

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 THOREK HOSPITAL AND MEDICAL CTR (14-0115) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	790148	262822	10591410	2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	790148	262822	10591410	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: 850 WEST IRVING PARK ROAD P.O.BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60613 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V	XVIII	XIX		
				4	5	6		
2	HOSPITAL	THOREK HOSPITAL AND MEDICAL CTR	14-0115	07/01/1966	N	P	O	2
3	SUBPROVIDER I							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: 07/01/2007 TO: 06/30/2008 17
 18 TYPE OF CONTROL 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47 HOSPITAL	N	N	N	N	N	47
48 SUBPROVIDER I	N	N	N	N	N	48
49 SKILLED NURSING FACILITY	N	N				49
50 HOME HEALTH AGENCY	N	N				50

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? NO 52
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. NO 52.01
 53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 53
 53.01 MDH PERIOD: BEGINNING: ENDING: 53.01
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 54
 PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y/N LIMIT Y/N FEES
 0 1 2 3 4
 / / NO 0.00 NO 4 56
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? NO 57
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. NO 58
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 58.01
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) NO 59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A
NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'
FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2
IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE
SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
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.

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	2016	3112	6997	1	
2	HMO XIX				2	
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3	
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4	
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5	
6	INTENSIVE CARE UNIT				6	
7	CORONARY CARE UNIT				7	
8	BURN INTENSIVE CARE UNIT				8	
9	SURGICAL INTENSIVE CARE UNIT				9	
10	OTHER SPECIAL CARE (SPECIFY)				10	
11	NURSERY				11	
12	TOTAL HOSPITAL	2016	3112	6997	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I				14	
15	SKILLED NURSING FACILITY				15	
16	NURSING FACILITY				16	
17	OTHER LONG TERM CARE				17	
18	HOME HEALTH AGENCY				18	
20	ASC (DISTINCT PART)				20	
21	HOSPICE (DISTINCT PART)				21	
23	O/P REHAB PROVIDER				23	
24	RHC I				24	
25	TOTAL				25	
26	OBSERVATION BED DAYS				26	
27	AMBULANCE TRIPS				27	
28	EMPLOYEE DISCOUNT DAYS				28	

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

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	
	1	2	3	4	5	6	
SALARIES							
1 TOTAL SALARIES	18043349		18043349	646650.00	27.90		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)	159738		159738	7840.00	20.37		6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	453511		453511	12713.00	35.67		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	4592285		4592285	68196.00	67.34		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	2778302		2778302			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	97750		97750			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	68149		68149	1672.00	40.76		21
22 ADMINISTRATIVE & GENERAL	2814712		2814712	101326.00	27.78		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	561787		561787	21114.00	26.61		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING							26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	511646	-189672	321974	29081.00	11.07		27
27.01 DIETARY UNDER CONTRACT	293229		293229	6200.00	47.30		27.01
28 CAFETERIA		189672	189672	17131.00	11.07		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	608020		608020	16916.00	35.94		30
31 CENTRAL SERVICES AND SUPPLY	66297		66297	6276.00	10.56		31
32 PHARMACY	680673		680673	22657.00	30.04		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	407480		407480	19334.00	21.08		33
34 SOCIAL SERVICE	245632		245632	8701.00	28.23		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

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)		
	1	2	3	4	5		
1 NET SALARIES	17883611		17883611	638810.00	28.00		1
2 EXCLUDED AREA SALARIES	453511		453511	12713.00	35.67		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	17430100		17430100	626097.00	27.84		3
4 SUBTOTAL OTHER WAGES & REL COSTS	4592285		4592285	68196.00	67.34		4
5 SUBTOTAL WAGE-RELATED COSTS	2778302		2778302		15.94%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	24800687		24800687	694293.00	35.72		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	6257625		6257625	250408.00	24.99		13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	13727038 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	13727038 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.361701 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	33765462 28
29	TOTAL GROSS MEDICAID COST	12213001 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	8539145 30
31	UNCOMPENSATED CARE COST	3088617 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	12213001 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2906896	2906896	-507635	2399261	-981433	1417828	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1548762	1548762		1548762	4
5	0500 EMPLOYEE BENEFITS	68149	3054800	3122949		3122949		3122949	5
6	0600 ADMINISTRATIVE & GENERAL	2814712	7792636	10607348	-127192	10480156	-526607	9953549	6
8	0800 OPERATION OF PLANT	561787	2081221	2643008		2643008		2643008	8
9	0900 LAUNDRY & LINEN SERVICE		1127	1127		1127		1127	9
10	1000 HOUSEKEEPING		715617	715617		715617		715617	10
11	1100 DIETARY	511646	909490	1421136	-526829	894307		894307	11
12	1200 CAFETERIA				526829	526829	-190944	335885	12
14	1400 NURSING ADMINISTRATION	608020	43024	651044		651044		651044	14
15	1500 CENTRAL SERVICES & SUPPLY	66297	266816	333113	-226101	107012		107012	15
16	1600 PHARMACY	680673	3411232	4091905	-3179466	912439		912439	16
17	1700 MEDICAL RECORDS & LIBRARY	407480	291350	698830		698830	-56807	642023	17
18	1800 SOCIAL SERVICE	245632	109015	354647		354647	-24169	330478	18
22	2200 I&R SERVICES-SALARY & FRINGES A	159738	49954	209692		209692		209692	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	4132046	1584560	5716606		5716606	-22600	5694006	25
26	2600 INTENSIVE CARE UNIT	1446445	463236	1909681		1909681		1909681	26
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	921236	2778171	3699407		3699407	-186131	3513276	37
38	3800 RECOVERY ROOM	138139	11992	150131		150131		150131	38
40	4000 ANESTHESIOLOGY	536797	478965	1015762		1015762	-717610	298152	40
41	4100 RADIOLOGY-DIAGNOSTIC	878270	876071	1754341		1754341	-1231	1753110	41
41.01	3630 ULTRASOUND	195614	50995	246609		246609		246609	41.01
44	4400 LABORATORY		3352659	3352659		3352659	-36667	3315992	44
49	4900 RESPIRATORY THERAPY	647747	233859	881606		881606	-40675	840931	49
50	5000 PHYSICAL THERAPY		503000	503000	83201	586201		586201	50
53	5300 ELECTROCARDIOLOGY	99455	38188	137643		137643		137643	53
53.01	3120 CARDIAC CATH LAB		117668	117668		117668		117668	53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				226101	226101		226101	55
56	5600 DRUGS CHARGED TO PATIENTS				3179466	3179466		3179466	56
57	5700 RENAL DIALYSIS		226302	226302		226302		226302	57
58	5800 ASC (NON-DISTINCT PART)	325217	26036	351253		351253		351253	58
58.01	3480 ONCOLOGY	141598	58509	200107		200107	-15000	185107	58.01
58.02	3340 GI LAB	30221	100550	130771		130771		130771	58.02
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	422590	152796	575386		575386	-287684	287702	60
60.01	6001 WOUND CARE CENTER	120601	37822	158423		158423		158423	60.01
61	6100 EMERGENCY	1429728	1261163	2690891		2690891	-1602961	1087930	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
	OTHER REIMBURSABLE COST CENTERS								
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		997136	997136	-997136				88
95	SUBTOTALS	17589838	34982856	52572694		52572694	-4690519	47882175	95
	NONREIMBURSABLE COST CENTERS								
96.01	9601 SENIOR HEALTH	164184	17380	181564		181564	-90	181474	96.01
98	9800 PHYSICIANS' PRIVATE OFFICES	289327	253957	543284		543284	-210165	333119	98
101	TOTAL	18043349	35254193	53297542		53297542	-4900774	48396768	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		OTHER	
		COST CENTER	LINE #		
1	2	3	4	5	
1 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1548762 1
2 INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		43991 2
3 DRUGS CHARGED	C	DRUGS CHARGED TO PATIENTS	56		3179466 3
4 SUPPLIES CHARGED	D	MEDICAL SUPPLIES CHARGED TO P	55		226101 4
5 CAFETERIA COSTS	E	CAFETERIA	12	189672	337157 5
6 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		997136 6
7 SPEECH THERAPY COSTS	G	PHYSICAL THERAPY	50		83201 7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				189672	6415814 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7	
			LINE #	SALARY		REF.	10
1	1	6	7	8	9	10	10
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		1548762	9	1
2 INSURANCE	B	ADMINISTRATIVE & GENERAL	6		43991	9	2
3 DRUGS CHARGED	C	PHARMACY	16		3179466		3
4 SUPPLIES CHARGED	D	CENTRAL SERVICES & SUPPLY	15		226101		4
5 CAFETERIA COSTS	E	DIETARY	11	189672	337157		5
6 INTEREST	F	INTEREST EXPENSE	88		997136	11	6
7 SPEECH THERAPY COSTS	G	ADMINISTRATIVE & GENERAL	6		83201		7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36 TOTAL RECLASSIFICATIONS				189672	6415814		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	6626777	2800000		2800000		9426777	1
2 LAND IMPROVEMENTS	1393453	5540		5540		1398993	2
3 BUILDINGS AND FIXTURES	29375543					29375543	3
4 BUILDING IMPROVEMENTS	8860216	4033480		4033480		12893696	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	24542798	4585649		4585649		29128447	6
7 SUBTOTAL	70798787	11424669		11424669		82223456	7
8 RECONCILING ITEMS							8
9 TOTAL	70798787	11424669		11424669		82223456	9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-223528	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-184	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-439113	NEW CAP REL COSTS-BLDG & FIXT	3	9 8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-61308	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3035515			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-190944	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-18813	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-1902	ADMINISTRATIVE & GENERAL	6	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		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 WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 MISC INCOME	B	-98964	ADMINISTRATIVE & GENERAL	6	37
38 1985 SERIES E BOND INTEREST	A	-239286	NEW CAP REL COSTS-BLDG & FIXT	3	9 38
39 ENTERTAINMENT	A	-56726	ADMINISTRATIVE & GENERAL	6	39
40 PATIENT PHONE	A	-1178	ADMINISTRATIVE & GENERAL	6	40
41 SPACE RENTAL IRVING PARK RD	B	-77169	NEW CAP REL COSTS-BLDG & FIXT	3	9 41
42 GREAT AMERICA TICKETS	B	-1024	ADMINISTRATIVE & GENERAL	6	42
43 MEDICAL STAFF APPLICATION FEES	B	-3175	ADMINISTRATIVE & GENERAL	6	43
44 POB PRO FEES	A	-210165	PHYSICIANS' PRIVATE OFFICES	98	44
44.10 SENIOR HEALTH	A	-90	SENIOR HEALTH	96.01	44.10
45 STAR SPANGLED BALL	A	-77348	ADMINISTRATIVE & GENERAL	6	45
45.01 NONALLOWABLE PREMIUMS	A	-6732	ADMINISTRATIVE & GENERAL	6	45.01
45.02 LEGAL FEES	A	-73178	ADMINISTRATIVE & GENERAL	6	45.02
45.03 NON ALLOWABLE PATIENT EXPENSES	A	-5018	ADMINISTRATIVE & GENERAL	6	45.03
45.04 MUTUAL ASSISTANCE PROGRAM	A	-6506	ADMINISTRATIVE & GENERAL	6	45.04
46 OTH OPERATING REV	B	-6883	ADMINISTRATIVE & GENERAL	6	46
47					47
48 NONOPERATING INTEREST	B	-2337	NEW CAP REL COSTS-BLDG & FIXT	3	9 48
49 ADVERTISING	A	-63688	ADMINISTRATIVE & GENERAL	6	49
50 TOTAL		-4900774			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL	62793	62793					
2	17 MEDICAL RECORDS & LIBRAR	37994	37994					
3	18 SOCIAL SERVICE	24169	24169					
4	25 ADULTS & PEDIATRICS	22600	22600					
5	37 OPERATING ROOM	186131	186131					
6	40 ANESTHESIOLOGY	717610	717610					
7	41 RADIOLOGY-DIAGNOSTIC	1231	1231					
8	44 LABORATORY	36667	36667					
9	49 RESPIRATORY THERAPY	40675	40675					
10	58.01 ONCOLOGY	15000	15000					
11	60 CLINIC	287684	287684					
12	61 EMERGENCY	1602961	1602961					
101	TOTAL	3035515	3035515					

PROVIDER NO. 14-0115 THOREK HOSPITAL AND MEDICAL CT
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 15:15

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE					62793
2	17	MEDICAL RECORDS & LIBRAR	AGGREGATE					37994
3	18	SOCIAL SERVICE	AGGREGATE					24169
4	25	ADULTS & PEDIATRICS	AGGREGATE					22600
5	37	OPERATING ROOM	AGGREGATE					186131
6	40	ANESTHESIOLOGY	AGGREGATE					717610
7	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE					1231
8	44	LABORATORY	AGGREGATE					36667
9	49	RESPIRATORY THERAPY	AGGREGATE					40675
10	58.01	ONCOLOGY	AGGREGATE					15000
11	60	CLINIC	AGGREGATE					287684
12	61	EMERGENCY	AGGREGATE					1602961
101		TOTAL						3035515

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1417828	1417828							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1548762		1548762						4
5 EMPLOYEE BENEFITS	3122949	2593	2833	3128375					5
6 ADMINISTRATIVE & GENERAL	9953549	62429	68194	489867	10574039	10574039			6
8 OPERATION OF PLANT	2643008	547641	598218	97772	3886639	1086580	4973219		8
9 LAUNDRY & LINEN SERVICE	1127				1127	315		1442	9
10 HOUSEKEEPING	715617	5244	5728		726589	203131	32390	14	10
11 DIETARY	894307	40467	44204	56036	1035014	289357	249951		11
12 CAFETERIA	335885	23972	26186	33010	419053	117154	148066		12
14 NURSING ADMINISTRATION	651044	3112	3399	105819	763374	213415	19220		14
15 CENTRAL SERVICES & SUPPLY	107012	11179	12212	11538	141941	39682	69050	14	15
16 PHARMACY	912439	10978	11991	118463	1053871	294629	67804		16
17 MEDICAL RECORDS & LIBRARY	642023			70917	712940	199315			17
18 SOCIAL SERVICE	330478			42749	373227	104342			18
22 I&R SERVICES-SALARY & FRINGES A	209692	9767	10669	27800	257928	72108	60330		22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	5694006	316763	346016	719142	7075927	1978217	1956544	723	25
26 INTENSIVE CARE UNIT	1909681	17504	19120	251736	2198041	614502	108113	101	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3513276	93021	101611	160330	3868238	1081436	574559	173	37
38 RECOVERY ROOM	150131	5446	5948	24041	185566	51878	33635		38
40 ANESTHESIOLOGY	298152	3119	3407	93423	398101	111296	19265		40
41 RADIOLOGY-DIAGNOSTIC	1753110	62941	68753	152852	2037656	569663	388764	144	41
41.01 ULTRASOUND	246609	1621	1770	34044	284044	79410	10011		41.01
44 LABORATORY	3315992	44335	48429		3408756	952979	273843		44
49 RESPIRATORY THERAPY	840931			112733	953664	266614			49
50 PHYSICAL THERAPY	586201	17633	19262		623096	174198	108914		50
53 ELECTROCARDIOLOGY	137643	21631	23628	17309	200211	55973	133607	14	53
53.01 CARDIAC CATH LAB	117668	11165	12196		141029	39427	68961	14	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	226101				226101	63211			55
56 DRUGS CHARGED TO PATIENTS	3179466				3179466	888877			56
57 RENAL DIALYSIS	226302	504	551		227357	63562	3114		57
58 ASC (NON-DISTINCT PART)	351253	20774	22692	56600	451319	126174	128312	58	58
58.01 ONCOLOGY	185107	11050	12070	24643	232870	65103	68249		58.01
58.02 GI LAB	130771	7844	8569	5260	152444	42618	48451	43	58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	287702	45351	49539	73547	456139	127522	280116	43	60
60.01 WOUND CARE CENTER	158423	6123	6688	20989	192223	53739	37817		60.01
61 EMERGENCY	1087930	13621	14879	248827	1365257	381682	84133	101	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	47882175	1417828	1548762	3049447	47803247	10408109	4973219	1442	95
NONREIMBURSABLE COST CENTERS									
96.01 SENIOR HEALTH	181474			28574	210048	58723			96.01
98 PHYSICIANS' PRIVATE OFFICES	333119			50354	383473	107207			98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	48396768	1417828	1548762	3128375	48396768	10574039	4973219	1442	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	962124								10
11 DIETARY	48673	1622995							11
12 CAFETERIA	28833		713106						12
14 NURSING ADMINISTRATION	3743		25319	1025071					14
15 CENTRAL SERVICES & SUPPLY	13446		9405		273538				15
16 PHARMACY	13204		33914		2237	1465659			16
17 MEDICAL RECORDS & LIBRARY			28932				941187		17
18 SOCIAL SERVICE			13018					490587	18
22 I&R SERVICES-SALARY & FRINGES A	11748		11741		2347	575			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	380996	1445379	255337	578030	14724	13816	174406	426898	25
26 INTENSIVE CARE UNIT	21053	177616	62535	141564	7348	8749	40321	51228	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	111883		48458	109698	184698	3202	75781		37
38 RECOVERY ROOM	6550		5232	11844	596	429	10424		38
40 ANESTHESIOLOGY	3751		12115		3070	13386	11204		40
41 RADIOLOGY-DIAGNOSTIC	75704		49143		8999	67047	102339		41
41.01 ULTRASOUND	1949		11492		185		15249		41.01
44 LABORATORY	53325				419	28	138820		44
49 RESPIRATORY THERAPY			38306		4379	52	48896		49
50 PHYSICAL THERAPY	21209				469	43	8560		50
53 ELECTROCARDIOLOGY	26017		5076		707	2658	24427		53
53.01 CARDIAC CATH LAB	13429				7961		15070		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					15973		5238		55
56 DRUGS CHARGED TO PATIENTS						1326896	184363		56
57 RENAL DIALYSIS	606						1133		57
58 ASC (NON-DISTINCT PART)	24986		15198	34404	1322	439	2948		58
58.01 ONCOLOGY	13290		8845	20022	1397	9047	15497		58.01
58.02 GI LAB	9435		2772		4958	1333	11001		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	54547				795	7050	3677	1846	60
60.01 WOUND CARE CENTER	7364		7194	16286	2291	481	9488		60.01
61 EMERGENCY	16383		50015	113223	8560	7902	42345	10615	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	962124	1622995	694047	1025071	273435	1463133	941187	490587	95
NONREIMBURSABLE COST CENTERS									
96.01 SENIOR HEALTH			7723		24	2295			96.01
98 PHYSICIANS' PRIVATE OFFICES			11336		79	231			98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	962124	1622995	713106	1025071	273538	1465659	941187	490587	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
22 I&R SERVICES-SALARY & FRINGES A	416777				22
23 I&R SERVICES-OTHER PRGM COSTS A					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	62517	14363514	-62517	14300997	25
26 INTENSIVE CARE UNIT		3431171		3431171	26
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		6058126		6058126	37
38 RECOVERY ROOM		306154		306154	38
40 ANESTHESIOLOGY	166710	738898	-166710	572188	40
41 RADIOLOGY-DIAGNOSTIC		3299459		3299459	41
41.01 ULTRASOUND		402340		402340	41.01
44 LABORATORY		4828170		4828170	44
49 RESPIRATORY THERAPY		1311911		1311911	49
50 PHYSICAL THERAPY		936489		936489	50
53 ELECTROCARDIOLOGY		448690		448690	53
53.01 CARDIAC CATH LAB		285891		285891	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		310523		310523	55
56 DRUGS CHARGED TO PATIENTS		5579602		5579602	56
57 RENAL DIALYSIS		295772		295772	57
58 ASC (NON-DISTINCT PART)		785160		785160	58
58.01 ONCOLOGY		434320		434320	58.01
58.02 GI LAB		273055		273055	58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	145872	1077607	-145872	931735	60
60.01 WOUND CARE CENTER		326883		326883	60.01
61 EMERGENCY	41678	2121894	-41678	2080216	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS	416777	47615629	-416777	47198852	95
NONREIMBURSABLE COST CENTERS					
96.01 SENIOR HEALTH		278813		278813	96.01
98 PHYSICIANS' PRIVATE OFFICES		502326		502326	98
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	416777	48396768	-416777	47979991	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS		2593	2833	5426	5426			5
6	ADMINISTRATIVE & GENERAL	15754	62429	68194	146377	850	147227		6
8	OPERATION OF PLANT	8550	547641	598218	1154409	170	15131	1169710	8
9	LAUNDRY & LINEN SERVICE						4		4 9
10	HOUSEKEEPING		5244	5728	10972		2829	7618	10
11	DIETARY		40467	44204	84671	97	4029	58789	11
12	CAFETERIA		23972	26186	50158	57	1631	34826	12
14	NURSING ADMINISTRATION		3112	3399	6511	184	2972	4521	14
15	CENTRAL SERVICES & SUPPLY	40815	11179	12212	64206	20	553	16241	15
16	PHARMACY	13879	10978	11991	36848	206	4103	15948	16
17	MEDICAL RECORDS & LIBRARY					123	2775		17
18	SOCIAL SERVICE					74	1453		18
22	I&R SERVICES-SALARY & FRINGES A		9767	10669	20436	48	1004	14190	22
23	I&R SERVICES-OTHER PRGM COSTS A								23
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		316763	346016	662779	1245	27529	460181	4 25
26	INTENSIVE CARE UNIT		17504	19120	36624	437	8557	25428	26
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	10529	93021	101611	205161	278	15059	135137	37
38	RECOVERY ROOM		5446	5948	11394	42	722	7911	38
40	ANESTHESIOLOGY		3119	3407	6526	162	1550	4531	40
41	RADIOLOGY-DIAGNOSTIC		62941	68753	131694	265	7933	91438	41
41.01	ULTRASOUND		1621	1770	3391	59	1106	2354	41.01
44	LABORATORY		44335	48429	92764		13270	64408	44
49	RESPIRATORY THERAPY	62348			62348	196	3713		49
50	PHYSICAL THERAPY		17633	19262	36895		2426	25617	50
53	ELECTROCARDIOLOGY		21631	23628	45259	30	779	31425	53
53.01	CARDIAC CATH LAB		11165	12196	23361		549	16220	53.01
55	MEDICAL SUPPLIES CHARGED TO PAT						880		55
56	DRUGS CHARGED TO PATIENTS						12378		56
57	RENAL DIALYSIS		504	551	1055		885	733	57
58	ASC (NON-DISTINCT PART)		20774	22692	43466	98	1757	30179	58
58.01	ONCOLOGY		11050	12070	23120	43	907	16052	58.01
58.02	GI LAB		7844	8569	16413	9	593	11396	58.02
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		45351	49539	94890	128	1776	65884	60
60.01	WOUND CARE CENTER		6123	6688	12811	36	748	8895	60.01
61	EMERGENCY		13621	14879	28500	432	5315	19788	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	151875	1417828	1548762	3118465	5289	144916	1169710	4 95
NONREIMBURSABLE COST CENTERS									
96.01	SENIOR HEALTH					50	818		96.01
98	PHYSICIANS' PRIVATE OFFICES					87	1493		98
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	151875	1417828	1548762	3118465	5426	147227	1169710	4 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	21419								10
11 DIETARY	1084	148670							11
12 CAFETERIA	642		87314						12
14 NURSING ADMINISTRATION	83		3100	17371					14
15 CENTRAL SERVICES & SUPPLY	299		1152		82471				15
16 PHARMACY	294		4153		674	62226			16
17 MEDICAL RECORDS & LIBRARY			3542				6440		17
18 SOCIAL SERVICE			1594					3121	18
22 I&R SERVICES-SALARY & FRINGES A	262		1438		708	24			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8481	132400	31263	9795	4439	587	1185	2715	25
26 INTENSIVE CARE UNIT	469	16270	7657	2399	2215	371	274	326	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2491		5933	1859	55687	136	515		37
38 RECOVERY ROOM	146		641	201	180	18	71		38
40 ANESTHESIOLOGY	84		1483		925	568	76		40
41 RADIOLOGY-DIAGNOSTIC	1685		6017		2713	2846	695		41
41.01 ULTRASOUND	43		1407		56		104		41.01
44 LABORATORY	1187				126	1	943		44
49 RESPIRATORY THERAPY			4690		1320	2	332		49
50 PHYSICAL THERAPY	472				141	2	58		50
53 ELECTROCARDIOLOGY	579		622		213	113	166		53
53.01 CARDIAC CATH LAB	299				2400		102		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					4816		36		55
56 DRUGS CHARGED TO PATIENTS						56337	1298		56
57 RENAL DIALYSIS	14						8		57
58 ASC (NON-DISTINCT PART)	556		1861	583	399	19	20		58
58.01 ONCOLOGY	296		1083	339	421	384	105		58.01
58.02 GI LAB	210		339		1495	57	75		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1214				240	299	25	12	60
60.01 WOUND CARE CENTER	164		881	276	691	20	64		60.01
61 EMERGENCY	365		6124	1919	2581	335	288	68	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	21419	148670	84980	17371	82440	62119	6440	3121	95
NONREIMBURSABLE COST CENTERS									
96.01 SENIOR HEALTH			946		7	97			96.01
98 PHYSICIANS' PRIVATE OFFICES			1388		24	10			98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	21419	148670	87314	17371	82471	62226	6440	3121	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
22 I&R SERVICES-SALARY & FRINGES A	38110				22
23 I&R SERVICES-OTHER PRGM COSTS A					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		1342603		1342603	25
26 INTENSIVE CARE UNIT		101027		101027	26
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		422256		422256	37
38 RECOVERY ROOM		21326		21326	38
40 ANESTHESIOLOGY		15905		15905	40
41 RADIOLOGY-DIAGNOSTIC		245286		245286	41
41.01 ULTRASOUND		8520		8520	41.01
44 LABORATORY		172699		172699	44
49 RESPIRATORY THERAPY		72601		72601	49
50 PHYSICAL THERAPY		65611		65611	50
53 ELECTROCARDIOLOGY		79186		79186	53
53.01 CARDIAC CATH LAB		42931		42931	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		5732		5732	55
56 DRUGS CHARGED TO PATIENTS		70013		70013	56
57 RENAL DIALYSIS		2695		2695	57
58 ASC (NON-DISTINCT PART)		78938		78938	58
58.01 ONCOLOGY		42750		42750	58.01
58.02 GI LAB		30587		30587	58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		164468		164468	60
60.01 WOUND CARE CENTER		24586		24586	60.01
61 EMERGENCY		65715		65715	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS		3075435		3075435	95
NONREIMBURSABLE COST CENTERS					
96.01 SENIOR HEALTH		1918		1918	96.01
98 PHYSICIANS' PRIVATE OFFICES		3002		3002	98
101 CROSS FOOT ADJUSTMENTS	38110	38110		38110	101
102 NEGATIVE COST CENTER					102
103 TOTAL	38110	3118465		3118465	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	196836							3
4 NEW CAP REL COSTS-MVBLE EQUIP		196836						4
5 EMPLOYEE BENEFITS	360	360	17975200					5
6 ADMINISTRATIVE & GENERAL	8667	8667	2814712	-10574039	37822729			6
8 OPERATION OF PLANT	76029	76029	561787		3886639	111780		8
9 LAUNDRY & LINEN SERVICE					1127		10000	9
10 HOUSEKEEPING	728	728			726589	728	100	10
11 DIETARY	5618	5618	321974		1035014	5618		11
12 CAFETERIA	3328	3328	189672		419053	3328		12
14 NURSING ADMINISTRATION	432	432	608020		763374	432		14
15 CENTRAL SERVICES & SUPPLY	1552	1552	66297		141941	1552	100	15
16 PHARMACY	1524	1524	680673		1053871	1524		16
17 MEDICAL RECORDS & LIBRARY			407480		712940			17
18 SOCIAL SERVICE			245632		373227			18
22 I&R SERVICES-SALARY & FRINGES	1356	1356	159738		257928	1356		22
23 I&R SERVICES-OTHER PRGM COSTS								23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	43976	43976	4132046		7075927	43976	5000	25
26 INTENSIVE CARE UNIT	2430	2430	1446445		2198041	2430	700	26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	12914	12914	921236		3868238	12914	1200	37
38 RECOVERY ROOM	756	756	138139		185566	756		38
40 ANESTHESIOLOGY	433	433	536797		398101	433		40
41 RADIOLOGY-DIAGNOSTIC	8738	8738	878270		2037656	8738	1000	41
41.01 ULTRASOUND	225	225	195614		284044	225		41.01
44 LABORATORY	6155	6155			3408756	6155		44
49 RESPIRATORY THERAPY			647747		953664			49
50 PHYSICAL THERAPY	2448	2448			623096	2448		50
53 ELECTROCARDIOLOGY	3003	3003	99455		200211	3003	100	53
53.01 CARDIAC CATH LAB	1550	1550			141029	1550	100	53.01
55 MEDICAL SUPPLIES CHARGED TO P					226101			55
56 DRUGS CHARGED TO PATIENTS					3179466			56
57 RENAL DIALYSIS	70	70			227357	70		57
58 ASC (NON-DISTINCT PART)	2884	2884	325217		451319	2884	400	58
58.01 ONCOLOGY	1534	1534	141598		232870	1534		58.01
58.02 GI LAB	1089	1089	30221		152444	1089	300	58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	6296	6296	422590		456139	6296	300	60
60.01 WOUND CARE CENTER	850	850	120601		192223	850		60.01
61 EMERGENCY	1891	1891	1429728		1365257	1891	700	61
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	196836	196836	17521689	-10574039	37229208	111780	10000	95
NONREIMBURSABLE COST CENTERS								
96.01 SENIOR HEALTH			164184		210048			96.01
98 PHYSICIANS' PRIVATE OFFICES			289327		383473			98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1417828	1548762	3128375		10574039	4973219	1442	103
104 UNIT COST MULT-WS B PT I		7.868286				44.491134		104
104 UNIT COST MULT-WS B PT I	7.203093		.174038		.279568		.144200	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			5426		147227	1169710	4	107
108 UNIT COST MULT-WS B PT III						10.464394		108
108 UNIT COST MULT-WS B PT III			.000302		.003893		.000400	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRSNG HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	TIME SPENT	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT							1	
2	OLD CAP REL COSTS-MVBLE EQUIP							2	
3	NEW CAP REL COSTS-BLDG & FIXT							3	
4	NEW CAP REL COSTS-MVBLE EQUIP							4	
5	EMPLOYEE BENEFITS							5	
6	ADMINISTRATIVE & GENERAL							6	
8	OPERATION OF PLANT							8	
9	LAUNDRY & LINEN SERVICE							9	
10	HOUSEKEEPING	111052						10	
11	DIETARY	5618	81033					11	
12	CAFETERIA	3328		22898				12	
14	NURSING ADMINISTRATION	432		813	14540			14	
15	CENTRAL SERVICES & SUPPLY	1552		302		3872027		15	
16	PHARMACY	1524		1089		31664	3511968	16	
17	MEDICAL RECORDS & LIBRARY			929			130491476	17	
18	SOCIAL SERVICE			418				18	
22	I&R SERVICES-SALARY & FRINGES	1356		377		33224	1377	26575	
23	I&R SERVICES-OTHER PRGM COSTS							22	
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	43976	72165	8199	8199	208417	33105	24179435	23125
26	INTENSIVE CARE UNIT	2430	8868	2008	2008	104006	20965	5590063	2775
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	12914		1556	1556	2614515	7673	10506225	37
38	RECOVERY ROOM	756		168	168	8435	1029	1445234	38
40	ANESTHESIOLOGY	433		389		43450	32075	1553327	40
41	RADIOLOGY-DIAGNOSTIC	8738		1578		127386	160655	14188157	41
41.01	ULTRASOUND	225		369		2623		2114035	41.01
44	LABORATORY	6155				5938	66	19245796	44
49	RESPIRATORY THERAPY			1230		61981	125	6778923	49
50	PHYSICAL THERAPY	2448				6637	102	1186755	50
53	ELECTROCARDIOLOGY	3003		163		10005	6370	3386537	53
53.01	CARDIAC CATH LAB	1550				112685		2089267	53.01
55	MEDICAL SUPPLIES CHARGED TO P					226101		726218	55
56	DRUGS CHARGED TO PATIENTS						3179466	25566273	56
57	RENAL DIALYSIS	70						157062	57
58	ASC (NON-DISTINCT PART)	2884		488	488	18713	1052	408749	58
58.01	ONCOLOGY	1534		284	284	19769	21677	2148513	58.01
58.02	GI LAB	1089		89		70180	3195	1525099	58.02
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	6296				11252	16894	509819	100
60.01	WOUND CARE CENTER	850		231	231	32424	1153	1315386	60.01
61	EMERGENCY	1891		1606	1606	121171	18935	5870603	575
62	OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	111052	81033	22286	14540	3870576	3505914	130491476	26575
NONREIMBURSABLE COST CENTERS									
96.01	SENIOR HEALTH			248		337	5500		96.01
98	PHYSICIANS' PRIVATE OFFICES			364		1114	554		98
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	962124	1622995	713106	1025071	273538	1465659	941187	490587
104	UNIT COST MULT-WS B PT I	8.663725		31.142720		.070645		.007213	
104	UNIT COST MULT-WS B PT I		20.028815		70.500069		.417333		18.460470
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	21419	148670	87314	17371	82471	62226	6440	3121
108	UNIT COST MULT-WS B PT III	.192874		3.813171		.021299		.000049	
108	UNIT COST MULT-WS B PT III		1.834685		1.194704		.017718		.117441

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	
	22	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6 ADMINISTRATIVE & GENERAL		6
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
22 I&R SERVICES-SALARY & FRINGES	100	22
23 I&R SERVICES-OTHER PRGM COSTS		23
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	15	25
26 INTENSIVE CARE UNIT		26
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM		37
38 RECOVERY ROOM		38
40 ANESTHESIOLOGY	40	40
41 RADIOLOGY-DIAGNOSTIC		41
41.01 ULTRASOUND		41.01
44 LABORATORY		44
49 RESPIRATORY THERAPY		49
50 PHYSICAL THERAPY		50
53 ELECTROCARDIOLOGY		53
53.01 CARDIAC CATH LAB		53.01
55 MEDICAL SUPPLIES CHARGED TO P		55
56 DRUGS CHARGED TO PATIENTS		56
57 RENAL DIALYSIS		57
58 ASC (NON-DISTINCT PART)		58
58.01 ONCOLOGY		58.01
58.02 GI LAB		58.02
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC	35	60
60.01 WOUND CARE CENTER		60.01
61 EMERGENCY	10	61
62 OBSERVATION BEDS (NON-DISTINC		62
OTHER REIMBURSABLE COST CENTERS		
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
95 SUBTOTALS	100	95
NONREIMBURSABLE COST CENTERS		
96.01 SENIOR HEALTH		96.01
98 PHYSICIANS' PRIVATE OFFICES		98
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	416777	103
104 UNIT COST MULT-WS B PT I	4167.770000	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	38110	107
108 UNIT COST MULT-WS B PT III	381.100000	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	14300997		14300997		14300997	25
26 INTENSIVE CARE UNIT	3431171		3431171		3431171	26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6058126		6058126		6058126	37
38 RECOVERY ROOM	306154		306154		306154	38
40 ANESTHESIOLOGY	572188		572188		572188	40
41 RADIOLOGY-DIAGNOSTIC	3299459		3299459		3299459	41
41.01 ULTRASOUND	402340		402340		402340	41.01
44 LABORATORY	4828170		4828170		4828170	44
49 RESPIRATORY THERAPY	1311911		1311911		1311911	49
50 PHYSICAL THERAPY	936489		936489		936489	50
53 ELECTROCARDIOLOGY	448690		448690		448690	53
53.01 CARDIAC CATH LAB	285891		285891		285891	53.01
55 MEDICAL SUPPLIES CHARGED TO	310523		310523		310523	55
56 DRUGS CHARGED TO PATIENTS	5579602		5579602		5579602	56
57 RENAL DIALYSIS	295772		295772		295772	57
58 ASC (NON-DISTINCT PART)	785160		785160		785160	58
58.01 ONCOLOGY	434320		434320		434320	58.01
58.02 GI LAB	273055		273055		273055	58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	931735		931735		931735	60
60.01 WOUND CARE CENTER	326883		326883		326883	60.01
61 EMERGENCY	2080216		2080216		2080216	61
62 OBSERVATION BEDS (NON-DISTI	260856		260856		260856	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	47459708		47459708		47459708	101
102 LESS OBSERVATION BEDS	260856		260856		260856	102
103 TOTAL	47198852		47198852		47198852	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	23930567		23930567			25
26 INTENSIVE CARE UNIT	5590063		5590063			26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6489263	4016962	10506225	.576623	.576623	.576623 37
38 RECOVERY ROOM	574972	870262	1445234	.211837	.211837	.211837 38
40 ANESTHESIOLOGY	703544	849783	1553327	.368363	.368363	.368363 40
41 RADIOLOGY-DIAGNOSTIC	5639085	8549072	14188157	.232550	.232550	.232550 41
41.01 ULTRASOUND	582072	1531963	2114035	.190319	.190319	.190319 41.01
44 LABORATORY	11666893	7578903	19245796	.250869	.250869	.250869 44
49 RESPIRATORY THERAPY	6632533	146390	6778923	.193528	.193528	.193528 49
50 PHYSICAL THERAPY	574339	612416	1186755	.789117	.789117	.789117 50
53 ELECTROCARDIOLOGY	2413418	973119	3386537	.132492	.132492	.132492 53
53.01 CARDIAC CATH LAB	1495421	593846	2089267	.136838	.136838	.136838 53.01
55 MEDICAL SUPPLIES CHARGED TO	614825	111393	726218	.427589	.427589	.427589 55
56 DRUGS CHARGED TO PATIENTS	15671119	9895154	25566273	.218241	.218241	.218241 56
57 RENAL DIALYSIS	153788	3274	157062	1.883154	1.883154	1.883154 57
58 ASC (NON-DISTINCT PART)	19574	389175	408749	1.920885	1.920885	1.920885 58
58.01 ONCOLOGY	42816	2105697	2148513	.202149	.202149	.202149 58.01
58.02 GI LAB	671243	853856	1525099	.179041	.179041	.179041 58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2466	507353	509819	1.827580	1.827580	1.827580 60
60.01 WOUND CARE CENTER	171936	1143450	1315386	.248507	.248507	.248507 60.01
61 EMERGENCY	2393189	3477414	5870603	.354345	.354345	.354345 61
62 OBSERVATION BEDS (NON-DISTI	41722	207146	248868	1.048170	1.048170	1.048170 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	86074848	44416628	130491476			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	86074848	44416628	130491476			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS				1342603		1342603
26 INTENSIVE CARE UNIT				101027		101027
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				1443630		1443630

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	24506	8338			54.79	456839
26 INTENSIVE CARE UNIT	2956	1494			34.18	51065
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	27462	9832				507904

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] 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	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		422256	10506225	1334229		.040191	53624	37
38 RECOVERY ROOM		21326	1445234	225468		.014756	3327	38
40 ANESTHESIOLOGY		15905	1553327	251797		.010239	2578	40
41 RADIOLOGY-DIAGNOSTIC		245286	14188157	2367317		.017288	40926	41
41.01 ULTRASOUND		8520	2114035	246155		.004030	992	41.01
44 LABORATORY		172699	19245796	4817660		.008973	43229	44
49 RESPIRATORY THERAPY		72601	6778923	3475638		.010710	37224	49
50 PHYSICAL THERAPY		65611	1186755	322523		.055286	17831	50
53 ELECTROCARDIOLOGY		79186	3386537	1130288		.023383	26430	53
53.01 CARDIAC CATH LAB		42931	2089267	645783		.020548	13270	53.01
55 MEDICAL SUPPLIES CHARGED TO P		5732	726218	286327		.007893	2260	55
56 DRUGS CHARGED TO PATIENTS		70013	25566273	7178530		.002738	19655	56
57 RENAL DIALYSIS		2695	157062	83267		.017159	1429	57
58 ASC (NON-DISTINCT PART)		78938	408749	5789		.193121	1118	58
58.01 ONCOLOGY		42750	2148513	26072		.019897	519	58.01
58.02 GI LAB		30587	1525099	328900		.020056	6596	58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		164468	509819	1480		.322601	477	60
60.01 WOUND CARE CENTER		24586	1315386	92359		.018691	1726	60.01
61 EMERGENCY		65715	5870603	808206		.011194	9047	61
62 OBSERVATION BEDS (NON-DISTINC		24490	248868			.098406		62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1656295	100970846	23627788			282258	101

PROVIDER NO. 14-0115 THOREK HOSPITAL AND MEDICAL CT
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 15:15

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					24506		8338	25
26	INTENSIVE CARE UNIT					2956		1494	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					27462		9832	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 ONCOLOGY							58.01
58.02 GI LAB							58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 WOUND CARE CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] 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	PASS THROUGH	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	COSTS	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10506225			1334229		779447 37
38 RECOVERY ROOM		1445234			225468		185662 38
40 ANESTHESIOLOGY		1553327			251797		141754 40
41 RADIOLOGY-DIAGNOSTIC		14188157			2367317		2116850 41
41.01 ULTRASOUND		2114035			246155		134849 41.01
44 LABORATORY		19245796			4817660		324271 44
49 RESPIRATORY THERAPY		6778923			3475638		96844 49
50 PHYSICAL THERAPY		1186755			322523		502 50
53 ELECTROCARDIOLOGY		3386537			1130288		415167 53
53.01 CARDIAC CATH LAB		2089267			645783		120863 53.01
55 MEDICAL SUPPLIES CHARGED TO P		726218			286327		21774 55
56 DRUGS CHARGED TO PATIENTS		25566273			7178530		3770057 56
57 RENAL DIALYSIS		157062			83267		2123 57
58 ASC (NON-DISTINCT PART)		408749			5789		83039 58
58.01 ONCOLOGY		2148513			26072		497491 58.01
58.02 GI LAB		1525099			328900		199126 58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		509819			1480		112095 60
60.01 WOUND CARE CENTER		1315386			92359		469756 60.01
61 EMERGENCY		5870603			808206		345426 61
62 OBSERVATION BEDS (NON-DISTINC		248868					42037 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		100970846			23627788		9859133 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 ONCOLOGY					58.01
58.02 GI LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 WOUND CARE CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0115) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.576623	.576623	.576623			37
38 RECOVERY ROOM	.211837	.211837	.211837			38
40 ANESTHESIOLOGY	.368363	.368363	.368363			40
41 RADIOLOGY-DIAGNOSTIC	.232550	.232550	.232550			41
41.01 ULTRASOUND	.190319	.190319	.190319			41.01
44 LABORATORY	.250869	.250869	.250869			44
49 RESPIRATORY THERAPY	.193528	.193528	.193528			49
50 PHYSICAL THERAPY	.789117	.789117	.789117			50
53 ELECTROCARDIOLOGY	.132492	.132492	.132492			53
53.01 CARDIAC CATH LAB	.136838	.136838	.136838			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.427589	.427589	.427589			55
56 DRUGS CHARGED TO PATIENTS	.218241	.218241	.218241			56
57 RENAL DIALYSIS	1.883154	1.883154	1.883154			57
58 ASC (NON-DISTINCT PART)	1.920885	1.920885	1.920885			58
58.01 ONCOLOGY	.202149	.202149	.202149			58.01
58.02 GI LAB	.179041	.179041	.179041			58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.827580	1.827580	1.827580			60
60.01 WOUND CARE CENTER	.248507	.248507	.248507			60.01
61 EMERGENCY	.354345	.354345	.354345			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.048170	1.048170	1.048170			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.218241	1
2 PROGRAM VACCINE CHARGES	1044	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	228	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 (14-0115) [] 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) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		779447						37
38 RECOVERY ROOM		185662						38
40 ANESTHESIOLOGY		141754						40
41 RADIOLOGY-DIAGNOSTIC		2116850						41
41.01 ULTRASOUND		134849						41.01
44 LABORATORY		324271						44
49 RESPIRATORY THERAPY		96844						49
50 PHYSICAL THERAPY		502						50
53 ELECTROCARDIOLOGY		415167						53
53.01 CARDIAC CATH LAB		120863						53.01
55 MEDICAL SUPPLIES CHARGED TO PA		21774	9343					55
56 DRUGS CHARGED TO PATIENTS		3770057						56
57 RENAL DIALYSIS		2123						57
58 ASC (NON-DISTINCT PART)		83039						58
58.01 ONCOLOGY		497491						58.01
58.02 GI LAB		199126						58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		112095						60
60.01 WOUND CARE CENTER		469756						60.01
61 EMERGENCY		345426						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		42037						62
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		9859133	9343					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		9859133	9343					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0115) [] 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		449447					37
38 RECOVERY ROOM		39330					38
40 ANESTHESIOLOGY		52217					40
41 RADIOLOGY-DIAGNOSTIC		492273					41
41.01 ULTRASOUND		25664					41.01
44 LABORATORY		81350					44
49 RESPIRATORY THERAPY		18742					49
50 PHYSICAL THERAPY		396					50
53 ELECTROCARDIOLOGY		55006					53
53.01 CARDIAC CATH LAB		16539					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		9310	3995				55
56 DRUGS CHARGED TO PATIENTS		822781					56
57 RENAL DIALYSIS		3998					57
58 ASC (NON-DISTINCT PART)		159508					58
58.01 ONCOLOGY		100567					58.01
58.02 GI LAB		35652					58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		204863					60
60.01 WOUND CARE CENTER		116738					60.01
61 EMERGENCY		122400					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		44062					62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		2850843	3995				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2850843	3995				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS				1342603		1342603
26 INTENSIVE CARE UNIT				101027		101027
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				1443630		1443630

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	24506	11307			54.79	619511
26 INTENSIVE CARE UNIT	2956	596			34.18	20371
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	27462	11903				639882

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] 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	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		422256	10506225	828619		.040191	33303	37
38 RECOVERY ROOM		21326	1445234	107213		.014756	1582	38
40 ANESTHESIOLOGY		15905	1553327	131074		.010239	1342	40
41 RADIOLOGY-DIAGNOSTIC		245286	14188157	947820		.017288	16386	41
41.01 ULTRASOUND		8520	2114035	116678		.004030	470	41.01
44 LABORATORY		172699	19245796	3348222		.008973	30044	44
49 RESPIRATORY THERAPY		72601	6778923	1331678		.010710	14262	49
50 PHYSICAL THERAPY		65611	1186755	89444		.055286	4945	50
53 ELECTROCARDIOLOGY		79186	3386537	418933		.023383	9796	53
53.01 CARDIAC CATH LAB		42931	2089267	271432		.020548	5577	53.01
55 MEDICAL SUPPLIES CHARGED TO P		5732	726218	140372		.007893	1108	55
56 DRUGS CHARGED TO PATIENTS		70013	25566273	3832257		.002738	10493	56
57 RENAL DIALYSIS		2695	157062	29712		.017159	510	57
58 ASC (NON-DISTINCT PART)		78938	408749	2646		.193121	511	58
58.01 ONCOLOGY		42750	2148513	1508		.019897	30	58.01
58.02 GI LAB		30587	1525099	125680		.020056	2521	58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		164468	509819	274		.322601	88	60
60.01 WOUND CARE CENTER		24586	1315386	22690		.018691	424	60.01
61 EMERGENCY		65715	5870603	740771		.011194	8292	61
62 OBSERVATION BEDS (NON-DISTINC		24490	248868			.098406		62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1656295	100970846	12487023			141684	101

PROVIDER NO. 14-0115 THOREK HOSPITAL AND MEDICAL CT
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	PATIENT			
		COST	COST	AMOUNT	COSTS	DIEM	PROGRAM	PROGRAM
		1	2	3	4	6	DAYS	PASS THRU
							7	COSTS
								8
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS					24506	11307	25
26	INTENSIVE CARE UNIT					2956	596	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL					27462	11903	101

PROVIDER NO. 14-0115 THOREK HOSPITAL AND MEDICAL CT
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 15:15

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 ONCOLOGY							58.01
58.02 GI LAB							58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 WOUND CARE CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] 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	PASS THROUGH	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	COSTS	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10506225			828619		37
38 RECOVERY ROOM		1445234			107213		38
40 ANESTHESIOLOGY		1553327			131074		40
41 RADIOLOGY-DIAGNOSTIC		14188157			947820		41
41.01 ULTRASOUND		2114035			116678		41.01
44 LABORATORY		19245796			3348222		44
49 RESPIRATORY THERAPY		6778923			1331678		49
50 PHYSICAL THERAPY		1186755			89444		50
53 ELECTROCARDIOLOGY		3386537			418933		53
53.01 CARDIAC CATH LAB		2089267			271432		53.01
55 MEDICAL SUPPLIES CHARGED TO P		726218			140372		55
56 DRUGS CHARGED TO PATIENTS		25566273			3832257		56
57 RENAL DIALYSIS		157062			29712		57
58 ASC (NON-DISTINCT PART)		408749			2646		58
58.01 ONCOLOGY		2148513			1508		58.01
58.02 GI LAB		1525099			125680		58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		509819			274		60
60.01 WOUND CARE CENTER		1315386			22690		60.01
61 EMERGENCY		5870603			740771		61
62 OBSERVATION BEDS (NON-DISTINC		248868					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		100970846			12487023		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 ONCOLOGY					58.01
58.02 GI LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 WOUND CARE CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0115)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	24506						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24506						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24506						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)	8338						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0115)	SUB I	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	14300997						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	14300997						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23593401						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23593401						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.606144						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	962.76						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	14300997						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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	583.57					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4865807					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4865807					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3431171	2956	1160.75	1494	1734161	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	6114298					48
49 TOTAL PROGRAM INPATIENT COSTS	12714266					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	507904					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	282258					51
52 TOTAL PROGRAM EXCLUDABLE COST	790162					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	11924104					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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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 (PPS) (14-0115)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	447	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	583.57	84
85 OBSERVATION BED COST	260856	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		14300997		260856		86
87 NEW CAPITAL-RELATED COST	1342603	14300997	.093882	260856	24490	87
88 NON PHYSICIAN ANESTHETIST		14300997		260856		88
89 MEDICAL EDUCATION		14300997		260856		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0115)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	24506					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24506					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24506					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)	11307					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0115)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14300997						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	14300997						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23593401						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23593401						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.606144						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	962.76						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	14300997						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	583.57					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6598426					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6598426					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3431171	2956	1160.75	596	691807	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3301177					48
49 TOTAL PROGRAM INPATIENT COSTS	10591410					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	639882					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	141684					51
52 TOTAL PROGRAM EXCLUDABLE COST	781566					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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT TITLE XVIII-PART A 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. 14-0115 THOREK HOSPITAL AND MEDICAL CT
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2008.05
11/26/2008 15:15

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT	[] TITLE XVIII-PART A	[XX] TITLE XIX-INPT					
			HOSPITAL (OTHER) (14-0115)	SUB I	SUB II	SUB III	SUB IV
			1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	447	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	583.57	84
85 OBSERVATION BED COST	260856	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0115)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		8618036		25
26 INTENSIVE CARE UNIT		2963660		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.576623	1334229	769347	37
38 RECOVERY ROOM	.211837	225468	47762	38
40 ANESTHESIOLOGY	.368363	251797	92753	40
41 RADIOLOGY-DIAGNOSTIC	.232550	2367317	550520	41
41.01 ULTRASOUND	.190319	246155	46848	41.01
44 LABORATORY	.250869	4817660	1208602	44
49 RESPIRATORY THERAPY	.193528	3475638	672633	49
50 PHYSICAL THERAPY	.789117	322523	254508	50
53 ELECTROCARDIOLOGY	.132492	1130288	149754	53
53.01 CARDIAC CATH LAB	.136838	645783	88368	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.427589	286327	122430	55
56 DRUGS CHARGED TO PATIENTS	.218241	7178530	1566650	56
57 RENAL DIALYSIS	1.883154	83267	156805	57
58 ASC (NON-DISTINCT PART)	1.920885	5789	11120	58
58.01 ONCOLOGY	.202149	26072	5270	58.01
58.02 GI LAB	.179041	328900	58887	58.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.827580	1480	2705	60
60.01 WOUND CARE CENTER	.248507	92359	22952	60.01
61 EMERGENCY	.354345	808206	286384	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.048170			62
101 TOTAL		23627788	6114298	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		23627788		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0115)	<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		9748556		25
26 INTENSIVE CARE UNIT		987106		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.576623	828619	477801	37
38 RECOVERY ROOM	.211837	107213	22712	38
40 ANESTHESIOLOGY	.368363	131074	48283	40
41 RADIOLOGY-DIAGNOSTIC	.232550	947820	220416	41
41.01 ULTRASOUND	.190319	116678	22206	41.01
44 LABORATORY	.250869	3348222	839965	44
49 RESPIRATORY THERAPY	.193528	1331678	257717	49
50 PHYSICAL THERAPY	.789117	89444	70582	50
53 ELECTROCARDIOLOGY	.132492	418933	55505	53
53.01 CARDIAC CATH LAB	.136838	271432	37142	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.427589	140372	60022	55
56 DRUGS CHARGED TO PATIENTS	.218241	3832257	836356	56
57 RENAL DIALYSIS	1.883154	29712	55952	57
58 ASC (NON-DISTINCT PART)	1.920885	2646	5083	58
58.01 ONCOLOGY	.202149	1508	305	58.01
58.02 GI LAB	.179041	125680	22502	58.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.827580	274	501	60
60.01 WOUND CARE CENTER	.248507	22690	5639	60.01
61 EMERGENCY	.354345	740771	262488	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.048170			62
101 TOTAL		12487023	3301177	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		12487023		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0115)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	3103293					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3103293					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	6206586					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997	115398					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	133.69					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00			0.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	2.51					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	2.51					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	3.00					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	2.92					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	2.81				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0115)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.021019				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.022676				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	0.021019				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	34654				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	35443				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]	70885				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	140982 0 140982				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2110				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.4397				4.01
4.02	SUM OF 4 AND 4.01	0.6507				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4290				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5325251				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	17994803				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	17994803				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1245690				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	58261				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	19298754				16
17	PRIMARY PAYER PAYMENTS	22855				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19275899				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	910560				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	481568				20
21	REIMBURSABLE BAD DEBTS	965880				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	676116				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	894106				21.02
22	SUBTOTAL	18559887				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0115)	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	18559887				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	17769739				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	790148				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	268695				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 (14-0115) 1	HOSPITAL (14-0115) 1.01	HOSPITAL (14-0115) 1.02	
1 MEDICAL AND OTHER SERVICES	4223			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2850843			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2826283			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	4223			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	10387			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	10387			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	10387			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	6164			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	4223			17
17.01 TOTAL PPS PAYMENTS	2826283			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0115) 1	HOSPITAL (14-0115) 1.01	HOSPITAL (14-0115) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	731911		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1869		18.01
19 SUBTOTAL	2096726		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	13102		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2109828		23
24 PRIMARY PAYER PAYMENTS	861		24
25 SUBTOTAL	2108967		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	357389		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	250172		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	349646		27.02
28 SUBTOTAL	2359139		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	2359139		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2096317		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	262822		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
(14-0115)
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
(14-0115)
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
(14-0115)
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 (14-0115)

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		17366532		2096317	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	05/02/2008 403207 NONE 403207		NONE NONE 2096317	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54 3.99
SUBTOTAL	.99	403207			3.99
4 TOTAL INTERIM PAYMENTS		17769739		2096317	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE NONE 262822	5.01 5.02 5.03 5.50 5.51 5.52 6.01 6.02
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	790148			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		18559887		2359139	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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 (14-0115) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	10591410						1
3	MEDICAL AND OTHER SERVICES							2
4	INTERNS AND RESIDENTS							3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
6	COST OF TEACHING PHYSICIANS							5
7	SUBTOTAL	10591410						6
8	INPATIENT PRIMARY PAYER PAYMENTS							7
9	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	10591410						9
10	COMPUTATION OF LESSER OF COST OR CHARGES							
11	ROUTINE SERVICE CHARGES							10
12	ANCILLARY SERVICE CHARGES	12487023						11
13	INTERNS AND RESIDENTS SERVICE CHARGES							12
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
15	TEACHING PHYSICIANS							14
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES	12487023						16
17	CUSTOMARY CHARGES							
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM							18
20	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN							
21	ACCORDANCE WITH 42 CFR 413.13(E)							
22	RATIO OF LINE 17 TO LINE 18							19
23	TOTAL CUSTOMARY CHARGES	12487023						20
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1895613						21
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
26	COST OF COVERED SERVICES	10591410						23
27	PROSPECTIVE PAYMENT AMOUNT							
28	OTHER THAN OUTLIER PAYMENTS							24
29	OUTLIER PAYMENTS							25
30	PROGRAM CAPITAL PAYMENTS							26
31	CAPITAL EXCEPTION PAYMENTS							27
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
34	SUBTOTAL	10591410						30
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)							31
36	LESSER OF LINES 30 OR 31	10591410						32
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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

WORKSHEET E-3
 PART IV

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX	
COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS			1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE			2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS			2.01
3	AGGREGATE APPROVED AMOUNT			3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996			3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)			3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]			3.03
3.04	FTE ADJUSTMENT CAP			3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR			3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05			3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO			3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO			3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08			3.09
3.10	SEE INSTRUCTIONS			3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.51		3.11
3.12	SEE INSTRUCTIONS	2.51		3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	2.50		3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	1.96		3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.32		3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.32		3.16
3.17	SEE INSTRUCTIONS	84517.12		3.17
3.18	SEE INSTRUCTIONS	196080		3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX		
3.19 SEE INSTRUCTIONS				3.19
3.20 SEE INSTRUCTIONS				3.20
3.21 SEE INSTRUCTIONS				3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			0.00	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			0.00	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001				3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			196080	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			9832	4
5 TOTAL INPATIENT DAYS			27015	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.363946	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 71363	0		71363	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			27015	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0			6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				
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			157062	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

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PERIOD FROM 07/01/2007 TO 06/30/2008

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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	12714266	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	22855	15
16	TOTAL PART A REASONABLE COST	12691411	16
	PART B REASONABLE COST		
17	REASONABLE COST	2855066	17
18	PRIMARY PAYER PAYMENTS	861	18
19	TOTAL PART B REASONABLE COST	2854205	19
20	TOTAL REASONABLE COST	15545616	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.816398	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.183602	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	71363	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	58261	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	13102	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			11903	4
5 TOTAL INPATIENT DAYS			27015	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.440607	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0				6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD				6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			27015	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				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. 14-0115 THOREK HOSPITAL AND MEDICAL CT
PERIOD FROM 07/01/2007 TO 06/30/2008

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5056339			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE	16000			3
4	ACCOUNTS RECEIVABLE	11662802			4
5	OTHER RECEIVABLES	579869			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1061505			7
8	PREPAID EXPENSES	1033991			8
9	OTHER CURRENT ASSETS	891673			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	20302179			11
FIXED ASSETS					
12	LAND	10825770			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	42269239			14
14.01	ACCUMULATED DEPRECIATION	-25097765			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	3781799			16
16.01	ACCUMULATED DEPRECIATION	-3101072			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	29128447			18
18.01	ACCUMULATED DEPRECIATION	-22504204			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	35302214			21
OTHER ASSETS					
22	INVESTMENTS	117272027			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	341036			25
26	TOTAL OTHER ASSETS	117613063			26
27	TOTAL ASSETS	173217456			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3880270			28
29	SALARIES, WAGES & FEES PAYABLE	3285507			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	6086496			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	13252273			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	15021832			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	6163173			41
42	TOTAL LONG TERM LIABILITIES	21185005			42
43	TOTAL LIABILITIES	34437278			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	138780178			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	138780178			51
52	TOTAL LIABILITIES AND FUND BALANCES	173217456			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	137276030			1
2 NET INCOME (LOSS)	1504148			2
3 TOTAL	138780178			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	138780178			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	138780178			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				
2 HOSPITAL	23972289		23972289	1
3 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	23972289		23972289	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	5590063		5590063	10
12 CORONARY CARE UNIT				11
13 BURN INTENSIVE CARE UNIT				12
14 SURGICAL INTENSIVE CARE UNIT				13
15 OTHER SPECIAL CARE (SPECIFY)				14
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	5590063		5590063	15
17 TOTAL INPATIENT ROUTINE CARE SERVICES	29562352		29562352	16
18 ANCILLARY SERVICES	56678011		56678011	17
19 OUTPATIENT SERVICES		48278401	48278401	18
20 HOME HEALTH AGENCY				19
21 AMBULANCE				20
22 CORF				21
23 ASC				22
24 HOSPICE				23
25 TOTAL PATIENT REVENUES	86240363	48278401	134518764	24

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		53297542	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	5066959		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		5066959	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		58364501	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	134518764	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	72874340	2
3	NET PATIENT REVENUES	61644424	3
4	LESS - TOTAL OPERATING EXPENSES	58364501	4
5	NET INCOME FROM SERVICE TO PATIENTS	3279923	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING REVENUE	13156755	24
24.01	NON OPERATING REVENUE		24.01
24.02	MISC		24.02
25	TOTAL OTHER INCOME	13156755	25
26	TOTAL	16436678	26
27	UNREALIZED LOSS	14932530	27
28			28
29			29
30	TOTAL OTHER EXPENSES	14932530	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1504148	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0115)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	1074787			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	7965			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	73.81			4
4.01	NO. OF INTERNS & RESIDENTS	2.81			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.08			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	11608			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.2110			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.4397			5.01
5.02	SUM OF LINES 5 AND 5.01	0.6507			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1408			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	151330			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1245690			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 ONCOLOGY					58.01
58.02 GI LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 WOUND CARE CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96.01 SENIOR HEALTH					96.01
98 PHYSICIANS' PRIVATE OFFICES					98
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	34.02		46.14				80.16 25
26 INTENSIVE CARE UNIT	50.54		20.16				70.70 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	12.70	7.42	7.89				28.01 37
38 RECOVERY ROOM	15.60	12.85	7.42				35.87 38
40 ANESTHESIOLOGY	16.21	9.13	8.44				33.78 40
41 RADIOLOGY-DIAGNOSTIC	16.69	14.92	6.68				38.29 41
41.01 ULTRASOUND	11.64	6.38	5.52				23.54 41.01
44 LABORATORY	25.03	1.68	17.40				44.11 44
49 RESPIRATORY THERAPY	51.27	1.43	19.64				72.34 49
50 PHYSICAL THERAPY	27.18	0.04	7.54				34.76 50
53 ELECTROCARDIOLOGY	33.38	12.26	12.37				58.01 53
53.01 CARDIAC CATH LAB	30.91	5.78	12.99				49.68 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	39.43	3.00	19.33				61.76 55
56 DRUGS CHARGED TO PATIENTS	28.08	14.75	14.99				57.82 56
57 RENAL DIALYSIS	53.02	1.35	18.92				73.29 57
58 ASC (NON-DISTINCT PART)	1.42	20.32	0.65				22.39 58
58.01 ONCOLOGY	1.21	23.16	0.07				24.44 58.01
58.02 GI LAB	21.57	13.06	8.24				42.87 58.02
60 CLINIC	0.29	21.99	0.05				22.33 60
60.01 WOUND CARE CENTER	7.02	35.71	1.72				44.45 60.01
61 EMERGENCY	13.77	5.88	12.62				32.27 61
62 OBSERVATION BEDS (NON-DISTINCT)		16.89					16.89 62
101 TOTAL CHARGES	18.11	7.56	9.57				35.24 101

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	1417828	2.93	-1417828	-6.04		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1548762	3.20	-1548762	-6.59		4
5	EMPLOYEE BENEFITS	3122949	6.45	-3122949	-13.30		5
6	ADMINISTRATIVE & GENERAL	9953549	20.57	-9953549	-42.38		6
8	OPERATION OF PLANT	2643008	5.46	-2643008	-11.25		8
9	LAUNDRY & LINEN SERVICE	1127		-1127			9
10	HOUSEKEEPING	715617	1.48	-715617	-3.05		10
11	DIETARY	894307	1.85	-894307	-3.81		11
12	CAFETERIA	335885	.69	-335885	-1.43		12
14	NURSING ADMINISTRATION	651044	1.35	-651044	-2.77		14
15	CENTRAL SERVICES & SUPPLY	107012	.22	-107012	-.46		15
16	PHARMACY	912439	1.89	-912439	-3.89		16
17	MEDICAL RECORDS & LIBRARY	642023	1.33	-642023	-2.73		17
18	SOCIAL SERVICE	330478	.68	-330478	-1.41		18
22	I&R SERVICES-SALARY & FRINGES A	209692	.43	-209692	-.89		22
23	I&R SERVICES-OTHER PRGM COSTS A						23
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	5694006	11.77	8669508	36.91	14363514	29.68
26	INTENSIVE CARE UNIT	1909681	3.95	1521490	6.48	3431171	7.09
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	3513276	7.26	2544850	10.84	6058126	12.52
38	RECOVERY ROOM	150131	.31	156023	.66	306154	.63
40	ANESTHESIOLOGY	298152	.62	440746	1.88	738898	1.53
41	RADIOLOGY-DIAGNOSTIC	1753110	3.62	1546349	6.58	3299459	6.82
41.01	ULTRASOUND	246609	.51	155731	.66	402340	.83
44	LABORATORY	3315992	6.85	1512178	6.44	4828170	9.98
49	RESPIRATORY THERAPY	840931	1.74	470980	2.01	1311911	2.71
50	PHYSICAL THERAPY	586201	1.21	350288	1.49	936489	1.94
53	ELECTROCARDIOLOGY	137643	.28	311047	1.32	448690	.93
53.01	CARDIAC CATH LAB	117668	.24	168223	.72	285891	.59
55	MEDICAL SUPPLIES CHARGED TO PAT	226101	.47	84422	.36	310523	.64
56	DRUGS CHARGED TO PATIENTS	3179466	6.57	2400136	10.22	5579602	11.53
57	RENAL DIALYSIS	226302	.47	69470	.30	295772	.61
58	ASC (NON-DISTINCT PART)	351253	.73	433907	1.85	785160	1.62
58.01	ONCOLOGY	185107	.38	249213	1.06	434320	.90
58.02	GI LAB	130771	.27	142284	.61	273055	.56
60	CLINIC	287702	.59	789905	3.36	1077607	2.23
60.01	WOUND CARE CENTER	158423	.33	168460	.72	326883	.68
61	EMERGENCY	1087930	2.25	1033964	4.40	2121894	4.38
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS						62
71	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS						71
96.01	SENIOR HEALTH	181474	.37	97339	.41	278813	.58

PROVIDER NO. 14-0115 THOREK HOSPITAL AND MEDICAL CT
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
CMS-2552-96 - SUMMARY REPORT 98

VERSION: 2008.05
11/26/2008 15:15

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
98	PHYSICIANS' PRIVATE OFFICES	333119	.69	169207	.72	502326	1.04	98
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	48396768	100.00	0	.00	48396768	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS 1	CHARGES 2	CAPITAL COST TO CHARGES 3	PROGRAM CHARGES 4	INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	422256	10506225	.040191	1334229	53624	37
38 RECOVERY ROOM	21326	1445234	.014756	225468	3327	38
40 ANESTHESIOLOGY	15905	1553327	.010239	251797	2578	40
41 RADIOLOGY-DIAGNOSTIC	245286	14188157	.017288	2367317	40926	41
41.01 ULTRASOUND	8520	2114035	.004030	246155	992	41.01
44 LABORATORY	172699	19245796	.008973	4817660	43229	44
49 RESPIRATORY THERAPY	72601	6778923	.010710	3475638	37224	49
50 PHYSICAL THERAPY	65611	1186755	.055286	322523	17831	50
53 ELECTROCARDIOLOGY	79186	3386537	.023383	1130288	26430	53
53.01 CARDIAC CATH LAB	42931	2089267	.020548	645783	13270	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	5732	726218	.007893	286327	2260	55
56 DRUGS CHARGED TO PATIENTS	70013	25566273	.002738	7178530	19655	56
57 RENAL DIALYSIS	2695	157062	.017159	83267	1429	57
58 ASC (NON-DISTINCT PART)	78938	408749	.193121	5789	1118	58
58.01 ONCOLOGY	42750	2148513	.019897	26072	519	58.01
58.02 GI LAB	30587	1525099	.020056	328900	6596	58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	164468	509819	.322601	1480	477	60
60.01 WOUND CARE CENTER	24586	1315386	.018691	92359	1726	60.01
61 EMERGENCY	65715	5870603	.011194	808206	9047	61
62 OBSERVATION BEDS (NON-DISTINCT	24490	248868	.098406			62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	1656295	100970846		23627788	282258	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1342603		1342603	24506	54.79	8338	456839 25
26 INTENSIVE CARE UNIT	101027		101027	2956	34.18	1494	51065 26
101 TOTAL	1443630		1443630			9832	507904 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 507904

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 282258

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 790162

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)	11924104
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	35209484
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.339

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)	790162
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.022

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	2846449
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	9856508
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.289