1165536	53143647	.021932	13143925	288273	55
56 DRUGS CHARGED TO PATIENTS	658874	63653036	.010351	22437435	232250	56
57 RENAL DIALYSIS	16379	621640	.026348	359320	9467	57
59 OTHER CARDIOLOGY	114586	5103445	.022453	1235192	27734	59
59.01 CARDIOPULMONARY	117104	1849227	.063326	75866	4804	59.01
59.02 CARDIAC CATHETERIZATION LABORAT OUTPATIENT SERVICE COST CENTERS	641637	26321368	.024377	2686741	65495	59.02
61 EMERGENCY	432407	40521930	.010671	4115118	43912	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	219036	5428848	.040347	180725	7292	62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	9027251	440653412		96874489	1664857	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2045189		2045189	29580	69.14	12718	879323 25
26 INTENSIVE CARE UNIT	596849		596849	3862	154.54	1966	303826 26
101 TOTAL	2642038		2642038			14684	1183149 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1183149

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1664857

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2848006

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)	29192920
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	121851725
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.240

COST TO CHARGE RATIO FOR REHAB 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))	4612108
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	10621759
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.434

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)	2848006
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	11632927
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	57785735
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.201