

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 RESURRECTION MEDICAL CENTER (14-0117) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	337663	82412		2
3	SWING BED - SNF	65085			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	402748	82412		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: 7435 WEST TALCOTT P.O. BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60631 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	RESURRECTION MEDICAL CENTER	14-0117	07/01/1966	N	P	O	2
3	SUBPROVIDER I	RESURRECTION REHAB UNIT	14-T117	07/01/1991	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	RESURRECTION NURSING PAVILION	14-5324	02/01/1980	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	RESURRECTION MEDICAL CENTER RDF	14-2335	07/01/2004				16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2007	TO: 06/30/2008				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL		1					19
20	SUBPROVIDER I		5					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			NO				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			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. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO			NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO			NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26		
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:						26.01		
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03		
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:						26.04		
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.							NO	27		
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.							NO	28		
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st							100	1.0848	1.0848	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.							1		1600	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).										31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).										31.01
MISCELLANEOUS COST REPORTING INFORMATION											
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.										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.										33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?										34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?										35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL											
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?							V	XVIII	XIX	
								1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?							NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?							NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?							NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		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.				YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)				NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? 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		9929	4761	17036	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		9929	4761	17036	12
13	RPCH VISITS					13
14	SUBPROVIDER I		1240		1346	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	2	3	4	5	6		
1	TOTAL SALARIES	123002420		123002420	4657928.35	26.41		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	1180387		1180387	8397.00	140.57		4
4.01	TEACHING PHYSICIAN SALARIES	1300795		1300795	15030.00	86.55		4.01
5	PHYSICIAN - PART B	5404058		5404058	49384.00	109.43		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)		3315868	3315868	151752.00	21.85		6
6.01	CONTRACT SERVICES, I&R						HOURS REPT	6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	6545343	222900	6768243	316969.50	21.35	HOURS REPT	8
8.01	EXCLUDED AREA SALARIES	5216159	17218	5233377	196788.75	26.59	HOURS REPT	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2187510		2187510	45364.74	48.22	HRS RPT & INV	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						A82 ANALYSIS	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT						HOURS REPT	10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	17205139		17205139	507509.00	33.90	HO COST REPORT	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)		27948512	27948512			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS		1524764	1524764			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		168220	168220			CMS 339	18
18.01	PART A TEACHING PHYSICIANS		207151	207151			CMS 339	18.01
19	PHYSICIAN PART B		811382	811382			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)		806769	806769			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	685325		685325	48041.91	14.27		21
22	ADMINISTRATIVE & GENERAL	4185697	523624	4709321	181827.00	25.90		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	1598327		1598327	24811.00	64.42		22.01
23	MAINTENANCE & REPAIRS	574716		574716	29393.00	19.55		23
24	OPERATION OF PLANT	2344640	-746524	1598116	45821.00	34.88		24
25	LAUNDRY & LINEN SERVICE	175516		175516	16609.50	10.57		25
26	HOUSEKEEPING	2538654		2538654	217605.57	11.67		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3107164	-1430560	1676604	118049.00	14.20		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1413342	1413342	108718.00	13.00		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2726059		2726059	92163.00	29.58		30
31	CENTRAL SERVICES AND SUPPLY	323702		323702	22347.59	14.48		31
32	PHARMACY	2824959		2824959	85596.71	33.00		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	4636260		4636260	199625.21	23.22		33
34	SOCIAL SERVICE	182129		182129	9304.61	19.57		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		2	3	4	5		
1	NET SALARIES	116297567	-3315868	112981699	4441762.35	25.44	1
2	EXCLUDED AREA SALARIES	11761502	240118	12001620	513758.25	23.36	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	104536065	-3555986	100980079	3928004.10	25.71	3
4	SUBTOTAL OTHER WAGES & REL COSTS	19392649		19392649	552873.74	35.08	4
5	SUBTOTAL WAGE-RELATED COSTS		28116732	28116732		27.84%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	123928714	24560746	148489460	4480877.84	33.14	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	25903148	-240118	25663030	1199913.10	21.39	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2335

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						63	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						3.50	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						313	5
6	NUMBER OF STATIONS						14	6
7	TREATMENT CAPACITY PER DAY PER STATION						4	7
8	UTILIZATION							8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP X INITIAL METHOD							15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		46						1
2	RUB		1469						2
3	RUA		297						3
3.01	RUX		85						3.01
3.02	RUL		967						3.02
4	RVC		194						4
5	RVB		2666						5
6	RVA		532						6
6.01	RVX		171						6.01
6.02	RVL		2165						6.02
7	RHC		1532						7
8	RHB		899						8
9	RHA		406						9
9.01	RHX								9.01
9.02	RHL		8						9.02
10	RMC		352						10
11	RMB		516						11
12	RMA		132						12
12.01	RMX		1986						12.01
12.02	RML		2611						12.02
13	RLB		46						13
14	RLA		46						14
14.01	RLX		42						14.01
15	SE3		941						15
16	SE2		1092						16
17	SE1		69						17
18	SSC		145						18
19	SSB		346						19
20	SSA		404						20
21	CC2		72						21
22	CC1		67						22
23	CB2		160						23
24	CB1		182						24
25	CA2		83						25
26	CA1		68						26
27	IB2								27
28	IB1		1						28
29	IA2								29
30	IA1		17						30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2		3						35
36	PE1		27						36
37	PD2		7						37
38	PD1		145						38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1		11						44
45	DEFAULT RATE		21						45
46	TOTAL		21029						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	7590290	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	7590290	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.291763	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	58055865	28
29	TOTAL GROSS MEDICAID COST	16938553	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	26081296	30
31	UNCOMPENSATED CARE COST	7609557	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16938553	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95		123000723	167952530	290953253	-31162	290922091	-1201756	289720335	95
NONREIMBURSABLE COST CENTERS									
96	9600								96
98	9800								98
99	9900	1697	1637	3334	31162	34496		34496	99
100	7950								100
100.05	7955								100.05
101	TOTAL	123002420	167954167	290956587		290956587	-1201756	289754831	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		
	1	2	3	4	5	
1 CENTRAL REGISTRATION F	A					1
2						2
3 CHARGEABLE MEDICAL SUPPLIES F	B	MEDICAL SUPPLIES CHARGED TO P	55		905800	3
4						4
5 CHARGEABLE DRUGS F	C	DRUGS CHARGED TO PATIENTS	56		11056565	5
6						6
7 ELECTRICITY AND GAS F	D	ELECTRICITY	8.01		3321781	7
8						8
9 WORKER'S COMPENSATION F	E	EMPLOYEE BENEFITS	5		52103	9
10						10
11 SHARED DIETARY EXPENSE F	F	CAFETERIA	12	1413342	1144587	11
12	F	NONPAID WORKERS	99	17218	13944	12
13						13
14 TEACHING MD AND RESIDENTS F	G	I&R SERVICES-OTHER PRGM COSTS	23	750811		14
15	G	I&R SERVICES-SALARY & FRINGES	22	861515		15
16						16
17 RNP NURSING ADMINISTRATION F	H	SKILLED NURSING FACILITY	34	222900	28435	17
18						18
19 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-THERAPEUTIC	42	255934	31962	19
20	I	RADIOISOTOPE	43	270909	33832	20
21						21
22 BIOMEDICAL ENGINEERING F	J	ELECTRICITY	8.01	164421	3457997	22
23						23
24 THERAPY SUPERVISORS F	K	OCCUPATIONAL THERAPY	51	46968		24
25	K	SPEECH PATHOLOGY	52	28862		25
26						26
27 SHARED SUPERVISION F	L	ELECTROCARDIOLOGY	53	17301		27
28	L	ELECTROENCEPHALOGRAPHY	54	4530		28
29						29
30 EQUIPMENT DEPRECIATION	M	NEW CAP REL COSTS-MVBLE EQUIP	4		5729916	30
31						31
32 SECURITY F	N	ADMINISTRATION & GENERAL	6.60	746524	74242	32
33						33
34 RESIDENT SALARIES F	O	I&R SERVICES-SALARY & FRINGES	22	2454353		34
35						35
36 TOTAL RECLASSIFICATIONS				7255588	25851164	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CENTRAL REGISTRATION F	A					1
2						2
3 CHARGEABLE MEDICAL SUPPLIES F	B	CENTRAL SERVICES & SUPPLY	15		905800	3
4						4
5 CHARGEABLE DRUGS F	C	PHARMACY	16		11056565	5
6						6
7 ELECTRICITY AND GAS F	D	OPERATION OF PLANT	8		3321781	7
8						8
9 WORKER'S COMPENSATION F	E	ADMINISTRATION & GENERAL	6.60		52103	9
10						10
11 SHARED DIETARY EXPENSE F	F	DIETARY	11	1430560	1158531	11
12						12
13						13
14 TEACHING MD AND RESIDENTS F	G	FAMILY PRACTICE CENTER	61.01	1612326		14
15	G					15
16						16
17 RNP NURSING ADMINISTRATION F	H	RNP ADMINISTRATION	6.90	222900	28435	17
18						18
19 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-DIAGNOSTIC	41	255934	31962	19
20	I	RADIOLOGY-DIAGNOSTIC	41	270909	33832	20
21						21
22 BIOMEDICAL ENGINEERING F	J	OPERATION OF PLANT	8	164421	3457997	22
23						23
24 THERAPY SUPERVISORS F	K	PHYSICAL THERAPY	50	75830		24
25	K					25
26						26
27 SHARED SUPERVISION F	L	RESPIRATORY THERAPY	49	21831		27
28	L					28
29						29
30 EQUIPMENT DEPRECIATION	M	NEW CAP REL COSTS-BLDG & FIXT	3		5729916	9 30
31						31
32 SECURITY F	N	OPERATION OF PLANT	8	746524	74242	32
33						33
34 RESIDENT SALARIES F	O	I&R SERVICES-OTHER PRGM COSTS	23	2454353		34
35						35
36 TOTAL RECLASSIFICATIONS				7255588	25851164	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								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	118681977	6852024		6852024		125534001		5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL	118681977	6852024		6852024		125534001		7
8 RECONCILING ITEMS								8
9 TOTAL	118681977	6852024		6852024		125534001		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP	125534001		125534001	1.000000				4
5 TOTAL	125534001		125534001	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL-	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		7442919						7442919 3
4 NEW CAP REL COSTS-MVBLE EQUIP		6541288						6541288 4
5 TOTAL		13984207						13984207 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL-	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		6140125						6140125 3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL		6140125						6140125 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-940658	NEW CAP REL COSTS-BLDG & FIXT	3	11 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	-66665	ADMINISTRATION & GENERAL	6.60	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-76164	NON PATIENT PHONES	6.10	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-7326306			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	4620634			14
15 LAUNDRY AND LINEN SERVICE	B	-19730	RNP LAUNDRY	9.01	15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1457983	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3				
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				
37 TV ELECTRICITY COST	A	-28814	ELECTRICITY	8.01	37
37.01 EMPLOYEE CHLD CARE REVENUE	B	-783169	EMPLOYEE BENEFITS	5	37.01
37.07 NURSING REIMBURSEMENT	A	-537213	NURSING ADMINISTRATION	14	37.07
37.10 DEPRECIATION BLDG	A	-12378	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.10
37.12 PHASE 3 CARDIAC REVENUE	B	-98834	ELECTROCARDIOLOGY	53	37.12
37.16 EMPLOYEE FITNESS REVENUE	B	-59535	EMPLOYEE BENEFITS	5	37.16
37.19 PAVILION REVENUE	B	-8593	RNP DIETARY	11.01	37.19
37.20 PAVILION REVENUE	A	-38959	RNP ADMINISTRATION	6.90	37.20
37.25 RNRC ADMINISTRATION MISC REV	B	-4874	RNP ADMINISTRATION	6.90	37.25
37.39 OUTPATIENT EXP BLDG	A	830088	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.39
37.45 MISC REVENUE	B	-1123075	ADMINISTRATION & GENERAL	6.60	37.45
37.50 MED STAFF (9650-240)	A	-713899	ADMINISTRATION & GENERAL	6.60	37.50
37.51 MED STAFF &PT B PHY BENEFITS	A	-921029	EMPLOYEE BENEFITS	5	37.51
38 AHA DUES	A	-48000	ADMINISTRATION & GENERAL	6.60	38
39 CPA ADJUSTMENT MEDICAID TAX	A	7613400	ADMINISTRATION & GENERAL	6.60	39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-1201756			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	5	EMPLOYEE BENEFITS	HOME OFFICE MANAGEMENT FE	1433404	1433404	1	
2	6.50	CASHIERS AR AND COLLECTIONS	HOME OFFICE	4727261	4727261	2	
3	6.30	PURCHASING AND STORES	HOME OFFICE PURCHASING	288920	288920	3	
4	6.20	DATA PROCESSING	HOME OFFICE COSTS	6756733	6756733	4	
4.01	6.60	ADMINISTRATION & GENERAL	HOME OFFICE COSTS	9085778	27095525	-18009747	4.01
4.02	6.30	PURCHASING AND STORES	HOME OFFICE	1457033	1457033	4.02	
4.03	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	811372	811372	9	4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	6215000	6215000	9	4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	940658	940658	11	4.05
5		TOTALS		31716159	27095525	4620634	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6	7	
B		RMC			HEALTH CARE	1	
						2	
						3	
						4	
						5	

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

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

PROVIDER-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	53 ELECTROCARDIOLOGY	CARDIOLOGY	1223747	1223747				
2	33 NURSERY	NEONATAL	181600	181600				
3	31 SUBPROVIDER I	DIRECTOR	92855		92855	120000	2080	120000 6000
4	25 ADULTS & PEDIATRICS	PEDIATRICS	42597	42597				
5	26 INTENSIVE CARE UNIT	DIRECTOR	153399	153399				
6	61 EMERGENCY	DIRECTOR AND STAFF	3989293	3623582	365711	153400	114	8408 420
7	61.01 FAMILY PRACTICE CENTER	AGGREGATE	935323		935323	153400	14092	1039285 51964
8	57 RENAL DIALYSIS	AGGREGATE	42000	42000				
9	49 RESPIRATORY THERAPY	AGGREGATE	27707	27707				
10	39 DELIVERY ROOM & LABOR RO	AGGREGATE	357685	357685				
11	44 LABORATORY	DIRECTOR AND PATHOL	1732607	1214308	518299	186700	4870	437129 21856
12	56.03 CARDIAC CATHETERIZATION	AGGREGATE	21208	21208				
101	TOTAL		8800021	6887833	1912188		21156	1604822 80240

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 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
 12/01/2008 11:29

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.		12	13	14	15	16	17	18
10	11							
1	53 ELECTROCARDIOLOGY		CARDIOLOGY					1223747
2	33 NURSERY		NEONATAL					181600
3	31 SUBPROVIDER I		DIRECTOR			120000		
4	25 ADULTS & PEDIATRICS		PEDIATRICS					42597
5	26 INTENSIVE CARE UNIT		DIRECTOR					153399
6	61 EMERGENCY		DIRECTOR AND STAFF			8408	357303	3980885
7	61.01 FAMILY PRACTICE CENTER		AGGREGATE			1039285		
8	57 RENAL DIALYSIS		AGGREGATE					42000
9	49 RESPIRATORY THERAPY		AGGREGATE					27707
10	39 DELIVERY ROOM & LABOR RO		AGGREGATE					357685
11	44 LABORATORY		DIRECTOR AND PATHOL			437129	81170	1295478
12	56.03 CARDIAC CATHETERIZATION		AGGREGATE					21208
101	TOTAL					1604822	438473	7326306

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	NON	DATA	PURCHASING	ADMITTING
	FOR COST	REL COSTS	REL COSTS	BENEFITS	PATIENT		AND	
	ALLOCATION	BLDG&FIXT	MOV EQUIP		PHONES	PROCESSING	STORES	
	0	3	4	5	6.10	6.20	6.30	6.40
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	289720335	7350900	6537298	31766865	485714	7343993	2168980	174647 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		8835			1154			96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS	34496	69073	3990	4913			1	99
100 OTHER						237509		100
100.05NON EMPLOYEE CHILD CARE		14111						100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	289754831	7442919	6541288	31771778	486868	7581502	2168981	174647 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERS AR AND COLLECTION	SUBTOTAL	ADMIN AND GENERAL	RNP PATIENT ACCOUNTS	RNP ADMIN	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	ELECTRI- CITY	
	6.50	5A	6.60	6.70	6.90	7	8	8.01	
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	5098843	289380749	34536783	171098	6437199	1586683	5410811	7864798	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		9989	1354				8779	12857	96
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS		112473	15245				68635	100517	99
100 OTHER		237509	32194						100
100.05NON EMPLOYEE CHILD CARE		14111	1913				14022	20536	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5098843	289754831	34587489	171098	6437199	1586683	5502247	7998708	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	RNP OPERATION OF PLANT 8.02	LAUNDRY AND LINEN SERVICE 9	RNP LAUNDRY 9.01	HOUSE- KEEPING 10	RNP HOUSE- KEEPING 10.01	DIETARY 11	RNP DIETARY 11.01	CAFETERIA 12
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1633345	2567726	540630	3415448	990889	3196442	2887853	2016917
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN				3136				96
98 PHYSICIANS' PRIVATE OFFICES				339394				98
99 NONPAID WORKERS				71684			741	99
100 OTHER				1852				100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1633345	2567726	540630	3831514	990889	3196442	2887853	2017658

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	RNP SOCIAL SERVICE 18.01	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	3912863	1592615	5616625	9180803	136917	410226	6007593	5999894 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS		2						99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3912863	1592617	5616625	9180803	136917	410226	6007593	5999894 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.10 NON PATIENT PHONES				6.10
6.20 DATA PROCESSING				6.20
6.30 PURCHASING AND STORES				6.30
6.40 ADMITTING				6.40
6.50 CASHIERS AR AND COLLECTIONS				6.50
6.60 ADMINISTRATION & GENERAL				6.60
6.70 RNP PATIENT ACCOUNTS				6.70
6.80 RNP OCCUPANCY				6.80
6.90 RNP ADMINISTRATION				6.90
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
8.01 ELECTRICITY				8.01
8.02 RNP OPERATION OF PLANT				8.02
9 LAUNDRY & LINEN SERVICE				9
9.01 RNP LAUNDRY				9.01
10 HOUSEKEEPING				10
10.01 RNP HOUSEKEEPING				10.01
11 DIETARY				11
11.01 RNP DIETARY				11.01
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
18.01 RNP SOCIAL SERVICE				18.01
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	53144132	-6688674	46455458	25
26 INTENSIVE CARE UNIT	14406540	-854054	13552486	26
31 SUBPROVIDER I	10800561		10800561	31
33 NURSERY	2255399	-84560	2170839	33
34 SKILLED NURSING FACILITY	21862759		21862759	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	33771225	-744126	33027099	37
38 RECOVERY ROOM	1676525		1676525	38
39 DELIVERY ROOM & LABOR ROOM	6323023	-169120	6153903	39
40 ANESTHESIOLOGY	1958526		1958526	40
41 RADIOLOGY-DIAGNOSTIC	18513451	-84560	18428891	41
42 RADIOLOGY-THERAPEUTIC	6088198		6088198	42
43 RADIOISOTOPE	4914722		4914722	43
44 LABORATORY	16310684	-169120	16141564	44
46 WHOLE BLOOD & PACKED RED BLOOD	3994094		3994094	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	4177119	-422799	3754320	49
50 PHYSICAL THERAPY	6145537		6145537	50
50.01 RNRC PHYSICAL THERAPY	2986393		2986393	50.01
50.02 DAY RHABILITATION FACILITY	1381007		1381007	50.02
51 OCCUPATIONAL THERAPY	3376110		3376110	51
52 SPEECH PATHOLOGY	2054167		2054167	52
53 ELECTROCARDIOLOGY	4831452	-422799	4408653	53
54 ELECTROENCEPHALOGRAPHY	791907	-84560	707347	54
54.01 ELECTROPHYSIOLOGY	5830423		5830423	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1877565		1877565	55
56 DRUGS CHARGED TO PATIENTS	18534465		18534465	56
56.01 WELLNESS PROGRAM	537361	-169120	368241	56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	10908554		10908554	56.03
57 RENAL DIALYSIS	4406282		4406282	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	7661520	-169120	7492400	60
61 EMERGENCY	13499592	-1268397	12231195	61
61.01 FAMILY PRACTICE CENTER	3668595	-676478	2992117	61.01
61.02 SOCIAL SERVICE-PSYCH				61.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	288687888	-12007487	276680401	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	36115		36115	96
98 PHYSICIANS' PRIVATE OFFICES	339394		339394	98
99 NONPAID WORKERS	369297		369297	99
100 OTHER	271555		271555	100
100.05NON EMPLOYEE CHILD CARE	50582		50582	100.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	289754831	-12007487	277747344	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.10	DATA PROCESSING 6.20	PURCHASING AND STORES 6.30	
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	307912	7350900	6537298	14196110	120409	102380	798931	184604	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8835		8835		243			96
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS	218	69073	3990	73281	19				99
100 OTHER							25838		100
100.05NON EMPLOYEE CHILD CARE		14111		14111					100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	308130	7442919	6541288	14292337	120428	102623	824769	184604	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERS	ADMIN	RNP	RNP	MAINTEN-	OPERATION	ELECTRI-
		AR AND	AND	PATIENT	ADMIN	ANCE AND	OF	CITY
	6.40	COLLECTION	GENERAL	ACCOUNTS	6.90	REPAIRS	PLANT	
		6.50	6.60	6.70		7	8	8.01
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	74522	114059	1066816	4007	78135	144360	744569	76582 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			42				1208	125 96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS			471				9445	979 99
100 OTHER			994					100
100.05NON EMPLOYEE CHILD CARE			59				1930	200 100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	74522	114059	1068382	4007	78135	144360	757152	77886 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	RNP OPERATION OF PLANT 8.02	LAUNDRY AND LINEN SERVICE 9	RNP LAUNDRY 9.01	HOUSE- KEEPING 10	RNP HOUSE- KEEPING 10.01	DIETARY 11	RNP DIETARY 11.01	CAFETERIA 12
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	31588	144507	10711	92471	7437	269146	41245	107642 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN				85				96
98 PHYSICIANS' PRIVATE OFFICES				9189				98
99 NONPAID WORKERS				1941			40	99
100 OTHER				50				100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	31588	144507	10711	103736	7437	269146	41245	107682 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	RNP SOCIAL SERVICE 18.01	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	161775	197456	254995	282776	33273	2981		95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS								99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS							29751	101
102 NEGATIVE COST CENTER								102
103 TOTAL	161775	197456	254995	282776	33273	2981	29751	115333 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.10 NON PATIENT PHONES				6.10
6.20 DATA PROCESSING				6.20
6.30 PURCHASING AND STORES				6.30
6.40 ADMITTING				6.40
6.50 CASHIERS AR AND COLLECTIONS				6.50
6.60 ADMINISTRATION & GENERAL				6.60
6.70 RNP PATIENT ACCOUNTS				6.70
6.80 RNP OCCUPANCY				6.80
6.90 RNP ADMINISTRATION				6.90
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
8.01 ELECTRICITY				8.01
8.02 RNP OPERATION OF PLANT				8.02
9 LAUNDRY & LINEN SERVICE				9
9.01 RNP LAUNDRY				9.01
10 HOUSEKEEPING				10
10.01 RNP HOUSEKEEPING				10.01
11 DIETARY				11
11.01 RNP DIETARY				11.01
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
18.01 RNP SOCIAL SERVICE				18.01
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	2751135		2751135	25
26 INTENSIVE CARE UNIT	445130		445130	26
31 SUBPROVIDER I	481669		481669	31
33 NURSERY	78993		78993	33
34 SKILLED NURSING FACILITY	232937		232937	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1483699		1483699	37
38 RECOVERY ROOM	47219		47219	38
39 DELIVERY ROOM & LABOR ROOM	484473		484473	39
40 ANESTHESIOLOGY	197511		197511	40
41 RADIOLOGY-DIAGNOSTIC	1975224		1975224	41
42 RADIOLOGY-THERAPEUTIC	1168489		1168489	42
43 RADIOISOTOPE	154866		154866	43
44 LABORATORY	676954		676954	44
46 WHOLE BLOOD & PACKED RED BLOOD	56416		56416	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	146773		146773	49
50 PHYSICAL THERAPY	180314		180314	50
50.01 RNRC PHYSICAL THERAPY	137583		137583	50.01
50.02 DAY RHABILITATION FACILITY	61061		61061	50.02
51 OCCUPATIONAL THERAPY	40872		40872	51
52 SPEECH PATHOLOGY	44619		44619	52
53 ELECTROCARDIOLOGY	210606		210606	53
54 ELECTROENCEPHALOGRAPHY	48642		48642	54
54.01 ELECTROPHYSIOLOGY	55475		55475	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	45867		45867	55
56 DRUGS CHARGED TO PATIENTS	309609		309609	56
56.01 WELLNESS PROGRAM	27392		27392	56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	616880		616880	56.03
57 RENAL DIALYSIS	162112		162112	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	772389		772389	60
61 EMERGENCY	727538		727538	61
61.01 FAMILY PRACTICE CENTER	175721		175721	61.01
61.02 SOCIAL SERVICE-PSYCH				61.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	13998168		13998168	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	10538		10538	96
98 PHYSICIANS' PRIVATE OFFICES	9189		9189	98
99 NONPAID WORKERS	86176		86176	99
100 OTHER	26882		26882	100
100.05NON EMPLOYEE CHILD CARE	16300		16300	100.05
101 CROSS FOOT ADJUSTMENTS	145084		145084	101
102 NEGATIVE COST CENTER				102
103 TOTAL	14292337		14292337	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	PURCHASING AND STORES SUPPLY COST	ADMITTING INPATIENT REVENUE	
	3	4	5	6.10	6.20	6.30	6.40	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	606552							3
4 NEW CAP REL COSTS-MVBLE EQUIP		6435030						4
5 EMPLOYEE BENEFITS	9019	8285	122317095					5
6.10 NON PATIENT PHONES	8204	1921		422				6.10
6.20 DATA PROCESSING		811372			6863			6.20
6.30 PURCHASING AND STORES	12554			11	232	55284983		6.30
6.40 ADMITTING	4739	3561		4	98		673176984	6.40
6.50 CASHIERS AR AND COLLECTIONS	6529			19	244			6.50
6.60 ADMINISTRATION & GENERAL	71121	56566	4006566	77	858	1698	3714	6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION		15248	702755	1	145	2488495		6.90
7 MAINTENANCE & REPAIRS	9047	22619	574716	10		637		7
8 OPERATION OF PLANT	34078	190975	1245340	7	36	2846		8
8.01 ELECTRICITY	3329		164421	8				8.01
8.02 RNP OPERATION OF PLANT		14244	188355					8.02
9 LAUNDRY & LINEN SERVICE	9068	7611		1				9
9.01 RNP LAUNDRY		6440	175516					9.01
10 HOUSEKEEPING	4117	17717	2142956	1		4331		10
10.01 RNP HOUSEKEEPING		260	395698					10.01
11 DIETARY	12647	60211	1034969	7	20	5680		11
11.01 RNP DIETARY		8373	641635					11.01
12 CAFETERIA	6763		1413342	6	17			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3288	72258	2726059	19	146	7717		14
15 CENTRAL SERVICES & SUPPLY	10809	31305	323702	1	31	842532		15
16 PHARMACY	4663	73352	2824959	9	377	11137572		16
17 MEDICAL RECORDS & LIBRARY	8692	17400	4636260	28	720	2254		17
18 SOCIAL SERVICE	2093			1	24			18
18.01 RNP SOCIAL SERVICE			182129					18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			3315868				12	22
23 I&R SERVICES-OTHER PRGM COSTS	5123	12597	3148880	11	12			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	112924	495797	21484161	39	333	780614	110234628	25
26 INTENSIVE CARE UNIT	17622	40331	7051846	2	86	341303	23055524	26
31 SUBPROVIDER I	23546	1912	5214462	3	37	84442	21607830	31
33 NURSERY	3019	9151	964430	2	37	55599	4869236	33
34 SKILLED NURSING FACILITY			6768243			372701	21628179	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	23846	691647	5025115	5	73	16896373	54295124	37
38 RECOVERY ROOM	1847	1739	882207	1	24	65056	4992747	38
39 DELIVERY ROOM & LABOR ROOM	22450	116784	2911345	1	48	165778	623691	39
40 ANESTHESIOLOGY	1814	144638	150442	2		582504	7772809	40
41 RADIOLOGY-DIAGNOSTIC	26896	1261924	5675673	21	854	1991867	45214706	41
42 RADIOLOGY-THERAPEUTIC	12718	905330	1996830	12	48	186015	605788	42
43 RADIOISOTOPE	533	70514	1657293	4	110	684045	9331257	43
44 LABORATORY	13834	207311	6188591	24	1171	2202178	76626249	44
46 WHOLE BLOOD & PACKED RED BLOO	529	288	381273	1	171	2571672	7042811	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	3246	53648	1771429	5	37	298766	26655423	49
50 PHYSICAL THERAPY	7525	22173	3610111	11	57	76459	11501377	50
50.01 RNRC PHYSICAL THERAPY	8037		800676			3276	3274087	50.01
50.02 DAY RHABILITATION FACILITY	1967	25673	812724			621	340	50.02
51 OCCUPATIONAL THERAPY		7367	1891423	7	97	9812	7978911	51
52 SPEECH PATHOLOGY	1701	3677	1162306	1		172497	3123425	52
53 ELECTROCARDIOLOGY	6390	48120	1533024	9	24	65832	16601341	53
54 ELECTROENCEPHALOGRAPHY	1438	11216	130343	1	24	3042	572862	54
54.01 ELECTROPHYSIOLOGY	500		263916			4406947	16141172	54.01
55 MEDICAL SUPPLIES CHARGED TO P							13026205	55
56 DRUGS CHARGED TO PATIENTS							99472831	56
56.01 WELLNESS PROGRAM	1758	158	149478	1		22678		56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	9000	370718	1617312	1		5806405	54515602	56.03
57 RENAL DIALYSIS	3757	46768	1331762	2	100	1273774	3056035	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	21531	364298	2679677	12	159	605732	4384977	60
61 EMERGENCY	35502	91059	7395315	12	98	964431	24968103	61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS	NEW CAP- REL COSTS	EMPLOYEE BENEFITS	NON PATIENT	DATA	PURCHASING AND	ADMITTING	
	BLDG&FIXT (SQUARE FEET)	MOV EQUIP (DOLLAR VALUE)	GROSS SALARIES	PHONES NUMBER OF PHONES	PROCESSING MACHINE TIME	STORES SUPPLY COST	INPATIENT REVENUE	
	3	4	5	6.10	6.20	6.30	6.40	
61.01 FAMILY PRACTICE CENTER	9240	6549	952647	21	100	100777		61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	599053	6431105	122298180	421	6648	55284970	673176984	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	720			1				96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS	5629	3925	18915			13		99
100 OTHER					215			100
100.05 NON EMPLOYEE CHILD CARE	1150							100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	7442919	6541288	31771778	486868	7581502	2168981	174647	103
104 UNIT COST MULT-WS B PT I		1.016512		1153.715640		.039233		104
104 UNIT COST MULT-WS B PT I	12.270867		.259749		1104.692117		.000259	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			120428	102623	824769	184604	74522	107
108 UNIT COST MULT-WS B PT III				243.182464		.003339		108
108 UNIT COST MULT-WS B PT III			.000985		120.176162		.000111	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERS AR AND COLLECTION GROSS REVENUE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	RNP PATIENT ACCOUNTS RNP GROSS CHGS	RNP OCCUPANCY RNP SQ FEET	RNP ADMIN RNP DIRECT	MAINTEN- ANCE AND REPAIRS MTCE REQS	OPERATION OF PLANT (SQUARE FEET)
	6.50	6A.60	6.60	6.70	6.80	6.90	7	8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS	944274076							6.50
6.60 ADMINISTRATION & GENERAL	27755	-34587489	255167342					6.60
6.70 RNP PATIENT ACCOUNTS	27902546		150674	27902544				6.70
6.80 RNP OCCUPANCY					99456			6.80
6.90 RNP ADMINISTRATION			5668804		3114	12196849		6.90
7 MAINTENANCE & REPAIRS			1397284				3781131	7
8 OPERATION OF PLANT			3694703				3114001	451261
8.01 ELECTRICITY			7008173					3329
8.02 RNP OPERATION OF PLANT			958787		694	895382	171663	8.02
9 LAUNDRY & LINEN SERVICE			2021255					9068
9.01 RNP LAUNDRY			317558		1514	285152	8764	9.01
10 HOUSEKEEPING			3179354				30866	4117
10.01 RNP HOUSEKEEPING			598542		2795	495496	4708	10.01
11 DIETARY			2388753				8336	12647
11.01 RNP DIETARY			1655577		4368	1488995	16511	11.01
12 CAFETERIA			1575750					6763
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION			3304197				267	3288
15 CENTRAL SERVICES & SUPPLY			1069809			51380	2268	10809
16 PHARMACY			4728071	73411			20628	4663
17 MEDICAL RECORDS & LIBRARY			7745949	2926868				8692
18 SOCIAL SERVICE			53350					2093
18.01 RNP SOCIAL SERVICE			246562		411	199254		18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			5231197					22
23 I&R SERVICES-OTHER PRGM COSTS			5122450					5123
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	113887084		31622521				4672	112924
26 INTENSIVE CARE UNIT	23056263		10336275				3602	17622
31 SUBPROVIDER I	21608488		7457596				1884	23546
33 NURSERY	4869470		1492419					3019
34 SKILLED NURSING FACILITY	21628179		9726389	21628179	80588	7579993	463	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	73420223		26921491				23795	23846
38 RECOVERY ROOM	7737626		1279092				382	1847
39 DELIVERY ROOM & LABOR ROOM	1346773		4425823				2031	22450
40 ANESTHESIOLOGY	12438420		1544370				224	1814
41 RADIOLOGY-DIAGNOSTIC	100996027		13127058				12552	26896
42 RADIOLOGY-THERAPEUTIC	9630213		4414898				232629	12718
43 RADIOISOTOPE	22566063		3300950				48059	533
44 LABORATORY	115267394		13153779				13109	13834
46 WHOLE BLOOD & PACKED RED BLOO	8625247		3430306					529
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	28173369		2867884				3263	3246
50 PHYSICAL THERAPY	15884609		4977084				113	7525
50.01 RNRC PHYSICAL THERAPY	3274087		1526449	3274086	5073	1201197		8037
50.02 DAY RHABILITATION FACILITY	2388114		1148019					1967
51 OCCUPATIONAL THERAPY	9163727		2908078				15	51
52 SPEECH PATHOLOGY	4534756		1725651					1701
53 ELECTROCARDIOLOGY	24446005		2478361				2357	6390
54 ELECTROENCEPHALOGRAPHY	1361328		232929				358	1438
54.01 ELECTROPHYSIOLOGY	19267019		5085587					500
55 MEDICAL SUPPLIES CHARGED TO P	13387798		981468		899			55
56 DRUGS CHARGED TO PATIENTS	116300031		11710112					56
56.01 WELLNESS PROGRAM	130719		261923					35
56.02 EYE CENTER								1758
56.03 CARDIAC CATHETERIZATION	60713016		9142106				3003	9000
57 RENAL DIALYSIS	16643764		3374777				44	3757
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	14257711		5067526				49660	21531
61 EMERGENCY	47278600		8678439				519	35502

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERS	RECON-	ADMIN	RNP	RNP	RNP	MAINTEN-	OPERATION	
	AR AND COLLECTION GROSS REVENUE	CILIATION	AND GENERAL ACCUM COST	PATIENT ACCOUNTS RNP GROSS CHGS	RNP OCCUPANCY RNP SQ FEET	ADMIN RNP DIRECT	ANCE AND REPAIRS MTCE EXPS	OF PLANT (SQUARE FEET)	
	6.50	6A.60	6.60	6.70	6.80	6.90	7	8	
61.01 FAMILY PRACTICE CENTER	2061652		2277101				350	9240	61.01
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	944274076	-34587489	254793260	27902544	99456	12196849	3781131	443762	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C			9989					720	96
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS			112473					5629	99
100 OTHER			237509						100
100.05 NON EMPLOYEE CHILD CARE			14111					1150	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	5098843		34587489	171098		6437199	1586683	5502247	103
104 UNIT COST MULT-WS B PT I	.005400		.135548				.419632		104
104 UNIT COST MULT-WS B PT I				.006132		.527776		12.193048	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	114059		1068382	4007		78135	144360	757152	107
108 UNIT COST MULT-WS B PT III	.000121		.004187				.038179		108
108 UNIT COST MULT-WS B PT III				.000144		.006406		1.677858	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ELECTRI-CITY (SQUARE FEET) 8.01	RNP OPERATION OF PLANT RNP SQ FEET 8.02	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	RNP LAUNDRY RNP POUNDS OF LAUNDRY 9.01	HOUSE-KEEPING (HOURS OF SERVICE) 10	RNP HOUSE-KEEPING RNP HSKPG HRS OF SVC 10.01	DIETARY (MEALS SERVED) 11	RNP DIETARY RNP MEALS SERVED 11.01	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.10									6.10
6.20									6.20
6.30									6.30
6.40									6.40
6.50									6.50
6.60									6.60
6.70									6.70
6.80									6.80
6.90									6.90
7									7
8									8
8.01	447932								8.01
8.02		95648							8.02
9	9068		3575235						9
9.01		1514		99655					9.01
10	4117		117707		128280				10
10.01		2795				30808			10.01
11	12647				3360		225525		11
11.01		4368				4368		303246	11.01
12	6763				840				12
13									13
14	3288				465				14
15	10809		401		420				15
16	4663		104		990				16
17	8692				630				17
18	2093				450				18
18.01		411				411			18.01
20									20
21									21
22									22
23	5123		34364		150				23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	112924		1375072		43120		158883		25
26	17622		229819		6840		21529		26
31	23546		324042		7560		45113		31
33	3019				1035				33
34		80588		99655		20177		303246	34
ANCILLARY SERVICE COST CENTERS									
37	23846		343380		15780				37
38	1847		92696		300				38
39	22450		108627		4180				39
40	1814				300				40
41	26896		125659		2940				41
42	12718		137422		1890				42
43	533				600				43
44	13834		248		3430				44
46	529				210				46
46.30									46.30
49	3246				570				49
50	7525		33487		900				50
50.01	8037	5073				4953			50.01
50.02	1967		3535						50.02
51					1200				51
52	1701								52
53	6390		46662		750				53
54	1438		2911		180				54
54.01	500								54.01
55		899				899			55
56									56
56.01	1758		961		150				56.01
56.02									56.02
56.03	9000		32626						56.03
57	3757		18342						57
OUTPATIENT SERVICE COST CENTERS									
60	21531		147122		6070				60
61	35502		394259		7600				61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ELECTRI-CITY (SQUARE FEET) 8.01	RNP OPERATION OF PLANT RNP SQ FEET 8.02	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	RNP LAUNDRY RNP POUNDS OF LAUNDRY 9.01	HOUSE-KEEPING (HOURS OF SERVICE) 10	RNP HOUSE-KEEPING RNP HSKPG HRS OF SVC 10.01	DIETARY (MEALS SERVED) 11	RNP DIETARY RNP MEALS SERVED 11.01	
61.01 FAMILY PRACTICE CENTER	9240			5789		1440			61.01
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	440433	95648	3575235	99655	114350	30808	225525	303246	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	720					105			96
98 PHYSICIANS' PRIVATE OFFICES						11363			98
99 NONPAID WORKERS	5629					2400			99
100 OTHER						62			100
100.05 NON EMPLOYEE CHILD CARE	1150								100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	7998708	1633345	2567726	540630	3831514	990889	3196442	2887853	103
104 UNIT COST MULT-WS B PT I	17.856969		.718198		29.868366		14.173338		104
104 UNIT COST MULT-WS B PT I		17.076625		5.425016		32.163367		9.523136	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	77886	31588	144507	10711	103736	7437	269146	41245	107
108 UNIT COST MULT-WS B PT III	.173879		.040419		.808669		1.193420		108
108 UNIT COST MULT-WS B PT III		.330253		.107481		.241398		.136012	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	RNP	I/R-SALARY
	(MEALS SERVED)	ADMINI-STRATION (MEALS SERVED)	SERVICES & SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	RECORDS & LIBRARY (TIME SPENT)	SERVICE (TIME SPENT)	SOCIAL SERVICE RNP TIME SPENT	AND FRINGES (ASSIGNED TIME)
	12	14	15	16	17	18	18.01	22
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.10								6.10
6.20								6.20
6.30								6.30
6.40								6.40
6.50								6.50
6.60								6.60
6.70								6.70
6.80								6.80
6.90								6.90
7								7
8								8
8.01								8.01
8.02								8.02
9								9
9.01								9.01
10								10
10.01								10.01
11								11
11.01								11.01
12	3875381							12
13								13
14	92163	2168154						14
15	22348		11209866					15
16	85597		47409	12619563				16
17	199625		138	2116	612211			17
18						10000		18
18.01	9305						10000	18.01
20								20
21								21
22	129290		1	11				1420
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	792032	792032	551584	2252	41817	5520		791
26	204027	204027	259412	2354	2699	4148		101
31	199796	199796	71348	168	3402			31
33	25287	25287	36585	1355	19331			10
34	332954	332954	327701				10000	34
ANCILLARY SERVICE COST CENTERS								
37	166716	166716	3968729	794	4007			88
38	25848	25848	35022	142	1848			38
39	94914	94914	120820	3952	680			20
40	8355	8355	453482	18751	3271			40
41	217118		902032	9420	152409			10
42	70428		32917	86561	24010			42
43	59904		28846	463	71801			43
44	232419		229245	10	35169			20
46	14385		513		4607			46
46.30								46.30
49	68827		120672	108380	18708			50
50	126575		73469	27	9360			50
50.01	27610		3276		6449			50.01
50.02	30042		613					50.02
51	70272		9712	77				51
52	38249		165960					52
53	64302		58284	265	86926			50
54	5886		3042		25908			10
54.01	7177		256949	510				54.01
55			1211525		36454			55
56				11443382	9598			56
56.01	5421		302	22327				20
56.02								56.02
56.03	52704	52704	760337	3446				56.03
57	40550		400777	831144				57
OUTPATIENT SERVICE COST CENTERS								
60	87384	87384	409544	4713	34655			20
61	178137	178137	647743	4370	19102	332		150

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	RNP	I/R-SALARY		
	(MEALS SERVED) 12	ADMINI- STRATION (MEALS SERVED) 14	SERVICES & SUPPLY (COSTED REQUIS) 15	(COSTED REQUIS) 16	RECORDS & LIBRARY (TIME SPENT) 17	SERVICE (TIME SPENT) 18	SOCIAL SERVICE RNP TIME SPENT 18.01	AND FRINGES (ASSIGNED TIME) 22		
61.01 FAMILY PRACTICE CENTER	88310		21864	72573					80	61.01
61.02 SOCIAL SERVICE-PSYCH										61.02
62 OBSERVATION BEDS (NON-DISTINC										62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
69.10 CMHC										69.10
69.20 OUTPATIENT PHYSICAL THERAPY										69.20
69.30 OUTPATIENT OCCUPATIONAL THERA										69.30
69.40 OUTPATIENT SPEECH PATHOLOGY										69.40
71 HOME HEALTH AGENCY										71
SPECIAL PURPOSE COST CENTERS										
85.01 PANCREAS ACQUISITION										85.01
85.02 INTESTINAL ACQUISITION										85.02
85.03 ISLET CELL ACQUISITION										85.03
95 SUBTOTALS	3873957	2168154	11209853	12619563	612211	10000	10000	1420	95	
NONREIMBURSABLE COST CENTERS										
96 GIFT, FLOWER, COFFEE SHOP & C										96
98 PHYSICIANS' PRIVATE OFFICES										98
99 NONPAID WORKERS	1424		13							99
100 OTHER										100
100.05 NON EMPLOYEE CHILD CARE										100.05
101 CROSS FOOT ADJUSTMENTS										101
102 NEGATIVE COST CENTER										102
103 COST TO BE ALLOC PER B PT I	2017658	3912863	1592617	5616625	9180803	136917	410226	6007593	103	
104 UNIT COST MULT-WS B PT I	.520635		.142073		14.996142		41.022600		104	
104 UNIT COST MULT-WS B PT I		1.804698		.445073		13.691700		4230.699296	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	107682	161775	197456	254995	282776	33273	2981	29751	107	
108 UNIT COST MULT-WS B PT III	.027786		.017614		.461893		.298100		108	
108 UNIT COST MULT-WS B PT III		.074614		.020206		3.327300		20.951408	108	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
23		
GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6.10	NON PATIENT PHONES	6.10
6.20	DATA PROCESSING	6.20
6.30	PURCHASING AND STORES	6.30
6.40	ADMITTING	6.40
6.50	CASHIERS AR AND COLLECTIONS	6.50
6.60	ADMINISTRATION & GENERAL	6.60
6.70	RNP PATIENT ACCOUNTS	6.70
6.80	RNP OCCUPANCY	6.80
6.90	RNP ADMINISTRATION	6.90
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
8.01	ELECTRICITY	8.01
8.02	RNP OPERATION OF PLANT	8.02
9	LAUNDRY & LINEN SERVICE	9
9.01	RNP LAUNDRY	9.01
10	HOUSEKEEPING	10
10.01	RNP HOUSEKEEPING	10.01
11	DIETARY	11
11.01	RNP DIETARY	11.01
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
18.01	RNP SOCIAL SERVICE	18.01
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	1420
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	791
26	INTENSIVE CARE UNIT	101
31	SUBPROVIDER I	
33	NURSERY	10
34	SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	88
38	RECOVERY ROOM	
39	DELIVERY ROOM & LABOR ROOM	20
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	10
42	RADIOLOGY-THERAPEUTIC	
43	RADIOISOTOPE	
44	LABORATORY	20
46	WHOLE BLOOD & PACKED RED BLOO	
46.30	BLOOD CLOTTING FACTORS ADMIN	
49	RESPIRATORY THERAPY	50
50	PHYSICAL THERAPY	
50.01	RNRC PHYSICAL THERAPY	
50.02	DAY RHABILITATION FACILITY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	50
54	ELECTROENCEPHALOGRAPHY	10
54.01	ELECTROPHYSIOLOGY	
55	MEDICAL SUPPLIES CHARGED TO P	
56	DRUGS CHARGED TO PATIENTS	
56.01	WELLNESS PROGRAM	20
56.02	EYE CENTER	
56.03	CARDIAC CATHETERIZATION	
57	RENAL DIALYSIS	
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	20
61	EMERGENCY	150

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)		
	23		
61.01 FAMILY PRACTICE CENTER		80	61.01
61.02 SOCIAL SERVICE-PSYCH			61.02
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS		1420	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
98 PHYSICIANS' PRIVATE OFFICES			98
99 NONPAID WORKERS			99
100 OTHER			100
100.05 NON EMPLOYEE CHILD CARE			100.05
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I		5999894	103
104 UNIT COST MULT-WS B PT I		4225.277465	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		115333	107
108 UNIT COST MULT-WS B PT III		81.220423	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	46455458		46455458		46455458	25
26 INTENSIVE CARE UNIT	13552486		13552486		13552486	26
31 SUBPROVIDER I	10800561		10800561		10800561	31
33 NURSERY	2170839		2170839		2170839	33
34 SKILLED NURSING FACILITY	21862759		21862759		21862759	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	33027099		33027099		33027099	37
38 RECOVERY ROOM	1676525		1676525		1676525	38
39 DELIVERY ROOM & LABOR ROOM	6153903		6153903		6153903	39
40 ANESTHESIOLOGY	1958526		1958526		1958526	40
41 RADIOLOGY-DIAGNOSTIC	18428891		18428891		18428891	41
42 RADIOLOGY-THERAPEUTIC	6088198		6088198		6088198	42
43 RADIOISOTOPE	4914722		4914722		4914722	43
44 LABORATORY	16141564		16141564	81170	16222734	44
46 WHOLE BLOOD & PACKED RED BL	3994094		3994094		3994094	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3754320		3754320		3754320	49
50 PHYSICAL THERAPY	6145537		6145537		6145537	50
50.01 RNRC PHYSICAL THERAPY	2986393		2986393		2986393	50.01
50.02 DAY RHABILITATION FACILITY	1381007		1381007		1381007	50.02
51 OCCUPATIONAL THERAPY	3376110		3376110		3376110	51
52 SPEECH PATHOLOGY	2054167		2054167		2054167	52
53 ELECTROCARDIOLOGY	4408653		4408653		4408653	53
54 ELECTROENCEPHALOGRAPHY	707347		707347		707347	54
54.01 ELECTROPHYSIOLOGY	5830423		5830423		5830423	54.01
55 MEDICAL SUPPLIES CHARGED TO	1877565		1877565		1877565	55
56 DRUGS CHARGED TO PATIENTS	18534465		18534465		18534465	56
56.01 WELLNESS PROGRAM	368241		368241		368241	56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	10908554		10908554		10908554	56.03
57 RENAL DIALYSIS	4406282		4406282		4406282	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	7492400		7492400		7492400	60
61 EMERGENCY	12231195		12231195	357303	12588498	61
61.01 FAMILY PRACTICE CENTER	2992117		2992117		2992117	61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTI	835177		835177		835177	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	277515578		277515578	438473	277954051	101
102 LESS OBSERVATION BEDS	835177		835177		835177	102
103 TOTAL	276680401		276680401	438473	277118874	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	111678815		111678815			25
26 INTENSIVE CARE UNIT	23055524		23055524			26
31 SUBPROVIDER I	21607830		21607830			31
33 NURSERY	4869236		4869236			33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	21628179		21628179			34
37 OPERATING ROOM	34805977	12807036	47613013	.693657	.693657	.693657 37
38 RECOVERY ROOM	4992747	2744879	7737626	.216672	.216672	.216672 38
39 DELIVERY ROOM & LABOR ROOM	623691	723082	1346773	4.569369	4.569369	4.569369 39
40 ANESTHESIOLOGY	7772809	4665611	12438420	.157458	.157458	.157458 40
41 RADIOLOGY-DIAGNOSTIC	45214706	55781320	100996026	.182471	.182471	.182471 41
42 RADIOLOGY-THERAPEUTIC	605788	9024424	9630212	.632198	.632198	.632198 42
43 RADIOISOTOPE	9331257	13234806	22566063	.217793	.217793	.217793 43
44 LABORATORY	81860477	48084172	129944649	.124219	.124219	.124843 44
46 WHOLE BLOOD & PACKED RED BL	7042890	1582436	8625326	.463066	.463066	.463066 46
46.30 BLOOD CLOTTING FACTORS ADM						46.30
49 RESPIRATORY THERAPY	16992832	967691	17960523	.209032	.209032	.209032 49
50 PHYSICAL THERAPY	11373574	4374883	15748457	.390231	.390231	.390231 50
50.01 RNRC PHYSICAL THERAPY	3274087		3274087	.912130	.912130	.912130 50.01
50.02 DAY RHABILITATION FACILITY	340	2387774	2388114	.578284	.578284	.578284 50.02
51 OCCUPATIONAL THERAPY	7978911	1184816	9163727	.368421	.368421	.368421 51
52 SPEECH PATHOLOGY	3123425	1411331	4534756	.452983	.452983	.452983 52
53 ELECTROCARDIOLOGY	16601341	7844664	24446005	.180342	.180342	.180342 53
54 ELECTROENCEPHALOGRAPHY	572862	788466	1361328	.519601	.519601	.519601 54
54.01 ELECTROPHYSIOLOGY	10903909	1637631	12541540	.464889	.464889	.464889 54.01
55 MEDICAL SUPPLIES CHARGED TO	62011853	11937569	73949422	.025390	.025390	.025390 55
56 DRUGS CHARGED TO PATIENTS	105583266	20697442	126280708	.146772	.146772	.146772 56
56.01 WELLNESS PROGRAM		130719	130719	2.817043	2.817043	2.817043 56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	34182453	3095509	37277962	.292627	.292627	.292627 56.03
57 RENAL DIALYSIS	2218681	9864691	12083372	.364657	.364657	.364657 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4513542	10020749	14534291	.515498	.515498	.515498 60
61 EMERGENCY	33287389	33483400	66770789	.183182	.183182	.188533 61
61.01 FAMILY PRACTICE CENTER		2061652	2061652	1.451320	1.451320	1.451320 61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTI	59009		59009	14.153383	14.153383	14.153383 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	687767400	260536753	948304153			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	687767400	260536753	948304153			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2751135		2751135
26 INTENSIVE CARE UNIT				445130		445130
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				481669		481669
33 NURSERY				78993		78993
101 TOTAL				3756927		3756927

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	67416	45507			40.81	1857141
26 INTENSIVE CARE UNIT	8971	5734			49.62	284521
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	18798	15916			25.62	407768
33 NURSERY	3832				20.61	
101 TOTAL	99017	67157				2549430

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1483699	47613013	34660462			.031162	1080089 37
38 RECOVERY ROOM		47219	7737626	2881545			.006103	17586 38
39 DELIVERY ROOM & LABOR ROOM		484473	1346773				.359729	39
40 ANESTHESIOLOGY		197511	12438420	4315044			.015879	68519 40
41 RADIOLOGY-DIAGNOSTIC		1975224	100996026	28408487			.019557	555585 41
42 RADIOLOGY-THERAPEUTIC		1168489	9630212	322973			.121336	39188 42
43 RADIOISOTOPE		154866	22566063	4407743			.006863	30250 43
44 LABORATORY		676954	12994649	50686990			.005210	264079 44
46 WHOLE BLOOD & PACKED RED BLOO		56416	8625326	2934772			.006541	19196 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		146773	17960523	10544229			.008172	86167 49
50 PHYSICAL THERAPY		180314	15748457	3111485			.011450	35627 50
50.01 RNRC PHYSICAL THERAPY		137583	3274087				.042022	50.01
50.02 DAY RHABILITATION FACILITY		61061	2388114				.025569	50.02
51 OCCUPATIONAL THERAPY		40872	9163727	1344084			.004460	5995 51
52 SPEECH PATHOLOGY		44619	4534756	982017			.009839	9662 52
53 ELECTROCARDIOLOGY		210606	24446005	9148343			.008615	78813 53
54 ELECTROENCEPHALOGRAPHY		48642	1361328	374513			.035731	13382 54
54.01 ELECTROPHYSIOLOGY		55475	12541540	10903909			.004423	48228 54.01
55 MEDICAL SUPPLIES CHARGED TO P		45867	73949422	11766973			.000620	7296 55
56 DRUGS CHARGED TO PATIENTS		309609	126280708	64999231			.002452	159378 56
56.01 WELLNESS PROGRAM		27392	130719				.209549	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		616880	37277962	34182453			.016548	565651 56.03
57 RENAL DIALYSIS		162112	12083372	54900			.013416	737 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		772389	14534291	2936366			.053143	156047 60
61 EMERGENCY		727538	66770789	13351525			.010896	145478 61
61.01 FAMILY PRACTICE CENTER		175721	2061652				.085233	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC		49460	59009	59009			.838177	49460 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10057764	765464569	292377053				3436413 101

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 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
 12/01/2008 11:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					67416		45507	25
26 INTENSIVE CARE UNIT					8971		5734	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					18798		15916	31
33 NURSERY					3832			33
34 SKILLED NURSING FACILITY					94240		21029	34
35 NURSING FACILITY								35
101 TOTAL					193257		88186	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		47613013			34660462		12807036 37
38 RECOVERY ROOM		7737626			2881545		1581249 38
39 DELIVERY ROOM & LABOR ROOM		1346773					
40 ANESTHESIOLOGY		12438420			4315044		1528893 40
41 RADIOLOGY-DIAGNOSTIC		100996026			28408487		21066893 41
42 RADIOLOGY-THERAPEUTIC		9630212			322973		3860034 42
43 RADIOISOTOPE		22566063			4407743		4752757 43
44 LABORATORY		129944649			50686990		2323988 44
46 WHOLE BLOOD & PACKED RED BLOO		8625326			2934772		827015 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17960523			10544229		647772 49
50 PHYSICAL THERAPY		15748457			3111485		36701 50
50.01 RNRC PHYSICAL THERAPY		3274087					50.01
50.02 DAY RHABILITATION FACILITY		2388114					50.02
51 OCCUPATIONAL THERAPY		9163727			1344084		1694 51
52 SPEECH PATHOLOGY		4534756			982017		60304 52
53 ELECTROCARDIOLOGY		24446005			9148343		3364618 53
54 ELECTROENCEPHALOGRAPHY		1361328			374513		299763 54
54.01 ELECTROPHYSIOLOGY		12541540			10903909		54.01
55 MEDICAL SUPPLIES CHARGED TO P		73949422			11766973		374525 55
56 DRUGS CHARGED TO PATIENTS		126280708			64999231		10676214 56
56.01 WELLNESS PROGRAM		130719					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		37277962			34182453		2948900 56.03
57 RENAL DIALYSIS		12083372			54900		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		14534291			2936366		1794086 60
61 EMERGENCY		66770789			13351525		3892590 61
61.01 FAMILY PRACTICE CENTER		2061652					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		59009			59009		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765464569			292377053		72845032 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] 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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] 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
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.693657	.693657	.693657			37
39 RECOVERY ROOM	.216672	.216672	.216672			38
40 DELIVERY ROOM & LABOR ROOM	4.569369	4.569369	4.569369			39
41 ANESTHESIOLOGY	.157458	.157458	.157458			40
42 RADIOLOGY-DIAGNOSTIC	.182471	.182471	.182471			41
43 RADIOLOGY-THERAPEUTIC	.632198	.632198	.632198			42
44 RADIOISOTOPE	.217793	.217793	.217793			43
45 LABORATORY	.124219	.124219	.124219			44
46 WHOLE BLOOD & PACKED RED BLOOD	.463066	.463066	.463066			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.209032	.209032	.209032			49
50 PHYSICAL THERAPY	.390231	.390231	.390231			50
50.01 RNRC PHYSICAL THERAPY	.912130	.912130	.912130			50.01
50.02 DAY RHABILITATION FACILITY	.578284	.578284	.578284			50.02
51 OCCUPATIONAL THERAPY	.368421	.368421	.368421			51
52 SPEECH PATHOLOGY	.452983	.452983	.452983			52
53 ELECTROCARDIOLOGY	.180342	.180342	.180342			53
54 ELECTROENCEPHALOGRAPHY	.519601	.519601	.519601			54
54.01 ELECTROPHYSIOLOGY	.464889	.464889	.464889			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.025390	.025390	.025390			55
56 DRUGS CHARGED TO PATIENTS	.146772	.146772	.146772			56
56.01 WELLNESS PROGRAM	2.817043	2.817043	2.817043			56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	.292627	.292627	.292627			56.03
57 RENAL DIALYSIS	.364657	.364657	.364657			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.515498	.515498	.515498			60
61 EMERGENCY	.183182	.183182	.183182			61
61.01 FAMILY PRACTICE CENTER	1.451320	1.451320	1.451320			61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINCT	14.153383	14.153383	14.153383			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
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				1	.146772	1
2 PROGRAM VACCINE CHARGES				2	14531	2
2.01 PROGRAM VACCINE CHARGES				3		2.01
3 PROGRAM COSTS				3	2133	3
3.01 PROGRAM COSTS				3		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] 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 OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		12807036						37
38 RECOVERY ROOM		1581249						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		1528893						40
41 RADIOLOGY-DIAGNOSTIC		21066893						41
42 RADIOLOGY-THERAPEUTIC		3860034						42
43 RADIOISOTOPE		4752757						43
44 LABORATORY		2323988						44
46 WHOLE BLOOD & PACKED RED BLOOD		827015						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		647772	7568					49
50 PHYSICAL THERAPY		36701						50
50.01 RNRC PHYSICAL THERAPY								50.01
50.02 DAY RHABILITATION FACILITY								50.02
51 OCCUPATIONAL THERAPY		1694						51
52 SPEECH PATHOLOGY		60304						52
53 ELECTROCARDIOLOGY		3364618						53
54 ELECTROENCEPHALOGRAPHY		299763						54
54.01 ELECTROPHYSIOLOGY								54.01
55 MEDICAL SUPPLIES CHARGED TO PA		374525	4482					55
56 DRUGS CHARGED TO PATIENTS		10676214	25					56
56.01 WELLNESS PROGRAM								56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		2948900						56.03
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1794086						60
61 EMERGENCY		3892590						61
61.01 FAMILY PRACTICE CENTER								61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
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		72845032	12075					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		72845032	12075					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] 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		8883690					37
38 RECOVERY ROOM		342612					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		240736					40
41 RADIOLOGY-DIAGNOSTIC		3844097					41
42 RADIOLOGY-THERAPEUTIC		2440306					42
43 RADIOISOTOPE		1035117					43
44 LABORATORY		288683					44
46 WHOLE BLOOD & PACKED RED BLOOD		382963					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		135405	1582				49
50 PHYSICAL THERAPY		14322					50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY		624					51
52 SPEECH PATHOLOGY		27317					52
53 ELECTROCARDIOLOGY		606782					53
54 ELECTROENCEPHALOGRAPHY		155757					54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		9509	114				55
56 DRUGS CHARGED TO PATIENTS		1566969	4				56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		862928					56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		924848					60
61 EMERGENCY		713052					61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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		22475717	1700				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		22475717	1700				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES
	1	2	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1483699	47613013	65431		.031162	2039 37
38 RECOVERY ROOM		47219	7737626	5899		.006103	36 38
39 DELIVERY ROOM & LABOR ROOM		484473	1346773			.359729	39
40 ANESTHESIOLOGY		197511	12438420	8923		.015879	142 40
41 RADIOLOGY-DIAGNOSTIC		1975224	100996026	639011		.019557	12497 41
42 RADIOLOGY-THERAPEUTIC		1168489	9630212	89721		.121336	10886 42
43 RADIOISOTOPE		154866	22566063	15395		.006863	106 43
44 LABORATORY		676954	129944649	3379133		.005210	17605 44
46 WHOLE BLOOD & PACKED RED BLOO		56416	8625326	48237		.006541	316 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		146773	17960523	875199		.008172	7152 49
50 PHYSICAL THERAPY		180314	15748457	6075533		.011450	69565 50
50.01 RNRC PHYSICAL THERAPY		137583	3274087			.042022	50.01
50.02 DAY RHABILITATION FACILITY		61061	2388114			.025569	50.02
51 OCCUPATIONAL THERAPY		40872	9163727	5281499		.004460	23555 51
52 SPEECH PATHOLOGY		44619	4534756	1529147		.009839	15045 52
53 ELECTROCARDIOLOGY		210606	24446005	104010		.008615	896 53
54 ELECTROENCEPHALOGRAPHY		48642	1361328	11489		.035731	411 54
54.01 ELECTROPHYSIOLOGY		55475	12541540			.004423	54.01
55 MEDICAL SUPPLIES CHARGED TO P		45867	73949422	1355979		.000620	841 55
56 DRUGS CHARGED TO PATIENTS		309609	126280708	6706288		.002452	16444 56
56.01 WELLNESS PROGRAM		27392	130719			.209549	56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		616880	37277962			.016548	56.03
57 RENAL DIALYSIS		162112	12083372	109980		.013416	1475 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		772389	14534291	26204		.053143	1393 60
61 EMERGENCY		727538	66770789			.010896	61
61.01 FAMILY PRACTICE CENTER		175721	2061652			.085233	61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		49460	59009			.838177	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		10057764	765464569	26327078			180404 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		47613013			65431		37
38 RECOVERY ROOM		7737626			5899		38
39 DELIVERY ROOM & LABOR ROOM		1346773					39
40 ANESTHESIOLOGY		12438420			8923		40
41 RADIOLOGY-DIAGNOSTIC		100996026			639011		41
42 RADIOLOGY-THERAPEUTIC		9630212			89721		42
43 RADIOISOTOPE		22566063			15395		43
44 LABORATORY		129944649			3379133		44
46 WHOLE BLOOD & PACKED RED BLOO		8625326			48237		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17960523			875199		49
50 PHYSICAL THERAPY		15748457			6075533		50
50.01 RNRC PHYSICAL THERAPY		3274087					50.01
50.02 DAY RHABILITATION FACILITY		2388114					50.02
51 OCCUPATIONAL THERAPY		9163727			5281499		51
52 SPEECH PATHOLOGY		4534756			1529147		52
53 ELECTROCARDIOLOGY		24446005			104010		53
54 ELECTROENCEPHALOGRAPHY		1361328			11489		54
54.01 ELECTROPHYSIOLOGY		12541540					54.01
55 MEDICAL SUPPLIES CHARGED TO P		73949422			1355979		55
56 DRUGS CHARGED TO PATIENTS		126280708			6706288		56
56.01 WELLNESS PROGRAM		130719					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		37277962					56.03
57 RENAL DIALYSIS		12083372			109980		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		14534291			26204		60
61 EMERGENCY		66770789					61
61.01 FAMILY PRACTICE CENTER		2061652					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		59009					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765464569			26327078		17069 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] 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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T117) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER (SEE)	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								37
38 OPERATING ROOM								38
39 RECOVERY ROOM								39
40 DELIVERY ROOM & LABOR ROOM								40
41 ANESTHESIOLOGY								41
42 RADIOLOGY-DIAGNOSTIC		15742						42
43 RADIOLOGY-THERAPEUTIC								43
44 RADIOISOTOPE		1148						44
45 LABORATORY								45
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
50.01 RNRC PHYSICAL THERAPY								50.01
50.02 DAY RHABILITATION FACILITY								50.02
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		179						53
54 ELECTROENCEPHALOGRAPHY								54
54.01 ELECTROPHYSIOLOGY								54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
56.01 WELLNESS PROGRAM								56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION								56.03
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
61.01 FAMILY PRACTICE CENTER								61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
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		17069						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		17069						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T117) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			2872				41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		250					43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY			32				53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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			3154				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			3154				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		47613013					37
38 RECOVERY ROOM		7737626					38
39 DELIVERY ROOM & LABOR ROOM		1346773					39
40 ANESTHESIOLOGY		12438420					40
41 RADIOLOGY-DIAGNOSTIC		100996026					41
42 RADIOLOGY-THERAPEUTIC		9630212					42
43 RADIOISOTOPE		22566063					43
44 LABORATORY		129944649					44
46 WHOLE BLOOD & PACKED RED BLOO		8625326					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17960523					49
50 PHYSICAL THERAPY		15748457					50
50.01 RNRC PHYSICAL THERAPY		3274087			2659635		50.01
50.02 DAY RHABILITATION FACILITY		2388114					50.02
51 OCCUPATIONAL THERAPY		9163727					51
52 SPEECH PATHOLOGY		4534756					52
53 ELECTROCARDIOLOGY		24446005					53
54 ELECTROENCEPHALOGRAPHY		1361328					54
54.01 ELECTROPHYSIOLOGY		12541540					54.01
55 MEDICAL SUPPLIES CHARGED TO P		73949422			1		55
56 DRUGS CHARGED TO PATIENTS		126280708			1412038		56
56.01 WELLNESS PROGRAM		130719					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		37277962					56.03
57 RENAL DIALYSIS		12083372					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		14534291					60
61 EMERGENCY		66770789					61
61.01 FAMILY PRACTICE CENTER		2061652					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		59009					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765464569			4071674		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] 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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2751135		2751135	25
26 INTENSIVE CARE UNIT				445130		445130	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				481669		481669	31
33 NURSERY				78993		78993	33
101 TOTAL				3756927		3756927	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	67416	3211			40.81	131041	25
26 INTENSIVE CARE UNIT	8971	387			49.62	19203	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	18798	383			25.62	9812	31
33 NURSERY	3832	1163			20.61	23969	33
101 TOTAL	99017	5144				184025	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1483699	47613013				.031162	37
38 RECOVERY ROOM		47219	7737626				.006103	38
39 DELIVERY ROOM & LABOR ROOM		484473	1346773				.359729	39
40 ANESTHESIOLOGY		197511	12438420				.015879	40
41 RADIOLOGY-DIAGNOSTIC		1975224	100996026				.019557	41
42 RADIOLOGY-THERAPEUTIC		1168489	9630212				.121336	42
43 RADIOISOTOPE		154866	22566063				.006863	43
44 LABORATORY		676954	129944649				.005210	44
46 WHOLE BLOOD & PACKED RED BLOO		56416	8625326				.006541	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		146773	17960523				.008172	49
50 PHYSICAL THERAPY		180314	15748457				.011450	50
50.01 RNRC PHYSICAL THERAPY		137583	3274087				.042022	50.01
50.02 DAY RHABILITATION FACILITY		61061	2388114				.025569	50.02
51 OCCUPATIONAL THERAPY		40872	9163727				.004460	51
52 SPEECH PATHOLOGY		44619	4534756				.009839	52
53 ELECTROCARDIOLOGY		210606	24446005				.008615	53
54 ELECTROENCEPHALOGRAPHY		48642	1361328				.035731	54
54.01 ELECTROPHYSIOLOGY		55475	12541540				.004423	54.01
55 MEDICAL SUPPLIES CHARGED TO P		45867	73949422				.000620	55
56 DRUGS CHARGED TO PATIENTS		309609	126280708				.002452	56
56.01 WELLNESS PROGRAM		27392	130719				.209549	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		616880	37277962				.016548	56.03
57 RENAL DIALYSIS		162112	12083372				.013416	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		772389	14534291				.053143	60
61 EMERGENCY		727538	66770789				.010896	61
61.01 FAMILY PRACTICE CENTER		175721	2061652				.085233	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC		49460	59009				.838177	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10057764	765464569					101

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 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
 12/01/2008 11:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					67416		3211	25
26 INTENSIVE CARE UNIT					8971		387	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					18798		383	31
33 NURSERY					3832		1163	33
34 SKILLED NURSING FACILITY					94240			34
35 NURSING FACILITY								35
101 TOTAL					193257		5144	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		47613013					37
38 RECOVERY ROOM		7737626					38
39 DELIVERY ROOM & LABOR ROOM		1346773					39
40 ANESTHESIOLOGY		12438420					40
41 RADIOLOGY-DIAGNOSTIC		100996026					41
42 RADIOLOGY-THERAPEUTIC		9630212					42
43 RADIOISOTOPE		22566063					43
44 LABORATORY		129944649					44
46 WHOLE BLOOD & PACKED RED BLOO		8625326					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17960523					49
50 PHYSICAL THERAPY		15748457					50
50.01 RNRC PHYSICAL THERAPY		3274087					50.01
50.02 DAY RHABILITATION FACILITY		2388114					50.02
51 OCCUPATIONAL THERAPY		9163727					51
52 SPEECH PATHOLOGY		4534756					52
53 ELECTROCARDIOLOGY		24446005					53
54 ELECTROENCEPHALOGRAPHY		1361328					54
54.01 ELECTROPHYSIOLOGY		12541540					54.01
55 MEDICAL SUPPLIES CHARGED TO P		73949422					55
56 DRUGS CHARGED TO PATIENTS		126280708					56
56.01 WELLNESS PROGRAM		130719					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		37277962					56.03
57 RENAL DIALYSIS		12083372					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		14534291					60
61 EMERGENCY		66770789					61
61.01 FAMILY PRACTICE CENTER		2061652					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		59009					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765464569					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] 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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1483699	47613013				.031162	37
38 RECOVERY ROOM		47219	7737626				.006103	38
39 DELIVERY ROOM & LABOR ROOM		484473	1346773				.359729	39
40 ANESTHESIOLOGY		197511	12438420				.015879	40
41 RADIOLOGY-DIAGNOSTIC		1975224	100996026				.019557	41
42 RADIOLOGY-THERAPEUTIC		1168489	9630212				.121336	42
43 RADIOISOTOPE		154866	22566063				.006863	43
44 LABORATORY		676954	12994649				.005210	44
46 WHOLE BLOOD & PACKED RED BLOO		56416	8625326				.006541	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		146773	17960523				.008172	49
50 PHYSICAL THERAPY		180314	15748457				.011450	50
50.01 RNRC PHYSICAL THERAPY		137583	3274087				.042022	50.01
50.02 DAY RHABILITATION FACILITY		61061	2388114				.025569	50.02
51 OCCUPATIONAL THERAPY		40872	9163727				.004460	51
52 SPEECH PATHOLOGY		44619	4534756				.009839	52
53 ELECTROCARDIOLOGY		210606	24446005				.008615	53
54 ELECTROENCEPHALOGRAPHY		48642	1361328				.035731	54
54.01 ELECTROPHYSIOLOGY		55475	12541540				.004423	54.01
55 MEDICAL SUPPLIES CHARGED TO P		45867	73949422				.000620	55
56 DRUGS CHARGED TO PATIENTS		309609	126280708				.002452	56
56.01 WELLNESS PROGRAM		27392	130719				.209549	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		616880	37277962				.016548	56.03
57 RENAL DIALYSIS		162112	12083372				.013416	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		772389	14534291				.053143	60
61 EMERGENCY		727538	66770789				.010896	61
61.01 FAMILY PRACTICE CENTER		175721	2061652				.085233	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC		49460	59009				.838177	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10057764	765464569					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		47613013					37
38 RECOVERY ROOM		7737626					38
39 DELIVERY ROOM & LABOR ROOM		1346773					39
40 ANESTHESIOLOGY		12438420					40
41 RADIOLOGY-DIAGNOSTIC		100996026					41
42 RADIOLOGY-THERAPEUTIC		9630212					42
43 RADIOISOTOPE		22566063					43
44 LABORATORY		129944649					44
46 WHOLE BLOOD & PACKED RED BLOO		8625326					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		17960523					49
50 PHYSICAL THERAPY		15748457					50
50.01 RNRC PHYSICAL THERAPY		3274087					50.01
50.02 DAY RHABILITATION FACILITY		2388114					50.02
51 OCCUPATIONAL THERAPY		9163727					51
52 SPEECH PATHOLOGY		4534756					52
53 ELECTROCARDIOLOGY		24446005					53
54 ELECTROENCEPHALOGRAPHY		1361328					54
54.01 ELECTROPHYSIOLOGY		12541540					54.01
55 MEDICAL SUPPLIES CHARGED TO P		73949422					55
56 DRUGS CHARGED TO PATIENTS		126280708					56
56.01 WELLNESS PROGRAM		130719					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		37277962					56.03
57 RENAL DIALYSIS		12083372					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		14534291					60
61 EMERGENCY		66770789					61
61.01 FAMILY PRACTICE CENTER		2061652					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		59009					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765464569					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0117)	(PPS) (14-T117)				(PPS) (14-5324)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	67416	18798				94240	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	67416	18798				94240	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	67416	18798				94240	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)	45507	15916				21029	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) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5324)	
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	46455458	10800561				21862759	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	46455458	10800561				21862759	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	111678815	21607830				21628179	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		21607830				21628179	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.415974	.499845				1.010846	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE		1149.47				229.50	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	46455458	10800561				21862759	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) (14-0117)	SUB I (PPS) (14-T117)	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	689.09	574.56				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31358419	9144697				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31358419	9144697				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	13552486	8971	1510.70	5734	8662354	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	75380522	6958305				48
49 TOTAL PROGRAM INPATIENT COSTS	115401295	16103002				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2141662	407768				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3436413	180404				51
52 TOTAL PROGRAM EXCLUDABLE COST	5578075	588172				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	109823220	15514830				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) (14-0117)	SUB I (PPS) (14-T117)	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 (PPS) (14-5324) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	21862759	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	231.99	67
68 PROGRAM ROUTINE SERVICE COST	4878518	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4878518	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	232937	71
72 PER DIEM CAPITAL RELATED COSTS	2.47	72
73 PROGRAM CAPITAL RELATED COSTS	51942	73
74 INPATIENT ROUTINE SERVICE COST	4826576	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	4826576	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	4878518	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	2633181	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	7511699	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0117)(14-T117)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1212	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	689.09	84
85 OBSERVATION BED COST	835177	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		46455458		835177		86
87 NEW CAPITAL-RELATED COST	2751135	46455458	.059221	835177	49460	87
88 NON PHYSICIAN ANESTHETIST		46455458		835177		88
89 MEDICAL EDUCATION		46455458		835177		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) (14-0117)	SUB I (OTHER) (14-T117)	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)	67416	18798				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	67416	18798				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	67416	18798				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)	3211	383				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	3832					15
16 TITLE V OR XIX NURSERY DAYS	1163					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) (14-0117)	SUB I (OTHER) (14-T117)	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	46455458	10800561					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	46455458	10800561					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	111678815	21607830					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		21607830					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.415974	.499845					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE		1149.47					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	46455458	10800561					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) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	689.09	574.56			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2212668	220056			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2212668	220056			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)	2170839	3832	566.50	1163	658840 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	13552486	8971	1510.70	387	584641 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	3456149	220056			49

PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	174213	9812			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	174213	9812			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) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
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
12/01/2008 11:29

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2008.05
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1212	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	689.09	84
85 OBSERVATION BED COST	835177	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0117) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		75091228		25
26 INTENSIVE CARE UNIT		14931339		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.693657	34660462	24042472	37
38 RECOVERY ROOM	.216672	2881545	624350	38
39 DELIVERY ROOM & LABOR ROOM	4.569369			39
40 ANESTHESIOLOGY	.157458	4315044	679438	40
41 RADIOLOGY-DIAGNOSTIC	.182471	28408487	5183725	41
42 RADIOLOGY-THERAPEUTIC	.632198	322973	204183	42
43 RADIOISOTOPE	.217793	4407743	959976	43
44 LABORATORY	.124843	50686990	6327916	44
46 WHOLE BLOOD & PACKED RED BLOOD	.463066	2934772	1358993	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.209032	10544229	2204081	49
50 PHYSICAL THERAPY	.390231	3111485	1214198	50
50.01 RNRC PHYSICAL THERAPY	.912130			50.01
50.02 DAY RHABILITATION FACILITY	.578284			50.02
51 OCCUPATIONAL THERAPY	.368421	1344084	495189	51
52 SPEECH PATHOLOGY	.452983	982017	444837	52
53 ELECTROCARDIOLOGY	.180342	9148343	1649830	53
54 ELECTROENCEPHALOGRAPHY	.519601	374513	194597	54
54.01 ELECTROPHYSIOLOGY	.464889	10903909	5069107	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.025390	11766973	298763	55
56 DRUGS CHARGED TO PATIENTS	.146772	64999231	9540067	56
56.01 WELLNESS PROGRAM	2.817043			56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	.292627	34182453	10002709	56.03
57 RENAL DIALYSIS	.364657	54900	20020	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.515498	2936366	1513691	60
61 EMERGENCY	.188533	13351525	2517203	61
61.01 FAMILY PRACTICE CENTER	1.451320			61.01
61.02 SOCIAL SERVICE-PSYCH				61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	14.153383	59009	835177	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		292377053	75380522	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		292377053		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5324)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.693657			37
38 RECOVERY ROOM	.216672			38
39 DELIVERY ROOM & LABOR ROOM	4.569369			39
40 ANESTHESIOLOGY	.157458			40
41 RADIOLOGY-DIAGNOSTIC	.182471			41
42 RADIOLOGY-THERAPEUTIC	.632198			42
43 RADIOISOTOPE	.217793			43
44 LABORATORY	.124219			44
46 WHOLE BLOOD & PACKED RED BLOOD	.463066			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.209032			49
50 PHYSICAL THERAPY	.390231			50
50.01 RNRC PHYSICAL THERAPY	.912130	2659635	2425933	50.01
50.02 DAY RHABILITATION FACILITY	.578284			50.02
51 OCCUPATIONAL THERAPY	.368421			51
52 SPEECH PATHOLOGY	.452983			52
53 ELECTROCARDIOLOGY	.180342			53
54 ELECTROENCEPHALOGRAPHY	.519601			54
54.01 ELECTROPHYSIOLOGY	.464889			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.025390	1		55
56 DRUGS CHARGED TO PATIENTS	.146772	1412038	207248	56
56.01 WELLNESS PROGRAM	2.817043			56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	.292627			56.03
57 RENAL DIALYSIS	.364657			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.515498			60
61 EMERGENCY	.183182			61
61.01 FAMILY PRACTICE CENTER	1.451320			61.01
61.02 SOCIAL SERVICE-PSYCH				61.02
62 OBSERVATION BEDS (NON-DISTINCT)	14.153383			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4071674	2633181	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4071674		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0117)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.693657		37
38 RECOVERY ROOM	.216672		38
39 DELIVERY ROOM & LABOR ROOM	4.569369		39
40 ANESTHESIOLOGY	.157458		40
41 RADIOLOGY-DIAGNOSTIC	.182471		41
42 RADIOLOGY-THERAPEUTIC	.632198		42
43 RADIOISOTOPE	.217793		43
44 LABORATORY	.124219		44
46 WHOLE BLOOD & PACKED RED BLOOD	.463066		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.209032		49
50 PHYSICAL THERAPY	.390231		50
50.01 RNRC PHYSICAL THERAPY	.912130		50.01
50.02 DAY RHABILITATION FACILITY	.578284		50.02
51 OCCUPATIONAL THERAPY	.368421		51
52 SPEECH PATHOLOGY	.452983		52
53 ELECTROCARDIOLOGY	.180342		53
54 ELECTROENCEPHALOGRAPHY	.519601		54
54.01 ELECTROPHYSIOLOGY	.464889		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.025390		55
56 DRUGS CHARGED TO PATIENTS	.146772		56
56.01 WELLNESS PROGRAM	2.817043		56.01
56.02 EYE CENTER			56.02
56.03 CARDIAC CATHETERIZATION	.292627		56.03
57 RENAL DIALYSIS	.364657		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.515498		60
61 EMERGENCY	.183182		61
61.01 FAMILY PRACTICE CENTER	1.451320		61.01
61.02 SOCIAL SERVICE-PSYCH			61.02
62 OBSERVATION BEDS (NON-DISTINCT)	14.153383		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-T117)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.693657		37
38 RECOVERY ROOM	.216672		38
39 DELIVERY ROOM & LABOR ROOM	4.569369		39
40 ANESTHESIOLOGY	.157458		40
41 RADIOLOGY-DIAGNOSTIC	.182471		41
42 RADIOLOGY-THERAPEUTIC	.632198		42
43 RADIOISOTOPE	.217793		43
44 LABORATORY	.124219		44
46 WHOLE BLOOD & PACKED RED BLOOD	.463066		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.209032		49
50 PHYSICAL THERAPY	.390231		50
50.01 RNRC PHYSICAL THERAPY	.912130		50.01
50.02 DAY RHABILITATION FACILITY	.578284		50.02
51 OCCUPATIONAL THERAPY	.368421		51
52 SPEECH PATHOLOGY	.452983		52
53 ELECTROCARDIOLOGY	.180342		53
54 ELECTROENCEPHALOGRAPHY	.519601		54
54.01 ELECTROPHYSIOLOGY	.464889		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.025390		55
56 DRUGS CHARGED TO PATIENTS	.146772		56
56.01 WELLNESS PROGRAM	2.817043		56.01
56.02 EYE CENTER			56.02
56.03 CARDIAC CATHETERIZATION	.292627		56.03
57 RENAL DIALYSIS	.364657		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.515498		60
61 EMERGENCY	.183182		61
61.01 FAMILY PRACTICE CENTER	1.451320		61.01
61.02 SOCIAL SERVICE-PSYCH			61.02
62 OBSERVATION BEDS (NON-DISTINCT)	14.153383		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0117)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	18397208				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18645987				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	40865788				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	31178				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	67202				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	150517				1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1631646				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	333.69				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	47.57				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)	18.00				3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	2.98				3.06
	[FOR CR PERIODS ENDING]				
	[ON OR AFTER 7/1/2005]				
	[E-3,PT.VI, LN.15][PLUS LN.3.06]				
3.07 SUM OF LINES 3.04-3.06	0.00	2.98	68.55		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			68.79		3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	68.55				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	66.49				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..	64.41				3.16
	RES. IN				
	INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	66.48			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0117)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.199227				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.199185				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	0.199185				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1856973				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1928544				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]	4227058				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	8012575 8012575	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS					4.01
4.02	SUM OF 4 AND 4.01					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					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	87553204				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	87553204				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	7572879				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3427464				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES	2833				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	98556380				16
17	PRIMARY PAYER PAYMENTS	27365				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	98529015				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6698752				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	496416				20
21	REIMBURSABLE BAD DEBTS	537022				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	375915				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	455554				21.02
22	SUBTOTAL	91709762				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0117)	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	91709762				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	91372099				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	337663				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0117) 1	HOSPITAL (14-0117) 1.01	HOSPITAL (14-0117) 1.02	
1 MEDICAL AND OTHER SERVICES	3833			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	22475717			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	18207501			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	3833			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	26606			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	26606			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	26606			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	22773			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3833			17
17.01 TOTAL PPS PAYMENTS	18207501			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0117) 1	HOSPITAL (14-0117) 1.01	HOSPITAL (14-0117) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2410		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	5126156		18.01
19 SUBTOTAL	13082768		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	565137		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	13647905		23
24 PRIMARY PAYER PAYMENTS	1510		24
25 SUBTOTAL	13646395		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	331958		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	232371		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	272400		27.02
28 SUBTOTAL	13878766		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)	50		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	13878716		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	13796304		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	82412		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T117) 1	SUB I (14-T117) 1.01	SUB I (14-T117) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3154			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2628			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.938			1.03
1.04 LINE 1.01 TIMES LINE 1.03	2958			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	88.84			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	2628			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T117) 1	SUB I (14-T117) 1.01	SUB I (14-T117) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	856		18.01
19 SUBTOTAL	1772		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	1772		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1772		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	1772		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	1772		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1772		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5324)	SNF (14-5324)	SNF (14-5324)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5324)	SNF (14-5324)	SNF (14-5324)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0117)
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
(14-0117)
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
(14-0117)
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 (14-0117)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		87698778		13085677	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.		3673321		710627	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		91372099		13796304	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	337663		82412	6.01
	PROVIDER TO .02 PROGRAM				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		91709762		13878716	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T117)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17605641		1772
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		17605641		1772
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	65085		6.01
	PROVIDER TO .02 PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		17670726		1772

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T117)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	17409939				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0101				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	328613				1.04
1.05	OUTLIER PAYMENTS	93761				1.05
1.06	TOTAL PPS PAYMENTS	17832313				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	51.360656				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	17832313				4
5	PRIMARY PAYER PAYMENTS	11083				5
6	SUBTOTAL	17821230				6
7	DEDUCTIBLES	39168				7
8	SUBTOTAL	17782062				8
9	COINSURANCE	112992				9
10	SUBTOTAL	17669070				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	2366				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	1656				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	2366				11.02
12	SUBTOTAL	17670726				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

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

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

SNF I
(14-5324)
(PPS)
2

1	COMPUTATION OF NET COST OF COVERED SERVICES		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		1
3	MEDICAL AND OTHER SERVICES		2
4	INTERNS AND RESIDENTS		3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
6	COST OF TEACHING PHYSICIANS		5
7	SUBTOTAL		6
8	INPATIENT PRIMARY PAYER PAYMENTS		7
9	OUTPATIENT PRIMARY PAYER PAYMENTS		8
	SUBTOTAL		9
	COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	8477010	24
25	OUTLIER PAYMENTS		25
26	PROGRAM CAPITAL PAYMENTS		26
27	CAPITAL EXCEPTION PAYMENTS		27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		29
30	SUBTOTAL	8477010	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	8477010	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5324) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34		34
35		35
36		36
37		37
38		38
38.01		38.01
38.02		38.02
38.03		38.03
39		39
40	6947158	40
41		41
42		42
43		43
44		44
45		45
46		46
47		47
48		48
49		49
50		50
51		51
52	6947158	52
53		53
54		54
55	6947158	55
56		56
57	6947158	57
57.01		57.01
58		58
59		59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I (PPS)	
		HOSPITAL (14-0117) (OTHER)	SUB I (14-T117) (OTHER)	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	3456149	220056				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	3456149	220056				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	3456149	220056				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	3456149	220056				22
23	COST OF COVERED SERVICES	3456149	220056				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	3456149	220056				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	3456149	220056				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0117) (OTHER)	SUB I (14-T117) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	3456149	220056				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	ADJ. PENDING CORRECT SNF PS & R						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	48.41 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)	18.00 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]	3.50 3.03
3.04	FTE ADJUSTMENT CAP 3.50	69.91 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	68.79 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	68.79 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	21.10 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	47.69 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	68.79 3.09
3.10	SEE INSTRUCTIONS	68.79 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	47.69 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	44.78 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	43.33 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	45.27 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	45.27 3.16
3.17	SEE INSTRUCTIONS	84679.73 3.17
3.18	SEE INSTRUCTIONS	3833451 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		20.37	3.19
3.20	SEE INSTRUCTIONS		20.24	3.20
3.21	SEE INSTRUCTIONS		20.57	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		20.57	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		84679.73	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		1741862	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		5575313	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		67157	4
5	TOTAL INPATIENT DAYS		93973	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.714641	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 3984347	0	3984347	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		162	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		93973	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		8254	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		12083372	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	136382815	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	38448	15
16	TOTAL PART A REASONABLE COST	136344367	16
PART B REASONABLE COST			
17	REASONABLE COST	22482704	17
18	PRIMARY PAYER PAYMENTS	1510	18
19	TOTAL PART B REASONABLE COST	22481194	19
20	TOTAL REASONABLE COST	158825561	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.858454	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.141546	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	3992601	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3427464	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	565137	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	3981	4
5	TOTAL INPATIENT DAYS	93973	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.042363	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	93973	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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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					1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	40914257				4
5 OTHER RECEIVABLES	1359936				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	2767394				7
8 PREPAID EXPENSES	7711315				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS	318805663				10
11 TOTAL CURRENT ASSETS	371558565				11
FIXED ASSETS					
12 LAND					12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS					13
13.01 ACCUMULATED DEPRECIATION					13.01
14 BUILDINGS					14
14.01 ACCUMULATED DEPRECIATION					14.01
15 LEASEHOLD IMPROVEMENTS					15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT	125534002				16
16.01 ACCUMULATED DEPRECIATION	-101802227				16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT					18
18.01 ACCUMULATED DEPRECIATION					18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	23731775				21
OTHER ASSETS					
22 INVESTMENTS	173971903				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	1537580				25
26 TOTAL OTHER ASSETS	175509483				26
27 TOTAL ASSETS	570799823				27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	29236449				28
29 SALARIES, WAGES & FEES PAYABLE	67745940				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)					31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES	18285338				35
36 TOTAL CURRENT LIABILITIES	115267727				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE					37
38 NOTES PAYABLE					38
39 UNSECURED LOANS					39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41 OTHER LONG TERM LIABILITIES	194953672				41
42 TOTAL LONG TERM LIABILITIES	194953672				42
43 TOTAL LIABILITIES	310221399				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	260578424				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	260578424				51
52 TOTAL LIABILITIES AND FUND BALANCES	570799823				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	243306849			1
2 NET INCOME (LOSS)	17271575			2
3 TOTAL	260578424			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN MIN PENSION LIABILITY				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	260578424			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS				13
14 OTHER				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	260578424			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	115103864		115103864	1
4 SUBPROVIDER I	21607830		21607830	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY	21628179		21628179	6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	158339873		158339873	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	23055524		23055524	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	23055524		23055524	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	181395397		181395397	16
19 ANCILLARY SERVICES	477910546	262437355	740347901	17
20 OUTPATIENT SERVICES				18
21 18.50 RHC				18.50
22 18.60 FQHC				18.60
23 HOME HEALTH AGENCY				19
24 AMBULANCE				20
25 CORF				21
26 ASC				22
27 HOSPICE				23
28 OTHER ENTITIES				24
29 TOTAL PATIENT REVENUES	659305943	262437355	921743298	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		290956587	26
27 ADD (SPECIFY)			27
28 INTERCOMPANY EXPENSES HOME OFFICE	31716160		28
29 BAD DEBTS - PROVISION FOR UNCOLLECT	21187170		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		52903330	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		343859917	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	921743298	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	580889085	2
3	NET PATIENT REVENUES	340854213	3
4	LESS - TOTAL OPERATING EXPENSES	343859917	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3005704	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	15769597	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	1832	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	66665	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	1457983	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	537213	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	11796	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC DIETARY INCOME	56809	24
24.01	CONTRACTED SERVICE REVENUE	11796	24.01
24.02	PROV HOME BILLING	531625	24.02
24.03	PRIVATE NURSE		24.03
24.04	PHASE 3 CARDIAC REHAB	98834	24.04
24.05	NET ASSETS RELEASED	294856	24.05
24.06	CHILD CARE CENTER	783169	24.06
24.07	MISC	655104	24.07
25	TOTAL OTHER INCOME	20277279	25
26	TOTAL	17271575	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	17271575	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2335

WORKSHEET I-1

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL	BASIS	STATISTICS	FTES PER	
	COSTS			2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1044440	HRS OF SERVICE	36711.00	17.65	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	178052	HRS OF SERVICE	9045.00	4.35	4
5 SOCIAL WORKERS	48518	HRS OF SERVICE	2069.00	.99	5
6 DIETICIANS	31194	HRS OF SERVICE	1278.00	.61	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	29557	ACCUMULATED COST			8
9 SUBTOTAL	1331761				9
10 EMPLOYEE BENEFITS		SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	442631	REQUISITIONS			14
15 DRUGS	831143	REQUISITIONS			15
16 OTHER	76258	ACCUMULATED COST			16
17 SUBTOTAL	2681793				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	46102	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	47540	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	345924	SALARY			22
23 ADMINISTRATIVE AND GENERAL	710862	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	112916	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	56940	REQUISITIONS			26
27 PHARMACY	369920	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	34285	ACCUMULATED COST			28
29 SUBTOTAL	4406282				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	4406282				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2335

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL
	RELATED COSTS	CARE	SALARY	EMPLOYEE	BENEFITS		MEDICAL SUPPLIES	ANCILLARY SERVICES	TOTAL			
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	159018	47540	1044440	257764	345924	1201063	499571		3555320	850962	4406282	1
2 HEMODIALYSIS	124861	41899	994965	254152	344632	960853	130502		2851864	682591	3534455	2
3 INTERMITTENT PERITONEAL TRAINING												3
4 HEMODIALYSIS												4
5 INTERMITTENT PERITONEAL												5
6 CAPD												6
7 CCPD												7
8 HOME HEMODIALYSIS												8
9 INTERMITTENT PERITONEAL												9
10 CAPD												10
11 CCPD												11
OTHER BILLABLE SERVICES												
12 INPATIENT DIALYSIS	34157	5641	49475	3612	1292	240210	369069		703456	168371	871827	12
13 METHOD II HOME PATIENT												13
14 EPO (INCL IN RENAL DEPT)												14
14.01 ARANESP (INCL IN RENAL DEPT)												14.01
15 OTHER												15
16 TOTAL	159018	47540	1044440	257764	345924	1201063	499571		3555320	850962	4406282	16
17 MEDICAL EDUC PGM COSTS												17
18 TOTAL RENAL COSTS											4406282	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2335

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	(% OF TIME)	-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	159018	47540	1044440	257764	345924	1201063	499571	3555320	850962	1
	MAINTENANCE										
2	HEMODIALYSIS	2950	41899.00	34972.00	13861.00	1323601	664916	115628			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD										6
7	CCPD										7
	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRMNTS	807	5641.00	1739.00	197.00	4963	166227	327003			
13	METHOD II HOME PATIENT										13
14	EPO										14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	3757	47540.00	36711.00	14058.00	1328564	831143	442631	3555320		16
17	UNIT COST MULTIPLIER	42.325792		28.450328		.260374		1.128640			
			1.000000		18.335752		1.445074			.239349	17

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2007 TO 06/30/2008

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VERSION: 2008.05
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2335
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	8581	3534455	411.89	8286	3412921	170.86	1415746	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS	423							7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	9004	3534455		8286	3412921		1415746	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2335

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	3412921 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	1415746 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1869 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	282788 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	284657 6
7	PROGRAM PAYMENT	1131102 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0117)	SUB I (14-T117)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	6734289				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6					6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 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
6.10 NON PATIENT PHONES					6.10
6.20 DATA PROCESSING					6.20
6.30 PURCHASING AND STORES					6.30
6.40 ADMITTING					6.40
6.50 CASHIERS AR AND COLLECTIONS					6.50
6.60 ADMINISTRATION & GENERAL					6.60
6.70 RNP PATIENT ACCOUNTS					6.70
6.80 RNP OCCUPANCY					6.80
6.90 RNP ADMINISTRATION					6.90
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 ELECTRICITY					8.01
8.02 RNP OPERATION OF PLANT					8.02
9 LAUNDRY & LINEN SERVICE					9
9.01 RNP LAUNDRY					9.01
10 HOUSEKEEPING					10
10.01 RNP HOUSEKEEPING					10.01
11 DIETARY					11
11.01 RNP DIETARY					11.01
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
18.01 RNP SOCIAL SERVICE					18.01
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
00 OTHER					00
00.05 NON EMPLOYEE CHILD CARE					00.05
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	67.50		4.76				72.26	25
26 INTENSIVE CARE UNIT	63.92		4.31				68.23	26
33 NURSERY			30.35				30.35	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	72.80	26.90					99.70	37
38 RECOVERY ROOM	37.24	20.44					57.68	38
40 ANESTHESIOLOGY	34.69	12.29					46.98	40
41 RADIOLOGY-DIAGNOSTIC	28.13	20.86					48.99	41
42 RADIOLOGY-THERAPEUTIC	3.35	40.08					43.43	42
43 RADIOISOTOPE	19.53	21.06					40.59	43
44 LABORATORY	39.01	1.79					40.80	44
46 WHOLE BLOOD & PACKED RED BLOOD	34.03	9.59					43.62	46
49 RESPIRATORY THERAPY	58.71	3.61					62.32	49
50 PHYSICAL THERAPY	19.76	0.23					19.99	50
51 OCCUPATIONAL THERAPY	14.67	0.02					14.69	51
52 SPEECH PATHOLOGY	21.66	1.33					22.99	52
53 ELECTROCARDIOLOGY	37.42	13.76					51.18	53
54 ELECTROENCEPHALOGRAPHY	27.51	22.02					49.53	54
54.01 ELECTROPHYSIOLOGY	86.94						86.94	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	15.91	0.51					16.42	55
56 DRUGS CHARGED TO PATIENTS	51.47	8.45					59.92	56
56.03 CARDIAC CATHETERIZATION	91.70	7.91					99.61	56.03
57 RENAL DIALYSIS	0.45						0.45	57
60 CLINIC	20.20	12.34					32.54	60
61 EMERGENCY	20.00	5.83					25.83	61
62 OBSERVATION BEDS (NON-DISTINCT	100.00						100.00	62
101 TOTAL CHARGES	30.83	7.68					38.51	101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	84.67		2.04				86.71 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.14						0.14 37
38 RECOVERY ROOM	0.08						0.08 38
40 ANESTHESIOLOGY	0.07						0.07 40
41 RADIOLOGY-DIAGNOSTIC	0.63	0.02					0.65 41
42 RADIOLOGY-THERAPEUTIC	0.93						0.93 42
43 RADIOISOTOPE	0.07	0.01					0.08 43
44 LABORATORY	2.60						2.60 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.56						0.56 46
49 RESPIRATORY THERAPY	4.87						4.87 49
50 PHYSICAL THERAPY	38.58						38.58 50
51 OCCUPATIONAL THERAPY	57.63						57.63 51
52 SPEECH PATHOLOGY	33.72						33.72 52
53 ELECTROCARDIOLOGY	0.43						0.43 53
54 ELECTROENCEPHALOGRAPHY	0.84						0.84 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.83						1.83 55
56 DRUGS CHARGED TO PATIENTS	5.31						5.31 56
57 RENAL DIALYSIS	0.91						0.91 57
60 CLINIC	0.18						0.18 60
101 TOTAL CHARGES	2.78						2.78 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		22.31					22.31	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
50.01 RNRC PHYSICAL THERAPY		81.23					81.23	50.01
56 DRUGS CHARGED TO PATIENTS		1.12					1.12	56
101 TOTAL CHARGES		0.43					0.43	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	7442919	2.57	-7442919	-5.40		3
4	NEW CAP REL COSTS-MVBLE EQUIP	6541288	2.26	-6541288	-4.75		4
5	EMPLOYEE BENEFITS	31652685	10.92	-31652685	-22.98		5
6.10	NON PATIENT PHONES	384245	.13	-384245	-.28		6.10
6.20	DATA PROCESSING	6756733	2.33	-6756733	-4.91		6.20
6.30	PURCHASING AND STORES	1745953	.60	-1745953	-1.27		6.30
6.40	ADMITTING						6.40
6.50	CASHIERS AR AND COLLECTIONS	4727261	1.63	-4727261	-3.43		6.50
6.60	ADMINISTRATION & GENERAL	31579695	10.90	-31579695	-22.93		6.60
6.70	RNP PATIENT ACCOUNTS						6.70
6.80	RNP OCCUPANCY						6.80
6.90	RNP ADMINISTRATION	5211799	1.80	-5211799	-3.78		6.90
7	MAINTENANCE & REPAIRS	1102433	.38	-1102433	-.80		7
8	OPERATION OF PLANT	2710975	.94	-2710975	-1.97		8
8.01	ELECTRICITY	6915385	2.39	-6915385	-5.02		8.01
8.02	RNP OPERATION OF PLANT	895383	.31	-895383	-.65		8.02
9	LAUNDRY & LINEN SERVICE	1901092	.66	-1901092	-1.38		9
9.01	RNP LAUNDRY	265422	.09	-265422	-.19		9.01
10	HOUSEKEEPING	2552870	.88	-2552870	-1.85		10
10.01	RNP HOSUEKEEPING	495496	.17	-495496	-.36		10.01
11	DIETARY	1873133	.65	-1873133	-1.36		11
11.01	RNP DIETARY	1480402	.51	-1480402	-1.07		11.01
12	CAFETERIA	1099946	.38	-1099946	-.80		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2298799	.79	-2298799	-1.67		14
15	CENTRAL SERVICES & SUPPLY	752816	.26	-752816	-.55		15
16	PHARMACY	2998697	1.03	-2998697	-2.18		16
17	MEDICAL RECORDS & LIBRARY	5589570	1.93	-5589570	-4.06		17
18	SOCIAL SERVICE						18
18.01	RNP SOCIAL SERVICE	199254	.07	-199254	-.14		18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	4369904	1.51	-4369904	-3.17		22
23	I&R SERVICES-OTHER PRGM COSTS A	4202916	1.45	-4202916	-3.05		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	23065018	7.96	30079114	21.84	53144132	18.34
26	INTENSIVE CARE UNIT	8006155	2.76	6400385	4.65	14406540	4.97
31	SUBPROVIDER I	5642341	1.95	5158220	3.74	10800561	3.73
33	NURSERY	1122643	.39	1132756	.82	2255399	.78
34	SKILLED NURSING FACILITY	7831329	2.70	14031430	10.19	21862759	7.55
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	23460721	8.10	10310504	7.49	33771225	11.66
38	RECOVERY ROOM	952213	.33	724312	.53	1676525	.58

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
39 DELIVERY ROOM & LABOR ROOM	3207293	1.11	3115730	2.26	6323023	2.18	39
40 ANESTHESIOLOGY	1241668	.43	716858	.52	1958526	.68	40
41 RADIOLOGY-DIAGNOSTIC	8437135	2.91	10076316	7.32	18513451	6.39	41
42 RADIOLOGY-THERAPEUTIC	2693555	.93	3394643	2.46	6088198	2.10	42
43 RADIOISOTOPE	2515010	.87	2399712	1.74	4914722	1.70	43
44 LABORATORY	9115840	3.15	7194844	5.22	16310684	5.63	44
46 WHOLE BLOOD & PACKED RED BLOOD	2985137	1.03	1008957	.73	3994094	1.38	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	2095988	.72	2081131	1.51	4177119	1.44	49
50 PHYSICAL THERAPY	3757070	1.30	2388467	1.73	6145537	2.12	50
50.01 RNRC PHYSICAL THERAPY	1201196	.41	1785197	1.30	2986393	1.03	50.01
50.02 DAY RHABILITATION FACILITY	873761	.30	507246	.37	1381007	.48	50.02
51 OCCUPATIONAL THERAPY	2242127	.77	1133983	.82	3376110	1.17	51
52 SPEECH PATHOLOGY	1365913	.47	688254	.50	2054167	.71	52
53 ELECTROCARDIOLOGY	1777047	.61	3054405	2.22	4831452	1.67	53
54 ELECTROENCEPHALOGRAPHY	134741	.05	657166	.48	791907	.27	54
54.01 ELECTROPHYSIOLOGY	4729779	1.63	1100644	.80	5830423	2.01	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	905800	.31	971765	.71	1877565	.65	55
56 DRUGS CHARGED TO PATIENTS	11056565	3.82	7477900	5.43	18534465	6.40	56
56.01 WELLNESS PROGRAM	198613	.07	338748	.25	537361	.19	56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION	7663807	2.64	3244747	2.36	10908554	3.76	56.03
57 RENAL DIALYSIS	2681793	.93	1724489	1.25	4406282	1.52	57
60 CLINIC	3445582	1.19	4215938	3.06	7661520	2.64	60
61 EMERGENCY	5807596	2.00	7691996	5.58	13499592	4.66	61
61.01 FAMILY PRACTICE CENTER	1759828	.61	1908767	1.39	3668595	1.27	61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			36115	.03	36115	.01	96
98 PHYSICIANS' PRIVATE OFFICES			339394	.25	339394	.12	98
99 NONPAID WORKERS	34496	.01	334801	.24	369297	.13	99
100 OTHER			271555	.20	271555	.09	100
100.05 NON EMPLOYEE CHILD CARE			50582	.04	50582	.02	100.05

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2007 TO 06/30/2008

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

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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	289754831	100.00	0	.00	289754831	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1483699	47613013	.031162	34660462	1080089	37
38 RECOVERY ROOM	47219	7737626	.006103	2881545	17586	38
39 DELIVERY ROOM & LABOR ROOM	484473	1346773	.359729			39
40 ANESTHESIOLOGY	197511	12438420	.015879	4315044	68519	40
41 RADIOLOGY-DIAGNOSTIC	1975224	100996026	.019557	28408487	555585	41
42 RADIOLOGY-THERAPEUTIC	1168489	9630212	.121336	322973	39188	42
43 RADIOISOTOPE	154866	22566063	.006863	4407743	30250	43
44 LABORATORY	676954	129944649	.005210	50686990	264079	44
46 WHOLE BLOOD & PACKED RED BLOOD	56416	8625326	.006541	2934772	19196	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	146773	17960523	.008172	10544229	86167	49
50 PHYSICAL THERAPY	180314	15748457	.011450	3111485	35627	50
50.01 RNRC PHYSICAL THERAPY	137583	3274087	.042022			50.01
50.02 DAY RHABILITATION FACILITY	61061	2388114	.025569			50.02
51 OCCUPATIONAL THERAPY	40872	9163727	.004460	1344084	5995	51
52 SPEECH PATHOLOGY	44619	4534756	.009839	982017	9662	52
53 ELECTROCARDIOLOGY	210606	24446005	.008615	9148343	78813	53
54 ELECTROENCEPHALOGRAPHY	48642	1361328	.035731	374513	13382	54
54.01 ELECTROPHYSIOLOGY	55475	12541540	.004423	10903909	48228	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	45867	73949422	.000620	11766973	7296	55
56 DRUGS CHARGED TO PATIENTS	309609	126280708	.002452	64999231	159378	56
56.01 WELLNESS PROGRAM	27392	130719	.209549			56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	616880	37277962	.016548	34182453	565651	56.03
57 RENAL DIALYSIS	162112	12083372	.013416	54900	737	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	772389	14534291	.053143	2936366	156047	60
61 EMERGENCY	727538	66770789	.010896	13351525	145478	61
61.01 FAMILY PRACTICE CENTER	175721	2061652	.085233			61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINCT	49460	59009	.838177	59009	49460	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	10057764	765464569		292377053	3436413	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	2751135		2751135	67416	40.81	45507	1857141 25
26	INTENSIVE CARE UNIT	445130		445130	8971	49.62	5734	284521 26
101	TOTAL	3196265		3196265			51241	2141662 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2141662

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 3436413

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 5578075

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)	109823220
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	382399620
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.287

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	16103002
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	44622143
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.361

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)	5578075
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	22433454
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	72746333
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.308