

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 HOLY CROSS HOSPITAL (14-0133) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	4099	15687		2
3	SWING BED - SNF	-16619			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	-12520	15687		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: 2701 WEST 68TH STREET P.O.BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60629 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0133	07/01/1966	N	P	P	2
3	SUBPROVIDER I	14-TL33	07/01/2000	N	P	P	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2007 TO: 06/30/2008 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 5 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 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? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? NO 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. NO 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE 25.06

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
<p>MISCELLANEOUS COST REPORTING INFORMATION</p>					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
<p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p>					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		YES		36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N			49	
50	HOME HEALTH AGENCY	N	N			50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53	
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54	
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55	
			DATE	Y/N	LIMIT	Y/N	FEES
			0 / /	1	2	3	4
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.			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? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1		2	3	4	5

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	4068	2642	9063	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	4068	2642	9063	12	
13	RPCV VISITS				13	
14	SUBPROVIDER I	296	46	391	14	
15	SKILLED NURSING FACILITY				15	
16	NURSING FACILITY				16	
17	OTHER LONG TERM CARE				17	
18	HOME HEALTH AGENCY				18	
20	ASC (DISTINCT PART)				20	
21	HOSPICE (DISTINCT PART)				21	
23	O/P REHAB PROVIDER				23	
24	RHC I				24	
25	TOTAL				25	
26	OBSERVATION BED DAYS				26	
27	AMBULANCE TRIPS				27	
28	EMPLOYEE DISCOUNT DAYS				28	

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

PART II - WAGE DATA	AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA	
	REPORTED	OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
1 TOTAL SALARIES	47603008		47603008	1770648.00	26.88		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	4150130	34918	4185048	106538.00	39.28		8.01
9 OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1705968		1705968	25188.11	67.73	AGENCY REPORT	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	8310739		8310739			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	723011		723011			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21 OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	897281	-437713	459568	21382.00	21.49		21
22 ADMINISTRATIVE & GENERAL	6250150	437713	6687863	423654.00	15.79		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2017966		2017966	94806.00	21.29		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	1062434		1062434	81661.00	13.01		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	846133	-410701	435432	38730.00	11.24		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		375783	375783	26463.00	14.20		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	561748		561748	11149.00	50.39		30
31 CENTRAL SERVICES AND SUPPLY	261530		261530	15101.00	17.32		31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1503737		1503737	64667.00	23.25		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE		
	REPORTED	OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5		
1 NET SALARIES	47603008		47603008	1770648.00	26.88		1
2 EXCLUDED AREA SALARIES	4150130	34918	4185048	106538.00	39.28		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	43452878	-34918	43417960	1664110.00	26.09		3
4 SUBTOTAL OTHER WAGES & REL COSTS	1705968		1705968	25188.11	67.73		4
5 SUBTOTAL WAGE-RELATED COSTS	8310739		8310739		19.14%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	53469585	-34918	53434667	1689298.11	31.63		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	13400979	-34918	13366061	777613.00	17.19		13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	15168679	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	219647	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	15388326	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.273553	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	85714971	28
29	TOTAL GROSS MEDICAID COST	23447587	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	14590546	30
31	UNCOMPENSATED CARE COST	3991288	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23447587	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	
GENERAL SERVICE COST CENTERS										
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		2184939	2184939	68039	2252978		2252978	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1814876	1814876	1358923	3173799	-363519	2810280	4
5	0500	EMPLOYEE BENEFITS	897281	6955398	7852679	-741731	7110948	-13000	7097948	5
6.01	0610	COMMUNICATIONS	231149	264499	495648		495648	-19609	476039	6.01
6.02	0620	DATA PROCESSING	562772	350213	912985		912985	-132	912853	6.02
6.03	0630	PURCHASING	281859	25996	307855		307855		307855	6.03
6.04	0650	BUSINESS OFFICE	1617188	699903	2317091		2317091	-9323	2307768	6.04
6.05	0660	OTHER ADMINISTRATIVE & GENERAL	3557182	12124632	15681814	672664	16354478	-6068136	10286342	6.05
7	0700	MAINTENANCE & REPAIRS								7
8	0800	OPERATION OF PLANT	2017966	4279331	6297297		6297297		6297297	8
9	0900	LAUNDRY & LINEN SERVICE		739460	739460		739460		739460	9
10	1000	HOUSEKEEPING	1062434	365224	1427658		1427658		1427658	10
11	1100	DIETARY	846133	1123963	1970096	-956256	1013840	-40940	972900	11
12	1200	CAFETERIA				874955	874955	-416762	458193	12
14	1400	NURSING ADMINISTRATION	561748	251341	813089	-84038	729051		729051	14
15	1500	CENTRAL SERVICES & SUPPLY	261530	122052	383582		383582		383582	15
16	1600	PHARMACY								16
17	1700	MEDICAL RECORDS & LIBRARY	1503737	896518	2400255		2400255	-828	2399427	17
18	1800	SOCIAL SERVICE								18
20	2000	NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS										
25	2500	ADULTS & PEDIATRICS	8111397	2721262	10832659	84007	10916666	-794336	10122330	25
26	2600	INTENSIVE CARE UNIT	3131856	1494495	4626351		4626351		4626351	26
31	3100	SUBPROVIDER I	896835	668086	1564921		1564921		1564921	31
33	3300	NURSERY								33
ANCILLARY SERVICE COST CENTERS										
37	3700	OPERATING ROOM	1286480	2421602	3708082	704646	4412728		4412728	37
38	3800	RECOVERY ROOM	363444	69762	433206		433206		433206	38
39	3900	DELIVERY ROOM & LABOR ROOM	1965861	421711	2387572		2387572		2387572	39
40	4000	ANESTHESIOLOGY	22687	2327110	2349797	-80272	2269525	-2269525		40
41	4100	RADIOLOGY-DIAGNOSTIC	1792556	1133004	2925560		2925560	-3995	2921565	41
41.01	3120	CARDIAC CATH LAB	420997	1212819	1633816		1633816		1633816	41.01
41.02	3630	ULTRASOUND	529461	151648	681109		681109		681109	41.02
42	4200	RADIOLOGY-THERAPEUTIC	493105	487931	981036		981036		981036	42
43	4300	RADIOISOTOPE	250216	237593	487809		487809		487809	43
44	4400	LABORATORY	2086999	2981228	5068227	146	5068373	-12091	5056282	44
46	4600	WHOLE BLOOD & PACKED RED BLOOD		146	146	-146				46
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900	RESPIRATORY THERAPY	1119633	344359	1463992		1463992		1463992	49
50	5000	PHYSICAL THERAPY	366470	175400	541870		541870		541870	50
51	5100	OCCUPATIONAL THERAPY	70326	9189	79515		79515		79515	51
52	5200	SPEECH PATHOLOGY	81276	6701	87977		87977		87977	52
53	5300	ELECTROCARDIOLOGY	476923	148266	625189		625189		625189	53
54	5400	ELECTROENCEPHALOGRAPHY	43989	6254	50243		50243		50243	54
54.01	3950	SLEEP LAB								54.01
56	5600	DRUGS CHARGED TO PATIENTS	1239564	3362083	4601647		4601647	-50	4601597	56
57	5700	RENAL DIALYSIS	374339	147671	522010		522010		522010	57
OUTPATIENT SERVICE COST CENTERS										
60	6000	CLINIC	1186374	407823	1594197	-624374	969823		969823	60
61	6100	EMERGENCY	4637946	2446477	7084423		7084423	-900000	6184423	61
62	6200	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
70	7000	I&R SERVICES-NOT APPRVD PRGM		1011290	1011290		1011290	-1011290		70
71	7100	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS										
88	8800	INTEREST EXPENSE		1357864	1357864	-1357864				88
95		SUBTOTALS	44349713	57950119	102299832	-81301	102218531	-11923536	90294995	95
NONREIMBURSABLE COST CENTERS										
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01	9601	SISTERS & PRIESTS MAINTENANCE				81301	81301		81301	96.01
98	9800	PHYSICIANS' PRIVATE OFFICES	3253295	1059024	4312319		4312319		4312319	98
100	7950	SEASON HOSPICE								100
101		TOTAL	47603008	59009143	106612151		106612151	-11923536	94688615	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
1	2	3	4	5		
1 TO RECLASS CAFETERIA COSTS	B	CAFETERIA	12	375783	499172	1
2	B	SISTERS & PRIESTS MAINTENANCE	96.01	34918	46383	2
3						3
4 TO RECLASS CLINITRON BEDS EXP	C	ADULTS & PEDIATRICS	25		84007	4
5	C	OTHER ADMINISTRATIVE & GENERA	6.05		31	5
6						6
7 TO RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		1358923	7
8	D					8
9						9
10 TO RECLASS INSURANCE COSTS	E	NEW CAP REL COSTS-BLDG & FIXT	3		68039	10
11						11
12 RECLASS BLOOD COSTS TO LAB	F	LABORATORY	44		146	12
13						13
14 RECLASS A&G EXPENSES	G	OTHER ADMINISTRATIVE & GENERA	6.05	437713	304018	14
15						15
16 RECLASS ANESTHESIA TECH COSTS	H	OPERATING ROOM	37	22687	57585	16
17						17
18 RECLASS ONE DAY SURGERY COSTS	J	OPERATING ROOM	37	533488	90886	18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1404589	2509190	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
		1					
1	TO RECLASS CAFETERIA COSTS	B	DIETARY	11	375783	499172	1
2		B	DIETARY	11	34918	46383	2
3							3
4	TO RECLASS CLINITRON BEDS EXP	C	NURSING ADMINISTRATION	14		84038	4
5		C					5
6							6
7	TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88		1357864	11 7
8		D	OTHER ADMINISTRATIVE & GENERA	6.05		1059	8
9							9
10	TO RECLASS INSURANCE COSTS	E	OTHER ADMINISTRATIVE & GENERA	6.05		68039	12 10
11							11
12	RECLASS BLOOD COSTS TO LAB	F	WHOLE BLOOD & PACKED RED BLOO	46		146	12
13							13
14	RECLASS A&G EXPENSES	G	EMPLOYEE BENEFITS	5	437713	304018	14
15							15
16	RECLASS ANESTHESIA TECH COSTS	H	ANESTHESIOLOGY	40	22687	57585	16
17							17
18	RECLASS ONE DAY SURGERY COSTS	J	CLINIC	60	533488	90886	18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				1404589	2509190	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	----- ACQUISITIONS -----			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	5	6	7
1 LAND	1337233					1337233	1
2 LAND IMPROVEMENTS	1501699					1501699	2
3 BUILDINGS AND FIXTURES	46865933	75851		75851		46941784	3
4 BUILDING IMPROVEMENTS	169032					169032	4
5 FIXED EQUIPMENT	24315138	851897		851897	20150	25146885	5
6 MOVABLE EQUIPMENT	45183254	4643460		4643460	706866	49119848	6
7 SUBTOTAL	119372289	5571208		5571208	727016	124216481	7
8 RECONCILING ITEMS							8
9 TOTAL	119372289	5571208		5571208	727016	124216481	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF		OTHER CAPITAL-RELATED COSTS	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES		
	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	75096634		75096634	.604563				3
4 NEW CAP REL COSTS-MVBLE EQUIP	49119847		49119847	.395437				4
5 TOTAL	124216481		124216481	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2184939				68039			3
4 NEW CAP REL COSTS-MVBLE EQUIP	1814876		995404					4
5 TOTAL	3999815		995404		68039			5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2184939							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1814876							4
5 TOTAL	3999815							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-363519	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-19609	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-63725	OTHER ADMINISTRATIVE & GENERAL	6.05	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3112000			12
13 SALE OF SCRAP, WASTE, ETC.	B	-3995	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-416762	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	B	-50	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-828	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-40940	DIETARY	11	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		UTILIZATION REVIEW-SNF	89	28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP	4	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS	20	33
33 NON-PHYSICIAN ANESTHETIST					34
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4		OTHER ADMINISTRATIVE & GENERAL	6.05	37
37 OFFSET OTHER REVENUE TO ADMIN	B	-319307	BUSINESS OFFICE	6.04	38
38 OFFSET MISC INCOME	B	-9323	EMPLOYEE BENEFITS	5	39
39 OFFSET HCHP SVC ALLOCATION	B	-13000	DATA PROCESSING	6.02	40
40 OFFSET DATA PROCESSING INCOME	A	-18606	OTHER ADMINISTRATIVE & GENERAL	6.05	41
41 OFFSET MARKETING EXPENSES	A	-4666348	OTHER ADMINISTRATIVE & GENERAL	6.05	42
42 PROVIDER TAX	A	-129750	OTHER ADMINISTRATIVE & GENERAL	6.05	43
43 REMOVE LOBBYING FEES	A	-179405	OTHER ADMINISTRATIVE & GENERAL	6.05	44
44 OFFSET GRANT EXPENSES	A	-64719	OTHER ADMINISTRATIVE & GENERAL	6.05	45
45 REMOVE FOUNDATION EXPENSE	B	-91	LABORATORY	44	46
46 OFFSET LAB REVENUE	A	-1836	OTHER ADMINISTRATIVE & GENERAL	6.05	47
47 REMOVE VOLUNTEER MEAL EXP	A	-326955	OTHER ADMINISTRATIVE & GENERAL	6.05	47.01
47.01 REMOVE CONTRACT MEDICAL FEES	A	-78170	OTHER ADMINISTRATIVE & GENERAL	6.05	47.02
47.02 REMOVE PHYSICIAN CALL CENTER EXP	A	-794336	ADULTS & PEDIATRICS	25	47.03
47.03 OFFSET INHOUSE OB/GYN PHYS FEES	A	-129073	OTHER ADMINISTRATIVE & GENERAL	6.05	47.06
47.06 OFFSET ARCHER BLDG EXPENSES	A	-69525	ANESTHESIOLOGY	40	47.07
47.07 ANEST PHYSICIAN BILLING FEES	A	-1255	OTHER ADMINISTRATIVE & GENERAL	6.05	47.08
47.08 OFFSET AHA PORTION OF LOBBYING DU	A	-12000	OTHER ADMINISTRATIVE & GENERAL	6.05	47.09
47.09 OFFSET CONTRIBUTIONS MADE	A	-76987	OTHER ADMINISTRATIVE & GENERAL	6.05	48
48 REMOVE PHYSICIAN MALP COSTS	A	-1011290	I&R SERVICES-NOT APPRVD PRGM	70	49
49 REMOVE HOUSE PHYSICIANS	A	-11923536			50
50 TOTAL					

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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

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

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/25/2008 22:23

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	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	61	EMERGENCY	AGGREGATE	900000	900000					
2	44	LABORATORY	AGGREGATE	12000	12000					
3	40	ANESTHESIOLOGY	AGGREGATE	2200000	2200000					
101		TOTAL		3112000	3112000					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNI-CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	BUSINESS OFFICE 6.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	2252978	2252978							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2810280		2810280						4
5 EMPLOYEE BENEFITS	7097948	19988	1110	7119046					5
6.01 COMMUNICATIONS	476039	2466	124650	34905	638060				6.01
6.02 DATA PROCESSING	912853	14037	193811	84983	16400	1222084			6.02
6.03 PURCHASING	307855	9719	1544	42563	9225	13842	384748		6.03
6.04 BUSINESS OFFICE	2307768	20446	16432	244208	36387	232333	627	2858201	6.04
6.05 OTHER ADMINISTRATIVE & GENERAL	10286342	345522	29625	603261	180915	298889	5240		6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	6297297	135605	130457	304729	26137	12630	2449		8
9 LAUNDRY & LINEN SERVICE	739460	147066							9
10 HOUSEKEEPING	1427658			160436			5087		10
11 DIETARY	972900	90926	44127	65754	11787	2442	20348		11
12 CAFETERIA	458193	68884		56746					12
14 NURSING ADMINISTRATION	729051	10636	233460	84828	1025	874	152		14
15 CENTRAL SERVICES & SUPPLY	383582	55287	257478	39493	5637	7602	562		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	2399427	21363	12044	227076	55350	74330	605		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10122330	409229	116635	1224895	56887	148014	19816	345249	25
26 INTENSIVE CARE UNIT	4626351	113967	8676	472935	10762	31123	10759	104919	26
31 SUBPROVIDER I	1564921	61614	3504	135429	15887	11703	1186	35342	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4412728	116012	377796	278256	44587	7809	63812	201904	37
38 RECOVERY ROOM	433206	10076	56341	54883			862	29975	38
39 DELIVERY ROOM & LABOR ROOM	2387572	90403	120573	296861		15908	4491	71407	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	2921565	109520	59429	270690	47150	34945	5708	146464	41
41.01 CARDIAC CATH LAB	1633816		249754	63574	3587		30598	99073	41.01
41.02 ULTRASOUND	681109	4859	99800	79953			1845	75518	41.02
42 RADIOLOGY-THERAPEUTIC	981036	9352	4193	74463			6517	229241	42
43 RADIOISOTOPE	487809	10544	64248	37785		5562	4387	32642	43
44 LABORATORY	5056282	79768	81970	315154	21525		54553	451947	44
46 WHOLE BLOOD & PACKED RED BLOOD									46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1463992	14578	84043	169074	5637	7381	5538	237383	49
50 PHYSICAL THERAPY	541870	40892	10670	55340		3812	143	32903	50
51 OCCUPATIONAL THERAPY	79515	17237		10620		963	2	7676	51
52 SPEECH PATHOLOGY	87977	13753	618	12273		2008	21	4058	52
53 ELECTROCARDIOLOGY	625189	14211	27595	72019		20477	1940	129019	53
54 ELECTROENCEPHALOGRAPHY	50243	17255	5519	6643			81	4203	54
54.01 SLEEP LAB									54.01
56 DRUGS CHARGED TO PATIENTS	4601597	20630	170750	187184	11275	52563	92768	238464	56
57 RENAL DIALYSIS	522010		1164	56528		2091	2324	22514	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	969823	27616	163676	98591		38966	5881	83385	60
61 EMERGENCY	6184423	60055	31826	700367	21525	71665	32474	274915	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	90294995	2183516	2783518	6622499	581685	1097932	380776	2858201	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		16485			1025	124152			96
96.01 SISTERS & PRIESTS MAINTENANCE	81301			5273					96.01
98 PHYSICIANS' PRIVATE OFFICES	4312319	34383	26762	491274	55350		3972		98
100 SEASON HOSPICE		18594							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	94688615	2252978	2810280	7119046	638060	1222084	384748	2858201	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
	5A	6.05	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 BUSINESS OFFICE									6.04
6.05 OTHER ADMINISTRATIVE & GENERAL	11749794	11749794							6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	6909304	978827	7888131						8
9 LAUNDRY & LINEN SERVICE	886526	125592	680318	1692436					9
10 HOUSEKEEPING	1593181	225703			1818884				10
11 DIETARY	1208284	171175	420618		106143	1906220			11
12 CAFETERIA	583823	82709	318655		80412		1065599		12
14 NURSING ADMINISTRATION	1060026	150172	49200		12416		11160	1282974	14
15 CENTRAL SERVICES & SUPPLY	749641	106200	255756		64540		12638		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	2790195	395281	98824		24938		55124		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	12443055	1762803	1893059	555220	477709	1557772	278613	540713	25
26 INTENSIVE CARE UNIT	5379492	762102	527204	163095	133039	190682	79914	155092	26
31 SUBPROVIDER I	1829586	259194	285021	56231	71925	157766	26667	51753	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5502904	779585	536663	431859	135426		52030	100976	37
38 RECOVERY ROOM	585343	82924	46613	30870	11763		7336	14238	38
39 DELIVERY ROOM & LABOR ROOM	2987215	423193	418201	89644	105533		50396	97805	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	3595471	509363	506634	111656	127848		52326		41
41.01 CARDIAC CATH LAB	2080402	294726					7875		41.01
41.02 ULTRASOUND	943084	133605	22479		5673		12273		41.02
42 RADIOLOGY-THERAPEUTIC	1304802	184849	43262		10917		12551		42
43 RADIOISOTOPE	642977	91089	48776		12309		3755		43
44 LABORATORY	6061199	858678	369001		93117		69101		44
46 WHOLE BLOOD & PACKED RED BLOOD									46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1987626	281583	67438		17018		32195		49
50 PHYSICAL THERAPY	685630	97132	189166	14530	47736		12777		50
51 OCCUPATIONAL THERAPY	116013	16435	79738		20122		2138		51
52 SPEECH PATHOLOGY	120708	17100	63621		16055		2208		52
53 ELECTROCARDIOLOGY	890450	126148	65741		16590		18097		53
54 ELECTROENCEPHALOGRAPHY	83944	11892	79823		20143		1686		54
54.01 SLEEP LAB									54.01
56 DRUGS CHARGED TO PATIENTS	5375231	761498	95431		24082		33516		56
57 RENAL DIALYSIS	606631	85940					8553	16600	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1387938	196626	127751		32238		21208	41160	60
61 EMERGENCY	7377250	1045120	277811	239331	70105		136359	264637	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	89517725	11017244	7566804	1692436	1737797	1906220	1000496	1282974	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	141662	20069	76260		19244				96
96.01 SISTERS & PRIESTS MAINTENANCE	86574	12265							96.01
98 PHYSICIANS' PRIVATE OFFICES	4924060	697582	159052		40137		65103		98
100 SEASON HOSPICE	18594	2634	86015		21706				100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	94688615	11749794	7888131	1692436	1818884	1906220	1065599	1282974	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	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
6.01 COMMUNICATIONS						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING						6.03
6.04 BUSINESS OFFICE						6.04
6.05 OTHER ADMINISTRATIVE & GENERAL						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY	1188775					15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY		3364362				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	338993	406391	20254328		20254328	25
26 INTENSIVE CARE UNIT	188557	123500	7702677		7702677	26
31 SUBPROVIDER I	19139	41601	2798883		2798883	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	56597	237660	7833700		7833700	37
38 RECOVERY ROOM	13611	35284	827982		827982	38
39 DELIVERY ROOM & LABOR ROOM	49068	84053	4305108		4305108	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	4825	172402	5080525		5080525	41
41.01 CARDIAC CATH LAB	2607	116619	2502229		2502229	41.01
41.02 ULTRASOUND	523	88891	1206528		1206528	41.02
42 RADIOLOGY-THERAPEUTIC	5022	269838	1831241		1831241	42
43 RADIOISOTOPE	1249	38423	838578		838578	43
44 LABORATORY	2738	531970	7985804		7985804	44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	6335	279422	2671617		2671617	49
50 PHYSICAL THERAPY	622	38730	1086323		1086323	50
51 OCCUPATIONAL THERAPY	32	9036	243514		243514	51
52 SPEECH PATHOLOGY	3	4777	224472		224472	52
53 ELECTROCARDIOLOGY	12906	151868	1281800		1281800	53
54 ELECTROENCEPHALOGRAPHY	95	4948	202531		202531	54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	1173	280694	6571625		6571625	56
57 RENAL DIALYSIS	6719	26501	750944		750944	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	19143	98153	1924217		1924217	60
61 EMERGENCY	444102	323601	10178316		10178316	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
70 I&R SERVICES-NOT APPRVD PRGM						70
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	1174059	3364362	88302942		88302942	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			257235		257235	96
96.01 SISTERS & PRIESTS MAINTENANCE			98839		98839	96.01
98 PHYSICIANS' PRIVATE OFFICES	14716		5900650		5900650	98
100 SEASON HOSPICE			128949		128949	100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	1188775	3364362	94688615		94688615	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNI-	DATA	PURCHASING
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	CATIONS	PROCESSING	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC				
	0	3	4	4A	5	6.01	6.02	6.03
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		19988	1110	21098	21098			5
6.01 COMMUNICATIONS	2466	124650	127116	104	127220			6.01
6.02 DATA PROCESSING	14037	193811	207848	252	3270	211370		6.02
6.03 PURCHASING	9719	1544	11263	126	1839	2394	15622	6.03
6.04 BUSINESS OFFICE	20446	16432	36878	725	7255	40184	25	6.04
6.05 OTHER ADMINISTRATIVE & GENERAL	345522	29625	375147	1790	36072	51697	213	6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	135605	130457	266062	904	5211	2185	99	8
9 LAUNDRY & LINEN SERVICE	147066		147066					9
10 HOUSEKEEPING				476			207	10
11 DIETARY	90926	44127	135053	195	2350	422	827	11
12 CAFETERIA	68884		68884	168				12
14 NURSING ADMINISTRATION	10636	233460	244096	252	204	151	6	14
15 CENTRAL SERVICES & SUPPLY	55287	257478	312765	117	1124	1315	23	15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	21363	12044	33407	674	11036	12856	25	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	409229	116635	525864	3609	11343	25600	805	25
26 INTENSIVE CARE UNIT	113967	8676	122643	1403	2146	5383	437	26
31 SUBPROVIDER I	61614	3504	65118	402	3168	2024	48	31
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	116012	377796	493808	826	8890	1351	2592	37
38 RECOVERY ROOM	10076	56341	66417	163			35	38
39 DELIVERY ROOM & LABOR ROOM	90403	120573	210976	881		2751	182	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	109520	59429	168949	803	9401	6044	232	41
41.01 CARDIAC CATH LAB		249754	249754	189	715		1243	41.01
41.02 ULTRASOUND	4859	99800	104659	237			75	41.02
42 RADIOLOGY-THERAPEUTIC	9352	4193	13545	221			265	42
43 RADIOISOTOPE	10544	64248	74792	112		962	178	43
44 LABORATORY	79768	81970	161738	935	4292		2216	44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	14578	84043	98621	502	1124	1277	225	49
50 PHYSICAL THERAPY	40892	10670	51562	164		659	6	50
51 OCCUPATIONAL THERAPY	17237		17237	32		166		51
52 SPEECH PATHOLOGY	13753	618	14371	36		347	1	52
53 ELECTROCARDIOLOGY	14211	27595	41806	214		3542	79	53
54 ELECTROENCEPHALOGRAPHY	17255	5519	22774	20			3	54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS	20630	170750	191380	555	2248	9091	3762	56
57 RENAL DIALYSIS		1164	1164	168		362	94	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	27616	163676	191292	292		6739	239	60
61 EMERGENCY	60055	31826	91881	2078	4292	12395	1319	61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
70 I&R SERVICES-NOT APPRVD PRGM								70
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	2183516	2783518	4967034	19625	115980	189897	15461	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	16485		16485		204	21473		96
96.01 SISTERS & PRIESTS MAINTENANCE				16				96.01
98 PHYSICIANS' PRIVATE OFFICES	34383	26762	61145	1457	11036		161	98
100 SEASON HOSPICE	18594		18594					100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2252978	2810280	5063258	21098	127220	211370	15622	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	BUSINESS OFFICE 6.04	OTHER ADMIN AND GENERAL 6.05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 BUSINESS OFFICE	85067								6.04
6.05 OTHER ADMINISTRATIVE & GENERAL		464919							6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		38734	313195						8
9 LAUNDRY & LINEN SERVICE		4970	27012	179048					9
10 HOUSEKEEPING		8931			9614				10
11 DIETARY		6774	16700		561	162882			11
12 CAFETERIA		3273	12652		425		85402		12
14 NURSING ADMINISTRATION		5943	1953		66		894	253565	14
15 CENTRAL SERVICES & SUPPLY		4202	10155		341		1013		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		15642	3924		132		4418		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10294	69718	75163	58739	2525	133108	22330	106866	25
26 INTENSIVE CARE UNIT	3128	30157	20932	17254	703	16293	6405	30652	26
31 SUBPROVIDER I	1054	10257	11317	5949	380	13481	2137	10228	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6020	30849	21308	45688	716		4170	19957	37
38 RECOVERY ROOM	894	3281	1851	3266	62		588	2814	38
39 DELIVERY ROOM & LABOR ROOM	2129	16746	16604	9484	558		4039	19330	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	4367	20156	20116	11812	676		4194		41
41.01 CARDIAC CATH LAB	2954	11663					631		41.01
41.02 ULTRASOUND	2252	5287	893		30		984		41.02
42 RADIOLOGY-THERAPEUTIC	6835	7315	1718		58		1006		42
43 RADIOISOTOPE	973	3605	1937		65		301		43
44 LABORATORY	13322	33979	14651		492		5538		44
46 WHOLE BLOOD & PACKED RED BLOOD									46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	7078	11143	2678		90		2580		49
50 PHYSICAL THERAPY	981	3844	7511	1537	252		1024		50
51 OCCUPATIONAL THERAPY	229	650	3166		106		171		51
52 SPEECH PATHOLOGY	121	677	2526		85		177		52
53 ELECTROCARDIOLOGY	3847	4992	2610		88		1450		53
54 ELECTROENCEPHALOGRAPHY	125	471	3169		106		135		54
54.01 SLEEP LAB									54.01
56 DRUGS CHARGED TO PATIENTS	7110	30134	3789		127		2686		56
57 RENAL DIALYSIS	671	3401					685	3281	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2486	7781	5072		170		1700	8135	60
61 EMERGENCY	8197	41357	11030	25319	371		10928	52302	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	85067	435932	300437	179048	9185	162882	80184	253565	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		794	3028		102				96
96.01 SISTERS & PRIESTS MAINTENANCE		485							96.01
98 PHYSICIANS' PRIVATE OFFICES		27604	6315		212		5218		98
100 SEASON HOSPICE		104	3415		115				100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	85067	464919	313195	179048	9614	162882	85402	253565	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	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
6.01 COMMUNICATIONS						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING						6.03
6.04 BUSINESS OFFICE						6.04
6.05 OTHER ADMINISTRATIVE & GENERAL						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY	331055					15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY		82114				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	94404	9904	1150272		1150272	25
26 INTENSIVE CARE UNIT	52510	3010	313056		313056	26
31 SUBPROVIDER I	5330	1014	131907		131907	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	15761	5792	657728		657728	37
38 RECOVERY ROOM	3790	860	84021		84021	38
39 DELIVERY ROOM & LABOR ROOM	13665	2048	299393		299393	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	1344	4202	252296		252296	41
41.01 CARDIAC CATH LAB	726	2842	270717		270717	41.01
41.02 ULTRASOUND	146	2166	116729		116729	41.02
42 RADIOLOGY-THERAPEUTIC	1399	6576	38938		38938	42
43 RADIOISOTOPE	348	936	84209		84209	43
44 LABORATORY	763	13086	251012		251012	44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	1764	6810	133892		133892	49
50 PHYSICAL THERAPY	173	944	68657		68657	50
51 OCCUPATIONAL THERAPY	9	220	21986		21986	51
52 SPEECH PATHOLOGY	1	116	18458		18458	52
53 ELECTROCARDIOLOGY	3594	3701	65923		65923	53
54 ELECTROENCEPHALOGRAPHY	26	121	26950		26950	54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	327	6841	258050		258050	56
57 RENAL DIALYSIS	1871	646	12343		12343	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	5331	2392	231629		231629	60
61 EMERGENCY	123675	7887	393031		393031	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
70 I&R SERVICES-NOT APPRVD PRGM						70
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	326957	82114	4881197		4881197	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			42086		42086	96
96.01 SISTERS & PRIESTS MAINTENANCE			501		501	96.01
98 PHYSICIANS' PRIVATE OFFICES	4098		117246		117246	98
100 SEASON HOSPICE			22228		22228	100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	331055	82114	5063258		5063258	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	DATA	PURCHASING	BUSINESS		
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	CATIONS NUMBER OF PHONES	PROCESSING MACHINE TIME	COSTED REQUISITN	OFFICE GROSS REVENUE		
	3	4	5	6.01	6.02	6.03	6.04		
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	245725							3
4	NEW CAP REL COSTS-MVBLE EQUIP		1814876						4
5	EMPLOYEE BENEFITS	2180	717	47143440					5
6.01	COMMUNICATIONS	269	80499	231149	1245				6.01
6.02	DATA PROCESSING	1531	125163	562772	32	1316487			6.02
6.03	PURCHASING	1060	997	281859	18	14911	14016968		6.03
6.04	BUSINESS OFFICE	2230	10612	1617188	71	250280	22838	322800270	6.04
6.05	OTHER ADMINISTRATIVE & GENERA	37685	19132	3994895	353	321978	190892		6.05
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	14790	84249	2017966	51	13606	89209		8
9	LAUNDRY & LINEN SERVICE	16040					10		9
10	HOUSEKEEPING			1062434			185312		10
11	DIETARY	9917	28497	435432	23	2631	741306		11
12	CAFETERIA	7513		375783					12
14	NURSING ADMINISTRATION	1160	150768	561748	2	941	5534		14
15	CENTRAL SERVICES & SUPPLY	6030	166279	261530	11	8189	20491		15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY	2330	7778	1503737	108	80072	22037		17
18	SOCIAL SERVICE								18
20	NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	44633	75323	8111397	111	159448	721927	38993543	25
26	INTENSIVE CARE UNIT	12430	5603	3131856	21	33527	391978	11849934	26
31	SUBPROVIDER I	6720	2263	896835	31	12607	43206	3991680	31
33	NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	12653	243979	1842655	87	8412	2324761	22803694	37
38	RECOVERY ROOM	1099	36385	363444			31414	3385521	38
39	DELIVERY ROOM & LABOR ROOM	9860	77866	1965861		17137	163622	8064941	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	11945	38379	1792556	92	37644	207960	16542096	41
41.01	CARDIAC CATH LAB		161291	420997	7		1114739	11189664	41.01
41.02	ULTRASOUND	530	64451	529461			67212	8529215	41.02
42	RADIOLOGY-THERAPEUTIC	1020	2708	493105			237413	25891188	42
43	RADIOISOTOPE	1150	41491	250216		5992	159833	3686736	43
44	LABORATORY	8700	52936	2086999	42		1987416	51029960	44
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	1590	54275	1119633	11	7951	201744	26810794	49
50	PHYSICAL THERAPY	4460	6891	366470		4107	5193	3716155	50
51	OCCUPATIONAL THERAPY	1880		70326		1037	74	866968	51
52	SPEECH PATHOLOGY	1500	399	81276		2163	776	458318	52
53	ELECTROCARDIOLOGY	1550	17821	476923		22059	70663	14571888	53
54	ELECTROENCEPHALOGRAPHY	1882	3564	43989			2942	474734	54
54.01	SLEEP LAB								54.01
56	DRUGS CHARGED TO PATIENTS	2250	110270	1239564	22	56623	3379759	26932864	56
57	RENAL DIALYSIS		752	374339		2253	84679	2542753	57
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	3012	105702	652886		41976	214241	9417826	60
61	EMERGENCY	6550	20553	4637946	42	77201	1183072	31049798	61
62	OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS									
70	I&R SERVICES-NOT APPRVD PRGM								70
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	238149	1797593	43855227	1135	1182745	13872253	322800270	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	1798			2	133742			96
96.01	SISTERS & PRIESTS MAINTENANCE			34918					96.01
98	PHYSICIANS' PRIVATE OFFICES	3750	17283	3253295	108		144715		98
100	SEASON HOSPICE	2028							100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNI- CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING MACHINE TIME 6.02	PURCHASING COSTED REQUISITN 6.03	BUSINESS OFFICE GROSS REVENUE 6.04	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2252978	2810280	7119046	638060	1222084	384748	2858201	103
104 UNIT COST MULT-WS B PT I		1.548469		512.497992		.027449		104
104 UNIT COST MULT-WS B PT I	9.168697		.151008		.928292		.008854	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			21098	127220	211370	15622	85067	107
108 UNIT COST MULT-WS B PT III				102.184739		.001115		108
108 UNIT COST MULT-WS B PT III			.000448		.160556		.000264	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	
	6A.05	6.05	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.02									6.02
6.03									6.03
6.04									6.04
6.05	-11749794	82938821							6.05
7									7
8		6909304	185980						8
9		886526	16040	1107474					9
10		1593181			169940				10
11		1208284	9917		9917	133718			11
12		583823	7513		7513		61298		12
14		1060026	1160		1160		642	790983	14
15		749641	6030		6030		727		15
16									16
17		2790195	2330		2330		3171		17
18									18
20									20
INPATIENT ROUTINE SERV COST CENTERS									
25		12443055	44633	363318	44633	109275	16027	333362	25
26		5379492	12430	106724	12430	13376	4597	95618	26
31		1829586	6720	36796	6720	11067	1534	31907	31
33									33
ANCILLARY SERVICE COST CENTERS									
37		5502904	12653	282594	12653		2993	62254	37
38		585343	1099	20200	1099		422	8778	38
39		2987215	9860	58660	9860		2899	60299	39
40									40
41		3595471	11945	73064	11945		3010		41
41.01		2080402					453		41.01
41.02		943084	530		530		706		41.02
42		1304802	1020		1020		722		42
43		642977	1150		1150		216		43
44		6061199	8700		8700		3975		44
46									46
46.30									46.30
49		1987626	1590		1590		1852		49
50		685630	4460	9508	4460		735		50
51		116013	1880		1880		123		51
52		120708	1500		1500		127		52
53		890450	1550		1550		1041		53
54		83944	1882		1882		97		54
54.01									54.01
56		5375231	2250		2250		1928		56
57		606631					492	10234	57
OUTPATIENT SERVICE COST CENTERS									
60		1387938	3012		3012		1220	25376	60
61		7377250	6550	156610	6550		7844	163155	61
62									62
OTHER REIMBURSABLE COST CENTERS									
70									70
71									71
SPECIAL PURPOSE COST CENTERS									
95	-11749794	77767931	178404	1107474	162364	133718	57553	790983	95
NONREIMBURSABLE COST CENTERS									
96		141662	1798		1798				96
96.01		86574							96.01
98		4924060	3750		3750		3745		98
100		18594	2028		2028				100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	
	6A.05	6.05	8	9	10	11	12	14	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		11749794	7888131	1692436	1818884	1906220	1065599	1282974	103
104 UNIT COST MULT-WS B PT I			42.413867		10.703095		17.383911		104
104 UNIT COST MULT-WS B PT I		.141668		1.528195		14.255523		1.621999	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		464919	313195	179048	9614	162882	85402	253565	107
108 UNIT COST MULT-WS B PT III			1.684025		.056573		1.393227		108
108 UNIT COST MULT-WS B PT III		.005606		.161672		1.218101		.320569	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL	MEDICAL	
	SERVICES & SUPPLY COSTED REQUIS. 15	RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 BUSINESS OFFICE			6.04
6.05 OTHER ADMINISTRATIVE & GENERA			6.05
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY	2341623		15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY		322800270	17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	667742	38993543	25
26 INTENSIVE CARE UNIT	371415	11849934	26
31 SUBPROVIDER I	37700	3991680	31
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	111484	22803694	37
38 RECOVERY ROOM	26811	3385521	38
39 DELIVERY ROOM & LABOR ROOM	96653	8064941	39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	9504	16542096	41
41.01 CARDIAC CATH LAB	5136	11189664	41.01
41.02 ULTRASOUND	1031	8529215	41.02
42 RADIOLOGY-THERAPEUTIC	9893	25891188	42
43 RADIOISOTOPE	2461	3686736	43
44 LABORATORY	5394	51029960	44
46 WHOLE BLOOD & PACKED RED BLOO			46
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY	12479	26810794	49
50 PHYSICAL THERAPY	1226	3716155	50
51 OCCUPATIONAL THERAPY	63	866968	51
52 SPEECH PATHOLOGY	6	458318	52
53 ELECTROCARDIOLOGY	25422	14571888	53
54 ELECTROENCEPHALOGRAPHY	187	474734	54
54.01 SLEEP LAB			54.01
56 DRUGS CHARGED TO PATIENTS	2311	26932864	56
57 RENAL DIALYSIS	13234	2542753	57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	37708	9417826	60
61 EMERGENCY	874775	31049798	61
62 OBSERVATION BEDS (NON-DISTINC			62
OTHER REIMBURSABLE COST CENTERS			
70 I&R SERVICES-NOT APPRVD PRGM			70
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	2312635	322800270	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
96.01 SISTERS & PRIESTS MAINTENANCE			96.01
98 PHYSICIANS' PRIVATE OFFICES	28988		98
100 SEASON HOSPICE			100

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	1188775	3364362	103
104 UNIT COST MULT-WS B PT I	.507671		104
104 UNIT COST MULT-WS B PT I		.010422	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	331055	82114	107
108 UNIT COST MULT-WS B PT III	.141378		108
108 UNIT COST MULT-WS B PT III		.000254	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	20254328		20254328		20254328	25
26 INTENSIVE CARE UNIT	7702677		7702677		7702677	26
31 SUBPROVIDER I	2798883		2798883		2798883	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	7833700		7833700		7833700	37
38 RECOVERY ROOM	827982		827982		827982	38
39 DELIVERY ROOM & LABOR ROOM	4305108		4305108		4305108	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	5080525		5080525		5080525	41
41.01 CARDIAC CATH LAB	2502229		2502229		2502229	41.01
41.02 ULTRASOUND	1206528		1206528		1206528	41.02
42 RADIOLOGY-THERAPEUTIC	1831241		1831241		1831241	42
43 RADIOISOTOPE	838578		838578		838578	43
44 LABORATORY	7985804		7985804		7985804	44
46 WHOLE BLOOD & PACKED RED BL						46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2671617		2671617		2671617	49
50 PHYSICAL THERAPY	1086323		1086323		1086323	50
51 OCCUPATIONAL THERAPY	243514		243514		243514	51
52 SPEECH PATHOLOGY	224472		224472		224472	52
53 ELECTROCARDIOLOGY	1281800		1281800		1281800	53
54 ELECTROENCEPHALOGRAPHY	202531		202531		202531	54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	6571625		6571625		6571625	56
57 RENAL DIALYSIS	750944		750944		750944	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1924217		1924217		1924217	60
61 EMERGENCY	10178316		10178316		10178316	61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	938949		938949		938949	62
101 SUBTOTAL	89241891		89241891		89241891	101
102 LESS OBSERVATION BEDS	938949		938949		938949	102
103 TOTAL	88302942		88302942		88302942	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	37216135		37216135			25
26 INTENSIVE CARE UNIT	11849934		11849934			26
31 SUBPROVIDER I	3991680		3991680			31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	13148125	9655569	22803694	.343528	.343528	.343528 37
38 RECOVERY ROOM	1675774	1709747	3385521	.244566	.244566	.244566 38
39 DELIVERY ROOM & LABOR ROOM	7074101	990840	8064941	.533805	.533805	.533805 39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	4935694	11606402	16542096	.307127	.307127	.307127 41
41.01 CARDIAC CATH LAB	8366730	2822934	11189664	.223620	.223620	.223620 41.01
41.02 ULTRASOUND	3513076	5016139	8529215	.141458	.141458	.141458 41.02
42 RADIOLOGY-THERAPEUTIC	10863316	15027872	25891188	.070728	.070728	.070728 42
43 RADIOISOTOPE	2082658	1604078	3686736	.227458	.227458	.227458 43
44 LABORATORY	27270372	23759588	51029960	.156492	.156492	.156492 44
46 WHOLE BLOOD & PACKED RED BL						46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	24549167	2261627	26810794	.099647	.099647	.099647 49
50 PHYSICAL THERAPY	2448180	1267975	3716155	.292324	.292324	.292324 50
51 OCCUPATIONAL THERAPY	864454	2514	866968	.280880	.280880	.280880 51
52 SPEECH PATHOLOGY	421281	37037	458318	.489773	.489773	.489773 52
53 ELECTROCARDIOLOGY	9278205	5293683	14571888	.087964	.087964	.087964 53
54 ELECTROENCEPHALOGRAPHY	412182	62552	474734	.426620	.426620	.426620 54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	22676299	4256565	26932864	.244000	.244000	.244000 56
57 RENAL DIALYSIS	2437433	105320	2542753	.295327	.295327	.295327 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4415105	5002721	9417826	.204316	.204316	.204316 60
61 EMERGENCY	11701507	19348291	31049798	.327806	.327806	.327806 61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS		1777408	1777408	.528269	.528269	.528269 62
101 SUBTOTAL	211191408	111608862	322800270			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	211191408	111608862	322800270			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1150272		1150272
26 INTENSIVE CARE UNIT				313056		313056
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				131907		131907
33 NURSERY						
101 TOTAL				1595235		1595235

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	36434	18334			31.57	578804
26 INTENSIVE CARE UNIT	5687	3140			55.05	172857
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3529	2472			37.38	92403
33 NURSERY	1447					
101 TOTAL	47097	23946				844064

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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		657728	22803694	7007626			.028843	202121
38 RECOVERY ROOM		84021	3385521	927489			.024818	23018
39 DELIVERY ROOM & LABOR ROOM		299393	8064941	32333			.037123	1200
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		252296	16542096	2997489			.015252	45718
41.01 CARDIAC CATH LAB		270717	11189664	4903895			.024193	118640
41.02 ULTRASOUND		116729	8529215	1748919			.013686	23936
42 RADIOLOGY-THERAPEUTIC		38938	25891188	5678150			.001504	8540
43 RADIOISOTOPE		84209	3686736	1032467			.022841	23583
44 LABORATORY		251012	51029960	13492225			.004919	66368
46 WHOLE BLOOD & PACKED RED BLOO								46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		133892	26810794	13747377			.004994	68654
50 PHYSICAL THERAPY		68657	3716155	711827			.018475	13151
51 OCCUPATIONAL THERAPY		21986	866968	5412			.025360	137
52 SPEECH PATHOLOGY		18458	458318	168853			.040273	6800
53 ELECTROCARDIOLOGY		65923	14571888	5335135			.004524	24136
54 ELECTROENCEPHALOGRAPHY		26950	474734	240070			.056769	13629
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		258050	26932864	11206806			.009581	107372
57 RENAL DIALYSIS		12343	2542753	1641764			.004854	7969
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		231629	9417826	2832057			.024595	69654
61 EMERGENCY		393031	31049798	5599370			.012658	70877
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		53324	1777408				.030001	
101 TOTAL		3339286	269742521	79309264				895503

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					36434		18334	25
26 INTENSIVE CARE UNIT					5687		3140	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					3529		2472	31
33 NURSERY					1447			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47097		23946	101

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22803694			7007626		3689795 37
38 RECOVERY ROOM		3385521			927489		560832 38
39 DELIVERY ROOM & LABOR ROOM		8064941			32333		17669 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		16542096			2997489		1953001 41
41.01 CARDIAC CATH LAB		11189664			4903895		1189594 41.01
41.02 ULTRASOUND		8529215			1748919		717484 41.02
42 RADIOLOGY-THERAPEUTIC		25891188			5678150		2591645 42
43 RADIOISOTOPE		3686736			1032467		529136 43
44 LABORATORY		51029960			13492225		358136 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26810794			13747377		147725 49
50 PHYSICAL THERAPY		3716155			711827		46499 50
51 OCCUPATIONAL THERAPY		866968			5412		2094 51
52 SPEECH PATHOLOGY		458318			168853		13694 52
53 ELECTROCARDIOLOGY		14571888			5335135		1593239 53
54 ELECTROENCEPHALOGRAPHY		474734			240070		11202 54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		26932864			11206806		874344 56
57 RENAL DIALYSIS		2542753			1641764		14143 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9417826			2832057		2043333 60
61 EMERGENCY		31049798			5599370		1977779 61
62 OBSERVATION BEDS (NON-DISTINC		1777408					383004 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		269742521			79309264		18714348 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CARDIAC CATH LAB						41.01
41.02 ULTRASOUND						41.02
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
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.343528	.343528	.343528			37
38 RECOVERY ROOM	.244566	.244566	.244566			38
39 DELIVERY ROOM & LABOR ROOM	.533805	.533805	.533805			39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.307127	.307127	.307127			41
41.01 CARDIAC CATH LAB	.223620	.223620	.223620			41.01
41.02 ULTRASOUND	.141458	.141458	.141458			41.02
42 RADIOLOGY-THERAPEUTIC	.070728	.070728	.070728			42
43 RADIOISOTOPE	.227458	.227458	.227458			43
44 LABORATORY	.156492	.156492	.156492			44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.099647	.099647	.099647			49
50 PHYSICAL THERAPY	.292324	.292324	.292324			50
51 OCCUPATIONAL THERAPY	.280880	.280880	.280880			51
52 SPEECH PATHOLOGY	.489773	.489773	.489773			52
53 ELECTROCARDIOLOGY	.087964	.087964	.087964			53
54 ELECTROENCEPHALOGRAPHY	.426620	.426620	.426620			54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	.244000	.244000	.244000			56
57 RENAL DIALYSIS	.295327	.295327	.295327			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.204316	.204316	.204316			60
61 EMERGENCY	.327806	.327806	.327806			61
62 OBSERVATION BEDS (NON-DISTINCT	.528269	.528269	.528269			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.244000	1
2 PROGRAM VACCINE CHARGES	2	71	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	17	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3689795	2587					37
38 RECOVERY ROOM		560832						38
39 DELIVERY ROOM & LABOR ROOM		17669						39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1953001						41
41.01 CARDIAC CATH LAB		1189594						41.01
41.02 ULTRASOUND		717484						41.02
42 RADIOLOGY-THERAPEUTIC		2591645						42
43 RADIOISOTOPE		529136						43
44 LABORATORY		358136						44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		147725						49
50 PHYSICAL THERAPY		46499						50
51 OCCUPATIONAL THERAPY		2094						51
52 SPEECH PATHOLOGY		13694						52
53 ELECTROCARDIOLOGY		1593239						53
54 ELECTROENCEPHALOGRAPHY		11202						54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		874344						56
57 RENAL DIALYSIS		14143						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2043333						60
61 EMERGENCY		1977779						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		383004						62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		18714348	2587					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		18714348	2587					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		1267548	889			37
38 RECOVERY ROOM		137160				38
39 DELIVERY ROOM & LABOR ROOM		9432				39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC		599819				41
41.01 CARDIAC CATH LAB		266017				41.01
41.02 ULTRASOUND		101494				41.02
42 RADIOLOGY-THERAPEUTIC		183302				42
43 RADIOISOTOPE		120356				43
44 LABORATORY		56045				44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		14720				49
50 PHYSICAL THERAPY		13593				50
51 OCCUPATIONAL THERAPY		588				51
52 SPEECH PATHOLOGY		6707				52
53 ELECTROCARDIOLOGY		140148				53
54 ELECTROENCEPHALOGRAPHY		4779				54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS		213340				56
57 RENAL DIALYSIS		4177				57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		417486				60
61 EMERGENCY		648328				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		202329				62
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		4407368	889			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		4407368	889			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-T133) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	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	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		657728	22803694			.028843	1266 37
38 RECOVERY ROOM		84021	3385521	8127		.024818	202 38
39 DELIVERY ROOM & LABOR ROOM		299393	8064941			.037123	39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		252296	16542096	59515		.015252	908 41
41.01 CARDIAC CATH LAB		270717	11189664			.024193	41.01
41.02 ULTRASOUND		116729	8529215	52372		.013686	717 41.02
42 RADIOLOGY-THERAPEUTIC		38938	25891188	61886		.001504	93 42
43 RADIOISOTOPE		84209	3686736	30111		.022841	688 43
44 LABORATORY		251012	51029960	332016		.004919	1633 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		133892	26810794	677018		.004994	3381 49
50 PHYSICAL THERAPY		68657	3716155	1031928		.018475	19065 50
51 OCCUPATIONAL THERAPY		21986	866968	658328		.025360	16695 51
52 SPEECH PATHOLOGY		18458	458318	129580		.040273	5219 52
53 ELECTROCARDIOLOGY		65923	14571888	102986		.004524	466 53
54 ELECTROENCEPHALOGRAPHY		26950	474734			.056769	54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		258050	26932864	455556		.009581	4365 56
57 RENAL DIALYSIS		12343	2542753	96411		.004854	468 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		231629	9417826	53552		.024595	1317 60
61 EMERGENCY		393031	31049798			.012658	61
62 OBSERVATION BEDS (NON-DISTINC		53324	1777408			.030001	62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3339286	269742521	3793291			56483 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-T133) [] 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
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T133) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22803694			43905		21061 37
38 RECOVERY ROOM		3385521			8127		1196 38
39 DELIVERY ROOM & LABOR ROOM		8064941					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		16542096			59515		24324 41
41.01 CARDIAC CATH LAB		11189664					41.01
41.02 ULTRASOUND		8529215			52372		5640 41.02
42 RADIOLOGY-THERAPEUTIC		25891188			61886		27861 42
43 RADIOISOTOPE		3686736			30111		5439 43
44 LABORATORY		51029960			332016		4735 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26810794			677018		6051 49
50 PHYSICAL THERAPY		3716155			1031928		50
51 OCCUPATIONAL THERAPY		866968			658328		51
52 SPEECH PATHOLOGY		458318			129580		52
53 ELECTROCARDIOLOGY		14571888			102986		6658 53
54 ELECTROENCEPHALOGRAPHY		474734					54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		26932864			455556		4321 56
57 RENAL DIALYSIS		2542753			96411		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9417826			53552		13089 60
61 EMERGENCY		31049798					5012 61
62 OBSERVATION BEDS (NON-DISTINC		1777408					3588 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		269742521			3793291		128975 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-T133) [] 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
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T133) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.343528	.343528	.343528			37
38 RECOVERY ROOM	.244566	.244566	.244566			38
39 DELIVERY ROOM & LABOR ROOM	.533805	.533805	.533805			39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.307127	.307127	.307127			41
41.01 CARDIAC CATH LAB	.223620	.223620	.223620			41.01
41.02 ULTRASOUND	.141458	.141458	.141458			41.02
42 RADIOLOGY-THERAPEUTIC	.070728	.070728	.070728			42
43 RADIOISOTOPE	.227458	.227458	.227458			43
44 LABORATORY	.156492	.156492	.156492			44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.099647	.099647	.099647			49
50 PHYSICAL THERAPY	.292324	.292324	.292324			50
51 OCCUPATIONAL THERAPY	.280880	.280880	.280880			51
52 SPEECH PATHOLOGY	.489773	.489773	.489773			52
53 ELECTROCARDIOLOGY	.087964	.087964	.087964			53
54 ELECTROENCEPHALOGRAPHY	.426620	.426620	.426620			54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	.244000	.244000	.244000			56
57 RENAL DIALYSIS	.295327	.295327	.295327			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.204316	.204316	.204316			60
61 EMERGENCY	.327806	.327806	.327806			61
62 OBSERVATION BEDS (NON-DISTINCT	.528269	.528269	.528269			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	
2 PROGRAM VACCINE CHARGES	.244000	1	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS			3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T133) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		21061						37
38 RECOVERY ROOM		1196						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		24324						41
41.01 CARDIAC CATH LAB								41.01
41.02 ULTRASOUND		5640						41.02
42 RADIOLOGY-THERAPEUTIC		27861						42
43 RADIOISOTOPE		5439						43
44 LABORATORY		4735						44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		6051						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		6658						53
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		4321						56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		13089						60
61 EMERGENCY		5012						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		3588						62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		128975						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		128975						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-T133)	[]	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				7235			37
38 RECOVERY ROOM				293			38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				7471			41
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND				798			41.02
42 RADIOLOGY-THERAPEUTIC				1971			42
43 RADIOISOTOPE				1237			43
44 LABORATORY				741			44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY				603			49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY				586			53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS				1054			56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				2674			60
61 EMERGENCY				1643			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				1895			62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL				28201			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES				28201			104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1150272		1150272
26 INTENSIVE CARE UNIT				313056		313056
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				131907		131907
33 NURSERY						
101 TOTAL				1595235		1595235

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	36434	8597			31.57	271407
26 INTENSIVE CARE UNIT	5687	1150			55.05	63308
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3529	342			37.38	12784
33 NURSERY	1447	1252				
101 TOTAL	47097	11341				347499

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			CHARGES 3	PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		657728	22803694	2384305			.028843	68771 37
38 RECOVERY ROOM		84021	3385521	320258			.024818	7948 38
39 DELIVERY ROOM & LABOR ROOM		299393	8064941	2842827			.037123	105534 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		252296	16542096	1141136			.015252	17405 41
41.01 CARDIAC CATH LAB		270717	11189664	1288127			.024193	31164 41.01
41.02 ULTRASOUND		116729	8529215	793181			.013686	10855 41.02
42 RADIOLOGY-THERAPEUTIC		38938	25891188	2720345			.001504	4091 42
43 RADIOISOTOPE		84209	3686736	387425			.022841	8849 43
44 LABORATORY		251012	51029960	7357407			.004919	36191 44
46 WHOLE BLOOD & PACKED RED BLOO								46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		133892	26810794	5031120			.004994	25125 49
50 PHYSICAL THERAPY		68657	3716155	170838			.018475	3156 50
51 OCCUPATIONAL THERAPY		21986	866968	1294			.025360	33 51
52 SPEECH PATHOLOGY		18458	458318	30263			.040273	1219 52
53 ELECTROCARDIOLOGY		65923	14571888	1889464			.004524	8548 53
54 ELECTROENCEPHALOGRAPHY		26950	474734	78126			.056769	4435 54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		258050	26932864	5434480			.009581	52068 56
57 RENAL DIALYSIS		12343	2542753	547473			.004854	2657 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		231629	9417826	726552			.024595	17870 60
61 EMERGENCY		393031	31049798	3178284			.012658	40231 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		53324	1777408				.030001	62
101 TOTAL		3339286	269742521	36322905				446150 101

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/25/2008 22:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					36434		8597	25
26 INTENSIVE CARE UNIT					5687		1150	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					3529		342	31
33 NURSERY					1447		1252	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47097		11341	101

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/25/2008 22:23

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22803694			2384305		37
38 RECOVERY ROOM		3385521			320258		38
39 DELIVERY ROOM & LABOR ROOM		8064941			2842827		39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		16542096			1141136		41
41.01 CARDIAC CATH LAB		11189664			1288127		41.01
41.02 ULTRASOUND		8529215			793181		41.02
42 RADIOLOGY-THERAPEUTIC		25891188			2720345		42
43 RADIOISOTOPE		3686736			387425		43
44 LABORATORY		51029960			7357407		44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26810794			5031120		49
50 PHYSICAL THERAPY		3716155			170838		50
51 OCCUPATIONAL THERAPY		866968			1294		51
52 SPEECH PATHOLOGY		458318			30263		52
53 ELECTROCARDIOLOGY		14571888			1889464		53
54 ELECTROENCEPHALOGRAPHY		474734			78126		54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		26932864			5434480		56
57 RENAL DIALYSIS		2542753			547473		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9417826			726552		60
61 EMERGENCY		31049798			3178284		61
62 OBSERVATION BEDS (NON-DISTINC		1777408					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		269742521			36322905		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 CARDIAC CATH LAB						41.01
41.02 ULTRASOUND						41.02
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
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T133) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	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	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		657728	22803694			.028843	143 37
38 RECOVERY ROOM		84021	3385521			.024818	28 38
39 DELIVERY ROOM & LABOR ROOM		299393	8064941			.037123	39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		252296	16542096			.015252	48 41
41.01 CARDIAC CATH LAB		270717	11189664			.024193	41.01
41.02 ULTRASOUND		116729	8529215			.013686	82 41.02
42 RADIOLOGY-THERAPEUTIC		38938	25891188			.001504	6 42
43 RADIOISOTOPE		84209	3686736			.022841	43
44 LABORATORY		251012	51029960			.004919	112 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		133892	26810794			.004994	216 49
50 PHYSICAL THERAPY		68657	3716155			.018475	1682 50
51 OCCUPATIONAL THERAPY		21986	866968			.025360	1553 51
52 SPEECH PATHOLOGY		18458	458318			.040273	563 52
53 ELECTROCARDIOLOGY		65923	14571888			.004524	9 53
54 ELECTROENCEPHALOGRAPHY		26950	474734			.056769	54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		258050	26932864			.009581	467 56
57 RENAL DIALYSIS		12343	2542753			.004854	57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		231629	9417826			.024595	60
61 EMERGENCY		393031	31049798			.012658	61
62 OBSERVATION BEDS (NON-DISTINC		53324	1777408			.030001	62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3339286	269742521				4909 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-T133) [] 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
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T133) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22803694			4952		37
38 RECOVERY ROOM		3385521			1119		38
39 DELIVERY ROOM & LABOR ROOM		8064941					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		16542096			3166		41
41.01 CARDIAC CATH LAB		11189664					41.01
41.02 ULTRASOUND		8529215			5981		41.02
42 RADIOLOGY-THERAPEUTIC		25891188			3918		42
43 RADIOISOTOPE		3686736					43
44 LABORATORY		51029960			22814		44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26810794			43342		49
50 PHYSICAL THERAPY		3716155			91031		50
51 OCCUPATIONAL THERAPY		866968			61238		51
52 SPEECH PATHOLOGY		458318			13985		52
53 ELECTROCARDIOLOGY		14571888			1943		53
54 ELECTROENCEPHALOGRAPHY		474734					54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		26932864			48692		56
57 RENAL DIALYSIS		2542753					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9417826					60
61 EMERGENCY		31049798					61
62 OBSERVATION BEDS (NON-DISTINC		1777408					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		269742521			302181		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-T133) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
			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
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	36434	3529					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	36434	3529					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36434	3529					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)	18334	2472					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) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	20254328	2798883					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	20254328	2798883					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46759736	5216403					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46759736	4216403					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.433157	.536554					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1283.41	1194.79					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	20254328	2798883					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) (14-0133)	SUB I (PPS) (14-T133)	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	555.92	793.11				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10192237	1960568				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10192237	1960568				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7702677	5687	1354.44	3140	4252942	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	15531266	883068				48
49 TOTAL PROGRAM INPATIENT COSTS	29976445	2843636				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	751661	92403				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	895503	56483				51
52 TOTAL PROGRAM EXCLUDABLE COST	1647164	148886				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	28329281	2694750				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) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0133)(14-T133)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1689	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	555.92	84
85 OBSERVATION BED COST	938949	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		20254328		938949		86
87 NEW CAPITAL-RELATED COST	1150272	20254328	.056791	938949	53324	87
88 NON PHYSICIAN ANESTHETIST		20254328		938949		88
89 MEDICAL EDUCATION		20254328		938949		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	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)	36434	3529				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	36434	3529				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36434	3529				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)	8597	342				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		1447				15
16 TITLE V OR XIX NURSERY DAYS		1252				16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	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	20254328	2798883					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	20254328	2798883					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46759736	5216403					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46759736	4216403					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.433157	.536554					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1283.41	1194.79					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	20254328	2798883					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	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	555.92	793.11				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4779244	271244				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4779244	271244				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS			1447	1252	42	
43 INTENSIVE CARE UNIT	7702677	5687	1354.44	1150	1557606	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	8041545	74672				48
49 TOTAL PROGRAM INPATIENT COSTS	14378395	345916				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	334715	12784				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	446150	4909				51
52 TOTAL PROGRAM EXCLUDABLE COST	780865	17693				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13597530	328223				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54			46			54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0133)(14-T133)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1689	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	555.92	84
85 OBSERVATION BED COST	938949	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		20254328		938949		86
87 NEW CAPITAL-RELATED COST	1150272	20254328	.056791	938949	53324	87
88 NON PHYSICIAN ANESTHETIST		20254328		938949		88
89 MEDICAL EDUCATION		20254328		938949		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0133)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		20755031		25
26 INTENSIVE CARE UNIT		6387295		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.343528	7007626	2407316	37
38 RECOVERY ROOM	.244566	927489	226832	38
39 DELIVERY ROOM & LABOR ROOM	.533805	32333	17260	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.307127	2997489	920610	41
41.01 CARDIAC CATH LAB	.223620	4903895	1096609	41.01
41.02 ULTRASOUND	.141458	1748919	247399	41.02
42 RADIOLOGY-THERAPEUTIC	.070728	5678150	401604	42
43 RADIOISOTOPE	.227458	1032467	234843	43
44 LABORATORY	.156492	13492225	2111425	44
46 WHOLE BLOOD & PACKED RED BLOOD				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.099647	13747377	1369885	49
50 PHYSICAL THERAPY	.292324	711827	208084	50
51 OCCUPATIONAL THERAPY	.280880	5412	1520	51
52 SPEECH PATHOLOGY	.489773	168853	82700	52
53 ELECTROCARDIOLOGY	.087964	5335135	469300	53
54 ELECTROENCEPHALOGRAPHY	.426620	240070	102419	54
54.01 SLEEP LAB				54.01
56 DRUGS CHARGED TO PATIENTS	.244000	11206806	2734461	56
57 RENAL DIALYSIS	.295327	1641764	484857	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.204316	2832057	578635	60
61 EMERGENCY	.327806	5599370	1835507	61
62 OBSERVATION BEDS (NON-DISTINCT	.528269			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		79309264	15531266	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		79309264		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T133)	<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		3109428		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.343528	43905	15083	37
38 RECOVERY ROOM	.244566	8127	1988	38
39 DELIVERY ROOM & LABOR ROOM	.533805			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.307127	59515	18279	41
41.01 CARDIAC CATH LAB	.223620			41.01
41.02 ULTRASOUND	.141458	52372	7408	41.02
42 RADIOLOGY-THERAPEUTIC	.070728	61886	4377	42
43 RADIOISOTOPE	.227458	30111	6849	43
44 LABORATORY	.156492	332016	51958	44
46 WHOLE BLOOD & PACKED RED BLOOD				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.099647	677018	67463	49
50 PHYSICAL THERAPY	.292324	1031928	301657	50
51 OCCUPATIONAL THERAPY	.280880	658328	184911	51
52 SPEECH PATHOLOGY	.489773	129580	63465	52
53 ELECTROCARDIOLOGY	.087964	102986	9059	53
54 ELECTROENCEPHALOGRAPHY	.426620			54
54.01 SLEEP LAB				54.01
56 DRUGS CHARGED TO PATIENTS	.244000	455556	111156	56
57 RENAL DIALYSIS	.295327	96411	28473	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.204316	53552	10942	60
61 EMERGENCY	.327806			61
62 OBSERVATION BEDS (NON-DISTINCT	.528269			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		3793291	883068	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3793291		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0133)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		8969417		25
26 INTENSIVE CARE UNIT		2329369		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.343528	2384305	819076	37
38 RECOVERY ROOM	.244566	320258	78324	38
39 DELIVERY ROOM & LABOR ROOM	.533805	2842827	1517515	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.307127	1141136	350474	41
41.01 CARDIAC CATH LAB	.223620	1288127	288051	41.01
41.02 ULTRASOUND	.141458	793181	112202	41.02
42 RADIOLOGY-THERAPEUTIC	.070728	2720345	192405	42
43 RADIOISOTOPE	.227458	387425	88123	43
44 LABORATORY	.156492	7357407	1151375	44
46 WHOLE BLOOD & PACKED RED BLOOD				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.099647	5031120	501336	49
50 PHYSICAL THERAPY	.292324	170838	49940	50
51 OCCUPATIONAL THERAPY	.280880	1294	363	51
52 SPEECH PATHOLOGY	.489773	30263	14822	52
53 ELECTROCARDIOLOGY	.087964	1889464	166205	53
54 ELECTROENCEPHALOGRAPHY	.426620	78126	33330	54
54.01 SLEEP LAB				54.01
56 DRUGS CHARGED TO PATIENTS	.244000	5434480	1326013	56
57 RENAL DIALYSIS	.295327	547473	161684	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.204316	726552	148446	60
61 EMERGENCY	.327806	3178284	1041861	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.528269			62
101 TOTAL		36322905	8041545	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		36322905		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T133)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.343528	4952	1701	37
38 RECOVERY ROOM	.244566	1119	274	38
39 DELIVERY ROOM & LABOR ROOM	.533805			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.307127	3166	972	41
41.01 CARDIAC CATH LAB	.223620			41.01
41.02 ULTRASOUND	.141458	5981	846	41.02
42 RADIOLOGY-THERAPEUTIC	.070728	3918	277	42
43 RADIOISOTOPE	.227458			43
44 LABORATORY	.156492	22814	3570	44
46 WHOLE BLOOD & PACKED RED BLOOD				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.099647	43342	4319	49
50 PHYSICAL THERAPY	.292324	91031	26611	50
51 OCCUPATIONAL THERAPY	.280880	61238	17201	51
52 SPEECH PATHOLOGY	.489773	13985	6849	52
53 ELECTROCARDIOLOGY	.087964	1943	171	53
54 ELECTROENCEPHALOGRAPHY	.426620			54
54.01 SLEEP LAB				54.01
56 DRUGS CHARGED TO PATIENTS	.244000	48692	11881	56
57 RENAL DIALYSIS	.295327			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.204316			60
61 EMERGENCY	.327806			61
62 OBSERVATION BEDS (NON-DISTINCT	.528269			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		302181	74672	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		302181		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0133)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	6832742					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6832742					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	13665483					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	75045					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	206.81					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
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..						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					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0133)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0133) 1	HOSPITAL (14-0133) 1.01	HOSPITAL (14-0133) 1.02	
1 MEDICAL AND OTHER SERVICES	906			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4407368			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3659614			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	906			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2658			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	2658			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	2658			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1752			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	906			17
17.01 TOTAL PPS PAYMENTS	3659614			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0133) 1	HOSPITAL (14-0133) 1.01	HOSPITAL (14-0133) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	517		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1074167		18.01
19 SUBTOTAL	2585836		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	2585836		23
24 PRIMARY PAYER PAYMENTS	4895		24
25 SUBTOTAL	2580941		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	392856		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	274999		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	283840		27.02
28 SUBTOTAL	2855940		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	2855940		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2840253		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	15687		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-T133) 1	SUB I (14-T133) 1.01	SUB I (14-T133) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	28201			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	21041			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	21041			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T133) 1	SUB I (14-T133) 1.01	SUB I (14-T133) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6353		18.01
19 SUBTOTAL	14688		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	14688		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	14688		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	14688		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	14688		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14688		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0133)
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
(14-0133)
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
(14-0133)
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 (14-0133)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		33028617		2580593	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.		923403		259660	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	02/08/2008 326668		NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	326668			3.99
4 TOTAL INTERIM PAYMENTS		34278688		2840253	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T133)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4461472		14688	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		4461472		14688	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T133)	SUB II	SUB III	SUB IV
1	INPATIENT HOSPITAL SERVICES				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		4009767		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0910		1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		454006		1.04
1.05	OUTLIER PAYMENTS				1.05
1.06	TOTAL PPS PAYMENTS		4463773		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)		9.642077		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		4463773		4
5	PRIMARY PAYER PAYMENTS		3976		5
6	SUBTOTAL		4459797		6
7	DEDUCTIBLES		6144		7
8	SUBTOTAL		4453653		8
9	COINSURANCE		16248		9
10	SUBTOTAL		4437405		10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		10640		11
11.01	REDUCED REIMBURSABLE BAD DEBTS		7448		11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		10640		11.02
12	SUBTOTAL		4444853		12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				13

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

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11/25/2008 22:23

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T133)	SUB II	SUB III	SUB IV
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15 OTHER ADJUSTMENTS					15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		4444853			17
18 SEQUESTRATION ADJUSTMENT					18
19 INTERIM PAYMENTS		4461472			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20 BALANCE DUE PROVIDER/PROGRAM		-16619			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY					
50 ORIGINAL OUTLIER AMOUNT					50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0133) (PPS)	SUB I (14-T133) (PPS)	SUB II	SUB III
			SUB IV	NF I
1	1	1	1	1
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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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 (14-0133) (PPS)	SUB I (14-T133) (PPS)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS						37
38.01	REIMBURSABLE BAD DEBTS						38
38.02	REDUCED REIMBURSABLE BAD DEBTS						38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	ELIMINATE IP COSTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)						59

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	7055028			1
2	TEMPORARY INVESTMENTS	413876			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	14371609			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1452130			7
8	PREPAID EXPENSES	2054071			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	485056			10
11	TOTAL CURRENT ASSETS	25831770			11
FIXED ASSETS					
12	LAND	1337233			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1501699			13
13.01	ACCUMULATED DEPRECIATION	-1380298			13.01
14	BUILDINGS	46941791			14
14.01	ACCUMULATED DEPRECIATION	-29652288			14.01
15	LEASEHOLD IMPROVEMENTS	169032			15
15.01	ACCUMULATED AMORTIZATION	-117635			15.01
16	FIXED EQUIPMENT	25146885			16
16.01	ACCUMULATED DEPRECIATION	-20115207			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	49119848			18
18.01	ACCUMULATED DEPRECIATION	-39717955			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	6085976			20
21	TOTAL FIXED ASSETS	39319081			21
OTHER ASSETS					
22	INVESTMENTS	6610238			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	369409			25
26	TOTAL OTHER ASSETS	6979647			26
27	TOTAL ASSETS	72130498			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	8335809			28
29	SALARIES, WAGES & FEES PAYABLE	9898464			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	242461			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1613106			35
36	TOTAL CURRENT LIABILITIES	20089840			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	17905221			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	9900597			41
42	TOTAL LONG TERM LIABILITIES	27805818			42
43	TOTAL LIABILITIES	47895658			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	24234840			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	24234840			51
52	TOTAL LIABILITIES AND FUND BALANCES	72130498			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	23548654			1
2 NET INCOME (LOSS)	7573772			2
3 TOTAL	31122426			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	198378			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	198378			10
11 SUBTOTAL	31320804			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 LOSSES AND ADJUSTMENTS	4707305			13
14 CHAP	2378659			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	7085964			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	24234840			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	37216135		37216135	1
2 SUBPROVIDER I	3991680		3991680	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	41207815		41207815	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	11849934		11849934	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	11849934		11849934	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	53057749		53057749	16
17 ANCILLARY SERVICES	158133659	111608862	269742521	17
18 OUTPATIENT SERVICES				18
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN REVENUE		10552735	10552735	24
24.01 NUTRITION REVENUE		4227	4227	24.01
25 TOTAL PATIENT REVENUES	211191408	122165824	333357232	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		106612151	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	14453325		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		14453325	33
34 DEDUCT (SPECIFY)		-3	34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS		-3	39
40 TOTAL OPERATING EXPENSES		121065473	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	333357232	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	225994752	2
3	NET PATIENT REVENUES	107362480	3
4	LESS - TOTAL OPERATING EXPENSES	121065473	4
5	NET INCOME FROM SERVICE TO PATIENTS	-13702993	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2740343	6
7	INCOME FROM INVESTMENTS	363519	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	63725	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	433591	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	50	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	828	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	24111	21
22	RENTAL OF HOSPITAL SPACE	401025	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	856467	24
24.01	ADD ASSETS RELEASED FROM RESTRICTIO	381320	24.01
24.02	CAPITATION REVENUE	276725	24.02
24.03	HCHP BONUS	416762	24.03
24.04	PROVIDER TAX	7748665	24.04
24.05	SALE OF SCRAP	3995	24.05
24.06	CONTRIBUTION OF EQUIPMENT	1804372	24.06
24.07	NET ASSETS RELEASED FROM RESTRICTIO	2378659	24.07
24.08	CHAP INCOME	3780252	24.08
24.09	FOUNDATION INCOME	168020	24.09
25	TOTAL OTHER INCOME	21842429	25
26	TOTAL	8139436	26
27	LOSS ON EXTINGUISHMENTOF DEBT	565664	27
28			28
29			29
30	TOTAL OTHER EXPENSES	565664	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	7573772	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0133)	SUB I (14-T133)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	2364402				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	2566968				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0133)	SUB I (14-T133)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 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
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 BUSINESS OFFICE					6.04
6.05 OTHER ADMINISTRATIVE & GENERAL					6.05
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
70 I&R SERVICES-NOT APPRVD PRGM					70
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 SISTERS & PRIESTS MAINTENANCE					96.01
98 PHYSICIANS' PRIVATE OFFICES					98
00 SEASON HOSPICE					00
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	50.32		23.60				73.92 25
26 INTENSIVE CARE UNIT	55.21		20.22				75.43 26
33 NURSERY			86.52				86.52 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	30.73	16.18	10.46				57.37 37
38 RECOVERY ROOM	27.40	16.57	9.46				53.43 38
39 DELIVERY ROOM & LABOR ROOM	0.40	0.22	35.25				35.87 39
41 RADIOLOGY-DIAGNOSTIC	18.12	11.81	6.90				36.83 41
41.01 CARDIAC CATH LAB	43.83	10.63	11.51				65.97 41.01
41.02 ULTRASOUND	20.51	8.41	9.30				38.22 41.02
42 RADIOLOGY-THERAPEUTIC	21.93	10.01	10.51				42.45 42
43 RADIOISOTOPE	28.00	14.35	10.51				52.86 43
44 LABORATORY	26.44	0.70	14.42				41.56 44
49 RESPIRATORY THERAPY	51.28	0.55	18.77				70.60 49
50 PHYSICAL THERAPY	19.15	1.25	4.60				25.00 50
51 OCCUPATIONAL THERAPY	0.62	0.24	0.15				1.01 51
52 SPEECH PATHOLOGY	36.84	2.99	6.60				46.43 52
53 ELECTROCARDIOLOGY	36.61	10.93	12.97				60.51 53
54 ELECTROENCEPHALOGRAPHY	50.57	2.36	16.46				69.39 54
56 DRUGS CHARGED TO PATIENTS	41.61	3.25	20.18				65.04 56
57 RENAL DIALYSIS	64.57	0.56	21.53				86.66 57
60 CLINIC	30.07	21.70	7.71				59.48 60
61 EMERGENCY	18.03	6.37	10.24				34.64 61
62 OBSERVATION BEDS (NON-DISTINCT)		21.55					21.55 62
101 TOTAL CHARGES	24.57	5.80	11.25				41.62 101

***** 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	70.05		9.69				79.74 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.19	0.09	0.02				0.30 37
38 RECOVERY ROOM	0.24	0.04	0.03				0.31 38
41 RADIOLOGY-DIAGNOSTIC	0.36	0.15	0.02				0.53 41
41.02 ULTRASOUND	0.61	0.07	0.07				0.75 41.02
42 RADIOLOGY-THERAPEUTIC	0.24	0.11	0.02				0.37 42
43 RADIOISOTOPE	0.82	0.15					0.97 43
44 LABORATORY	0.65	0.01	0.04				0.70 44
49 RESPIRATORY THERAPY	2.53	0.02	0.16				2.71 49
50 PHYSICAL THERAPY	27.77		2.45				30.22 50
51 OCCUPATIONAL THERAPY	75.93		7.06				82.99 51
52 SPEECH PATHOLOGY	28.27		3.05				31.32 52
53 ELECTROCARDIOLOGY	0.71	0.05	0.01				0.77 53
56 DRUGS CHARGED TO PATIENTS	1.69	0.02	0.18				1.89 56
57 RENAL DIALYSIS	3.79						3.79 57
60 CLINIC	0.57	0.14					0.71 60
61 EMERGENCY		0.02					0.02 61
62 OBSERVATION BEDS (NON-DISTINCT)		0.20					0.20 62
101 TOTAL CHARGES	1.18	0.04	0.09				1.31 101

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	2252978	2.38	-2252978	-5.65		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2810280	2.97	-2810280	-7.05		4
5	EMPLOYEE BENEFITS	7097948	7.50	-7097948	-17.81		5
6.01	COMMUNICATIONS	476039	.50	-476039	-1.19		6.01
6.02	DATA PROCESSING	912853	.96	-912853	-2.29		6.02
6.03	PURCHASING	307855	.33	-307855	-.77		6.03
6.04	BUSINESS OFFICE	2307768	2.44	-2307768	-5.79		6.04
6.05	OTHER ADMINISTRATIVE & GENERAL	10286342	10.86	-10286342	-25.81		6.05
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	6297297	6.65	-6297297	-15.80		8
9	LAUNDRY & LINEN SERVICE	739460	.78	-739460	-1.86		9
10	HOUSEKEEPING	1427658	1.51	-1427658	-3.58		10
11	DIETARY	972900	1.03	-972900	-2.44		11
12	CAFETERIA	458193	.48	-458193	-1.15		12
14	NURSING ADMINISTRATION	729051	.77	-729051	-1.83		14
15	CENTRAL SERVICES & SUPPLY	383582	.41	-383582	-.96		15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	2399427	2.53	-2399427	-6.02		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	10122330	10.69	10131998	25.42	20254328	21.39
26	INTENSIVE CARE UNIT	4626351	4.89	3076326	7.72	7702677	8.13
31	SUBPROVIDER I	1564921	1.65	1233962	3.10	2798883	2.96
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	4412728	4.66	3420972	8.58	7833700	8.27
38	RECOVERY ROOM	433206	.46	394776	.99	827982	.87
39	DELIVERY ROOM & LABOR ROOM	2387572	2.52	1917536	4.81	4305108	4.55
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	2921565	3.09	2158960	5.42	5080525	5.37
41.01	CARDIAC CATH LAB	1633816	1.73	868413	2.18	2502229	2.64
41.02	ULTRASOUND	681109	.72	525419	1.32	1206528	1.27
42	RADIOLOGY-THERAPEUTIC	981036	1.04	850205	2.13	1831241	1.93
43	RADIOISOTOPE	487809	.52	350769	.88	838578	.89
44	LABORATORY	5056282	5.34	2929522	7.35	7985804	8.43
46	WHOLE BLOOD & PACKED RED BLOOD						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1463992	1.55	1207625	3.03	2671617	2.82
50	PHYSICAL THERAPY	541870	.57	544453	1.37	1086323	1.15
51	OCCUPATIONAL THERAPY	79515	.08	163999	.41	243514	.26
52	SPEECH PATHOLOGY	87977	.09	136495	.34	224472	.24
53	ELECTROCARDIOLOGY	625189	.66	656611	1.65	1281800	1.35
54	ELECTROENCEPHALOGRAPHY	50243	.05	152288	.38	202531	.21

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS	4601597	4.86	1970028	4.94	6571625	6.94	56
57 RENAL DIALYSIS	522010	.55	228934	.57	750944	.79	57
60 CLINIC	969823	1.02	954394	2.39	1924217	2.03	60
61 EMERGENCY	6184423	6.53	3993893	10.02	10178316	10.75	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
70 I&R SERVICES-NOT APPRVD PRGM							70
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
96 GIFT, FLOWER, COFFEE SHOP & CAN			257235	.65	257235	.27	96
96.01 SISTERS & PRIESTS MAINTENANCE	81301	.09	17538	.04	98839	.10	96.01
98 PHYSICIANS' PRIVATE OFFICES	4312319	4.55	1588331	3.98	5900650	6.23	98
100 SEASON HOSPICE			128949	.32	128949	.14	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	94688615	100.00	0	.00	94688615	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL			
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	657728	22803694	.028843	7007626	202121	37
38 RECOVERY ROOM	84021	3385521	.024818	927489	23018	38
39 DELIVERY ROOM & LABOR ROOM	299393	8064941	.037123	32333	1200	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	252296	16542096	.015252	2997489	45718	41
41.01 CARDIAC CATH LAB	270717	11189664	.024193	4903895	118640	41.01
41.02 ULTRASOUND	116729	8529215	.013686	1748919	23936	41.02
42 RADIOLOGY-THERAPEUTIC	38938	25891188	.001504	5678150	8540	42
43 RADIOISOTOPE	84209	3686736	.022841	1032467	23583	43
44 LABORATORY	251012	51029960	.004919	13492225	66368	44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	133892	26810794	.004994	13747377	68654	49
50 PHYSICAL THERAPY	68657	3716155	.018475	711827	13151	50
51 OCCUPATIONAL THERAPY	21986	866968	.025360	5412	137	51
52 SPEECH PATHOLOGY	18458	458318	.040273	168853	6800	52
53 ELECTROCARDIOLOGY	65923	14571888	.004524	5335135	24136	53
54 ELECTROENCEPHALOGRAPHY	26950	474734	.056769	240070	13629	54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	258050	26932864	.009581	11206806	107372	56
57 RENAL DIALYSIS	12343	2542753	.004854	1641764	7969	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	231629	9417826	.024595	2832057	69654	60
61 EMERGENCY	393031	31049798	.012658	5599370	70877	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	53324	1777408	.030001			62
101 TOTAL	3339286	269742521		79309264	895503	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT					COST
	COSTS	AMOUNT	COST	DAYS	DIEM	DAYS	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1150272		1150272	36434	31.57	18334	578804 25
26 INTENSIVE CARE UNIT	313056		313056	5687	55.05	3140	172857 26
101 TOTAL	1463328		1463328			21474	751661 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 751661

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 895503

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 1647164

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)	28329281
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	106451590
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.266

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))	2843636
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	6589393
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.432

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)	1647164
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 OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4382303
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	18637918
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.235