

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [XX] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 5

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH'S HOSPITAL (14-0145) (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		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-12966	-20809		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-12966	-20809		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: JAMESTOWN ROAD P.O. BOX: 1
 1.01 CITY: BREESE STATE: IL ZIP CODE: 62230 COUNTY: CLINTON 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	14-0145	07/01/1966	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? NO 21.01

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 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 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) 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	YES	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE 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.				NO		58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO		59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

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

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,
ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6825							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		6825							5
6 INTENSIVE CARE UNIT		16							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		895							11
12 TOTAL HOSPITAL		7736						324.91	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								324.91	25
26 OBSERVATION BED DAYS		645	200	445					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		74							28

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		1082	346	2129	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		1082	346	2129	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6			
1	SALARIES							
1	TOTAL SALARIES	13595169		13595169	679519.00	20.01		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	20990		20990	2080.00	10.09	WORKPAPERS	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	86088		86088	7480.00	11.51	PAYROLL RECORDS	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	130121		130121	4765.00	27.31	WORKPAPERS	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	554058		554058	7728.00	71.69	WORKPAPERS	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	743921		743921	8641.00	86.09	HOME OFFICE RPT	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	4694388		4694388			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	29962		29962			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	7305		7305			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	111495		111495	3083.00	36.16		21
22	ADMINISTRATIVE & GENERAL	1985926		1985926	100622.00	19.74		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	469043		469043	24086.00	19.47		24
25	LAUNDRY & LINEN SERVICE	99820		99820	11073.00	9.01		25
26	HOUSEKEEPING	408745		408745	36120.00	11.32		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	398616		398616	31047.00	12.84		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	89851		89851	10091.00	8.90		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	540779		540779	15786.00	34.26		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	603072		603072	38193.00	15.79		33
34	SOCIAL SERVICE	72113		72113	2888.00	24.97		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1	2	3	4	5	6		
1	NET SALARIES	13574179		13574179	677439.00	20.04	1
2	EXCLUDED AREA SALARIES	86088		86088	7480.00	11.51	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	13488091		13488091	669959.00	20.13	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1428100		1428100	21134.00	67.57	4
5	SUBTOTAL WAGE-RELATED COSTS	4694388		4694388		34.80%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	19610579		19610579	691093.00	28.38	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	4779460		4779460	272989.00	17.51	13

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100		154099	154099		154099		154099	1
2	0200								2
3	0300		1214680	1214680		1214680		1214680	3
4	0400		1646599	1646599		1646599		1646599	4
5	0500	111495	4928945	5040440	-526223	4514217	-1012978	3501239	5
6.01	0610	55724	43492	99216		99216		99216	6.01
6.02	0620	234313	360041	594354		594354	254570	848924	6.02
6.03	0630	108727	20774	129501		129501	-6860	122641	6.03
6.04	0640	200240	10884	211124		211124		211124	6.04
6.05	0650	299645	205935	505580		505580	-121077	384503	6.05
6.06	0660	1087277	4106620	5193897	473013	5666910	-2803905	2863005	6.06
7	0700								7
8	0800	469043	1104127	1573170		1573170	-5733	1567437	8
9	0900	99820	19962	119782		119782		119782	9
10	1000	408745	74469	483214		483214		483214	10
11	1100	398616	93262	491878		491878	-16163	475715	11
12	1200	89851	135763	225614		225614	-147019	78595	12
13	1300								13
14	1400	540779	13031	553810		553810	-3944	549866	14
15	1500								15
16	1600								16
17	1700	603072	182979	786051		786051	-25296	760755	17
18	1800	72113	29156	101269		101269	-35225	66044	18
20	2000				582353	582353	-582353		20
21	2100								21
22	2200								22
23	2300								23
24	2400								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	1978610	138790	2117400		2117400	-23332	2094068	25
26	2600	16023	1129	17152		17152		17152	26
33	3300	237083	14640	251723		251723		251723	33
ANCILLARY SERVICE COST CENTERS									
37	3700	1244526	465750	1710276		1710276	-41649	1668627	37
38	3800	4702	1698	6400		6400		6400	38
39	3900	331124	24639	355763		355763		355763	39
40	4000	20990	916074	937064	-20990	916074	-885448	30626	40
41	4100	1192011	474473	1666484	-4317	1662167	-3404	1658763	41
44	4400	1016766	1163049	2179815		2179815	-135384	2044431	44
46.30	4650								46.30
47	4700		136751	136751		136751		136751	47
49	4900	434192	195086	629278		629278	-26614	602664	49
50	5000	843372	428578	1271950	-22675	1249275	-96382	1152893	50
53	5300	70535	54064	124599		124599	-41139	83460	53
54	5400	44079	7566	51645		51645		51645	54
55	5500	22558	768530	791088		791088		791088	55
56	5600	363261	932738	1295999		1295999		1295999	56
OUTPATIENT SERVICE COST CENTERS									
61	6100	909789	1247005	2156794		2156794	-1177935	978859	61
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
88	8800		481161	481161	-481161				88
95		13509081	21796539	35305620		35305620	-6937270	28368350	95
NONREIMBURSABLE COST CENTERS									
98	9800	86088	243269	329357		329357		329357	98
101	TOTAL	13595169	22039808	35634977		35634977	-6937270	28697707	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1 RECLASSIFY INTEREST COSTS	A	OTHER ADMINISTRATIVE	6.06		481161	1
2	B	NONPHYSICIAN ANESTHETISTS	20	20990		2
3 RECLASSIFY CRNA COSTS	B	NONPHYSICIAN ANESTHETISTS	20		561363	3
4	C					4
5	C					5
6 RECLASSIFY MISC EMPLOYEE BENEFITS	C	EMPLOYEE BENEFITS	5		35140	6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				20990	1077664	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASSIFY INTEREST COSTS	A	INTEREST EXPENSE	88		481161	1
2	B	ANESTHESIOLOGY	40	20990		2
3 RECLASSIFY CRNA COSTS	B	EMPLOYEE BENEFITS	5		561363	3
4	C	RADIOLOGY-DIAGNOSTIC	41		4317	4
5	C	PHYSICAL THERAPY	50		22675	5
6 RECLASSIFY MISC EMPLOYEE BENEFITS	C	OTHER ADMINISTRATIVE	6.06		8148	6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				20990	1077664	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	5175					5175	1
2 LAND IMPROVEMENTS	214316					214316	2
3 BUILDINGS AND FIXTURES	1052749					1052749	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	968890					968890	5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	2241130					2241130	7
8 RECONCILING ITEMS							8
9 TOTAL	2241130					2241130	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	461243					461243	1
2 LAND IMPROVEMENTS	973630	1770914		1770914		2744544	2
3 BUILDINGS AND FIXTURES	8793154	1863997		1863997		10657151	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	5627339	2696498		2696498		8323837	5
6 MOVABLE EQUIPMENT	14360469	2197773		2197773		16558242	6
7 SUBTOTAL	30215835	8529182		8529182		38745017	7
8 RECONCILING ITEMS							8
9 TOTAL	30215835	8529182		8529182		38745017	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							154099	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT							1214680	3
4 NEW CAP REL COSTS-MVBLE EQUIP							1646599	4
5 TOTAL							3015378	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							154099	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT							1214680	3
4 NEW CAP REL COSTS-MVBLE EQUIP							1646599	4
5 TOTAL							3015378	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-5460	PURCHASING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-77	OTHER ADMINISTRATIVE	6.06	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2192412			12
13 SALE OF SCRAP, WASTE, ETC.	B	-1400	PURCHASING	6.03	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	568404			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-147019	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-25296	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-5733	OPERATION OF PLANT	8	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST		-582353	NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 GRANTS	B	-23172	EMPLOYEE BENEFITS	5	37
37.01 GRANTS	B	-100136	OTHER ADMINISTRATIVE	6.06	37.01
37.02 GRANTS	B	-144	ADULTS & PEDIATRICS	25	37.02
37.03 GRANTS	B	-3607	PHYSICAL THERAPY	50	37.03
38 HEALTH FAIR REVENUE	B	-110495	LABORATORY	44	38
38.01 HEALTH FAIR REVENUE	B	-2025	RADIOLOGY-DIAGNOSTIC	41	38.01
38.02 HEALTH FAIR REVENUE	B	-850	RESPIRATORY THERAPY	49	38.02
38.03 HEALTH FAIR REVENUE	B	-565	PHYSICAL THERAPY	50	38.03
39 INTEREST INCOME	B	-8730	EMPLOYEE BENEFITS	5	39
39.01 INTEREST INCOME	B	-87957	BUSINESS OFFICE	6.05	39.01
39.02 INTEREST INCOME	B	-23563	OTHER ADMINISTRATIVE	6.06	39.02
40 MISCELLANEOUS INCOME	B	-19500	DATA PROCESSING	6.02	40
40.01 MISCELLANEOUS INCOME	B	-33120	BUSINESS OFFICE	6.05	40.01
40.02 MISCELLANEOUS INCOME	B	-16163	DIETARY	11	40.02
40.03 MISCELLANEOUS INCOME	B	-3944	NURSING ADMINISTRATION	14	40.03
40.04 MISCELLANEOUS INCOME	B	-35225	SOCIAL SERVICE	18	40.04
40.05 MISCELLANEOUS INCOME	B	-23188	ADULTS & PEDIATRICS	25	40.05
40.06 MISCELLANEOUS INCOME	B	-1379	RADIOLOGY-DIAGNOSTIC	41	40.06
40.07 MISCELLANEOUS INCOME	B	-24892	RESPIRATORY THERAPY	49	40.07
40.08 MISCELLANEOUS INCOME	B	-71730	PHYSICAL THERAPY	50	40.08
41 NONALLOW INTERST EXPENSE	A	-481161	OTHER ADMINISTRATIVE	6.06	41
42 MEDICAID TAX	A	-732086	OTHER ADMINISTRATIVE	6.06	42
43 SELF-INS PAYMENTS TO HOSPITAL	A	-957178	EMPLOYEE BENEFITS	5	43
43.01 SELF-INS PREMIUMS IN EXCESS	A	-2986	EMPLOYEE BENEFITS	5	43.01
44 PHYSICIAN RECRUITMENT COST	A	-195001	OTHER ADMINISTRATIVE	6.06	44
44.01 EMPLOYEE PHYSICALS	A	-20912	EMPLOYEE BENEFITS	5	44.01
45 BAD DEBT EXPENSE	A	-1535787	OTHER ADMINISTRATIVE	6.06	45
46 LOBBYING/NONALLOW ADVERTISING	A	-30428	OTHER ADMINISTRATIVE	6.06	46
47					47
48					48

PROVIDER NO. 14-0145 ST. JOSEPH'S 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
11/24/2008 08:51

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49					49
50 TOTAL		-6937270			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	OTHER ADMINISTRATIVE	736990	442656	294334	1
2	6.02	DATA PROCESSING	555992	281922	274070	2
3						3
4						4
5	TOTALS		1292982	724578	568404	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
B	HOSPITAL SISTERS HEALTH SYSTEM	100.00				1
2						2
3						3
4						4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	37	OPERATING ROOM	41726		41726	159800	1	77	4
2	40	ANESTHESIOLOGY	885448	885448		167500	140	11274	564
3	41	RADIOLOGY-DIAGNOSTIC	6000		6000	159800	2634	202362	10118
4	44	LABORATORY	104889	24889	80000	208000	1256	125600	6280
5	49	RESPIRATORY THERAPY	80004		80004	159800	1030	79132	3957
6	50	PHYSICAL THERAPY	115208		115208	159800	1233	94728	4736
7	53	ELECTROCARDIOLOGY	41139	41139		159800	1	77	4
8	61	EMERGENCY	1177935	1177935		159800	1	77	4
101		TOTAL	2452349	2129411	322938		6296	513327	25667

PROVIDER NO. 14-0145 ST. JOSEPH'S 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)

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	37	OPERATING ROOM					77	41649	41649
2	40	ANESTHESIOLOGY					11274		885448
3	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				202362		
4	44	LABORATORY	AGGREGATE				125600		24889
5	49	RESPIRATORY THERAPY					79132	872	872
6	50	PHYSICAL THERAPY					94728	20480	20480
7	53	ELECTROCARDIOLOGY	AGGREGATE				77		41139
8	61	EMERGENCY	AGGREGATE				77		1177935
101		TOTAL					513327	63001	2192412

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SWITCH	DATA	PURCHASING
	FOR COST	BLDGS &	BLDGS &	MOVABLE	BENEFITS		PROCESSING	
	ALLOCATION	FIXTURES	FIXTURES	EQUIPMENT		BOARD	6.02	6.03
	0	1	3	4	5	6.01		
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	154099	154099						1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1214680		1214680					3
4 NEW CAP REL COSTS-MVBLE EQUIP	1646599			1646599				4
5 EMPLOYEE BENEFITS	3501239	473	3726	5157	3510595			5
6.01 SWITCHBOARD	99216	294	2320	12501	14531	128862		6.01
6.02 DATA PROCESSING	848924	3068	24186	197591	61101	7070	1141940	6.02
6.03 PURCHASING	122641	5416	42691	5106	28352	1607		205813 6.03
6.04 ADMITTING	211124	1357	10695	10586	52216	1285		583 6.04
6.05 BUSINESS OFFICE	384503	1415	11156	16895	78137	7391	1141940	1204 6.05
6.06 OTHER ADMINISTRATIVE	2863005	35463	279529	26303	283524	14139		2140 6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	1567437	10310	81269	27589	122310	4499		5426 8
9 LAUNDRY & LINEN SERVICE	119782	2831	22312	6636	26030	321		981 9
10 HOUSEKEEPING	483214	1163	9170	6763	106586	1607		3409 10
11 DIETARY	475715	3303	26038	12139	103945	2571		4619 11
12 CAFETERIA	78595	2027	15976	2495	23430			7282 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	549866	910	7170	790	141016	1607		163 14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	760755	1630	12852	65930	157260	11569		581 17
18 SOCIAL SERVICE	66044	187	1473	4992	18805	964		897 18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2094068	22066	173932	98547	515949	11569		5903 25
26 INTENSIVE CARE UNIT	17152	1972	15544	6378	4178	1928		61 26
33 NURSERY	251723	777	6128	2343	61823			635 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1668627	10512	82860	231017	324529	10605		20443 37
38 RECOVERY ROOM	6400	836	6590	471	1226			86 38
39 DELIVERY ROOM & LABOR ROOM	355763	2111	16638	10919	86346			884 39
40 ANESTHESIOLOGY	30626	523	4120	28260		321		805 40
41 RADIOLOGY-DIAGNOSTIC	1658763	6537	51526	641820	310835	7070		4625 41
44 LABORATORY	2044431	3772	29735	88523	265137	4820		35000 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	136751							7352 47
49 RESPIRATORY THERAPY	602664	2773	21859	41567	113222	4178		5450 49
50 PHYSICAL THERAPY	1152893	14160	111613	9835	219922	5784		2683 50
53 ELECTROCARDIOLOGY	83460			22774	18393			295 53
54 ELECTROENCEPHALOGRAPHY	51645	660	5206		11494			119 54
55 MEDICAL SUPPLIES CHARGED TO PAT	791088	830	6545	8865	5882			40321 55
56 DRUGS CHARGED TO PATIENTS	1295999	760	5995	340	94726	1928		49865 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	978859	13587	107099	34464	237241	9962		3144 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	28368350	151723	1195953	1627596	3488146	112795	1141940	204956 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	329357	2376	18727	19003	22449	16067		857 98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	28697707	154099	1214680	1646599	3510595	128862	1141940	205813 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	SUBTOTAL	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	6.04	OFFICE 6.05	5A	ADMIN 6.06	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	287846								6.04
6.05 BUSINESS OFFICE		1642641							6.05
6.06 OTHER ADMINISTRATIVE			3504103	3504103					6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			1818840	252977	2071817				8
9 LAUNDRY & LINEN SERVICE			178893	24882	60896	264671			9
10 HOUSEKEEPING			611912	85109	25028	18792	740841		10
11 DIETARY			628330	87393	71066	2911	3291	792991	11
12 CAFETERIA			129805	18054	43602		26093		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			701522	97573	19568		7455		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY			1010577	140558	35076		4957		17
18 SOCIAL SERVICE			93362	12985	4019		1903		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	21784	124318	3068136	426738	474709	109781	310463	792991	25
26 INTENSIVE CARE UNIT	165	939	48317	6720	42424	508	4362		26
33 NURSERY	2097	11970	337496	46941	16726	2506	13047		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	27814	158737	2535144	352606	226149	47097	80738		37
38 RECOVERY ROOM	2696	15385	33690	4686	17985				38
39 DELIVERY ROOM & LABOR ROOM	5993	34204	512858	71332	45408	11524	20105		39
40 ANESTHESIOLOGY	15807	90209	170671	23738	11246				40
41 RADIOLOGY-DIAGNOSTIC	63796	363995	3108967	432416	140630	20787	48736		41
44 LABORATORY	59622	340263	2871303	399361	81155	90	48538		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	994	5671	150768	20970					47
49 RESPIRATORY THERAPY	13997	79880	885590	123174	59658	904	16616		49
50 PHYSICAL THERAPY	15688	89529	1622107	225614	304624	15464	73918		50
53 ELECTROCARDIOLOGY	6855	39120	170897	23770					53
54 ELECTROENCEPHALOGRAPHY	1359	7756	78239	10882	14209				54
55 MEDICAL SUPPLIES CHARGED TO PAT	10228	58371	922130	128256	17863				55
56 DRUGS CHARGED TO PATIENTS	17033	97207	1563853	217512	16361		7098		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	21918	125087	1531361	212992	292303	26699	73521		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	287846	1642641	28288871	3447239	2020705	257063	740841	792991	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			408836	56864	51112	7608			98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	287846	1642641	28697707	3504103	2071817	264671	740841	792991	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	12	14	17	18	25	26	27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 SWITCHBOARD								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	217554							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	7805	833923						14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	17560		1208728					17
18 SOCIAL SERVICE	976			113245				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	45852	369758	768032	102998	6469458		6469458	25
26 INTENSIVE CARE UNIT					102331		102331	26
33 NURSERY	3902	31469			452087		452087	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	23414	188813			3453961		3453961	37
38 RECOVERY ROOM					56361		56361	38
39 DELIVERY ROOM & LABOR ROOM	5853	47203			714283		714283	39
40 ANESTHESIOLOGY	3902	31469			241026		241026	40
41 RADIOLOGY-DIAGNOSTIC	23414		124415		3899365		3899365	41
44 LABORATORY	20487		30324		3451258		3451258	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					171738		171738	46.30
47 BLOOD STORING, PROCESSING & TRA					1095698		1095698	47
49 RESPIRATORY THERAPY	9756				2289263		2289263	49
50 PHYSICAL THERAPY	21463		26073		196618		196618	50
53 ELECTROCARDIOLOGY	1951				104306		104306	53
54 ELECTROENCEPHALOGRAPHY	976				1069225		1069225	54
55 MEDICAL SUPPLIES CHARGED TO PAT	976				1809702		1809702	55
56 DRUGS CHARGED TO PATIENTS	4878							56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	20487	165211	259884	10247	2592705		2592705	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	213652	833923	1208728	113245	28169385		28169385	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	3902				528322		528322	98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	217554	833923	1208728	113245	28697707		28697707	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	SWITCH	DATA	PURCHASING	ADMITTING
	CAP-REL	BLDGS &	COST TO	BENEFITS		PROCESSING		
	COSTS	FIXTURES	BE ALLOC		BOARD			
	0	1	4A	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		473	473	473				5
6.01		294	294	2	296			6.01
6.02		3068	3068	8	16	3092		6.02
6.03		5416	5416	4	4		5424	6.03
6.04		1357	1357	7	3		15	1382
6.05		1415	1415	10	17	3092	32	6.04
6.06		35463	35463	38	32		56	6.05
7								6.06
8		10310	10310	16	10		143	7
9		2831	2831	3	1		26	8
10		1163	1163	14	4		90	9
11		3303	3303	14	6		122	10
12		2027	2027	3			192	11
13								12
14		910	910	19	4		4	13
15								14
16								15
17		1630	1630	21	27		15	16
18		187	187	3	2		24	17
20								18
21								19
22								20
23								21
24								22
25								23
26								24
33								25
INPATIENT ROUTINE SERV COST CENTERS								
25		22066	22066	70	27		156	103
26		1972	1972	1	4		2	1
33		777	777	8			17	10
ANCILLARY SERVICE COST CENTERS								
37		10512	10512	44	24		539	132
38		836	836				2	13
39		2111	2111	12			23	28
40		523	523		1		21	75
41		6537	6537	42	16		122	319
44		3772	3772	36	11		922	283
46.30								46.30
47							194	5
49		2773	2773	15	10		144	66
50		14160	14160	30	13		71	74
53				2			8	33
54		660	660	2			3	6
55		830	830	1			1063	49
56		760	760	13	4		1312	81
OUTPATIENT SERVICE COST CENTERS								
61		13587	13587	32	23		83	104
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95		151723	151723	470	259	3092	5401	1382
NONREIMBURSABLE COST CENTERS								
98		2376	2376	3	37		23	98
101								101
102								102
103		154099	154099	473	296	3092	5424	1382

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	BUSINESS OFFICE 6.05	OTHER ADMIN 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 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 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 BUSINESS OFFICE	4566								6.05
6.06 OTHER ADMINISTRATIVE		35589							6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		2570	13049						8
9 LAUNDRY & LINEN SERVICE		253	384	3498					9
10 HOUSEKEEPING		865	158	248	2542				10
11 DIETARY		888	448	38	11	4830			11
12 CAFETERIA		183	275		90		2770		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		991	123		26		99	2176	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		1428	221		17		224		17
18 SOCIAL SERVICE		132	25		7		12		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	344	4335	2989	1452	1064	4830	584	965	25
26 INTENSIVE CARE UNIT	3	68	267	7	15				26
33 NURSERY	33	477	105	33	45		50	82	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	440	3582	1424	622	277		298	493	37
38 RECOVERY ROOM	43	48	113						38
39 DELIVERY ROOM & LABOR ROOM	95	725	286	152	69		75	123	39
40 ANESTHESIOLOGY	250	241	71				50	82	40
41 RADIOLOGY-DIAGNOSTIC	1023	4383	886	275	167		298		41
44 LABORATORY	943	4057	511	1	167		261		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	16	213							47
49 RESPIRATORY THERAPY	221	1251	376	12	57		124		49
50 PHYSICAL THERAPY	248	2292	1919	204	254		273		50
53 ELECTROCARDIOLOGY	108	241					25		53
54 ELECTROENCEPHALOGRAPHY	21	111	89				12		54
55 MEDICAL SUPPLIES CHARGED TO PAT	162	1303	113				12		55
56 DRUGS CHARGED TO PATIENTS	269	2210	103		24		62		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	347	2164	1841	353	252		261	431	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	4566	35011	12727	3397	2542	4830	2720	2176	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		578	322	101			50		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4566	35589	13049	3498	2542	4830	2770	2176	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	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 SWITCHBOARD					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 BUSINESS OFFICE					6.05
6.06 OTHER ADMINISTRATIVE					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY	3583				17
18 SOCIAL SERVICE		392			18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	2277	357	41619		41619
26 INTENSIVE CARE UNIT			2340		2340
33 NURSERY			1637		1637
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			18387		18387
38 RECOVERY ROOM			1055		1055
39 DELIVERY ROOM & LABOR ROOM			3699		3699
40 ANESTHESIOLOGY			1314		1314
41 RADIOLOGY-DIAGNOSTIC	369		14437		14437
44 LABORATORY	90		11054		11054
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA			428		428
49 RESPIRATORY THERAPY			5049		5049
50 PHYSICAL THERAPY	77		19615		19615
53 ELECTROCARDIOLOGY			417		417
54 ELECTROENCEPHALOGRAPHY			904		904
55 MEDICAL SUPPLIES CHARGED TO PAT			3533		3533
56 DRUGS CHARGED TO PATIENTS			4838		4838
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	770	35	20283		20283
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	3583	392	150609		150609
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES			3490		3490
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	3583	392	154099		154099

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	SWITCH BOARD	DATA	PURCHASING
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5		PROCESSING 6.02	
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		3726	5157	8883	8883			5
6.01 SWITCHBOARD		2320	12501	14821	37	14858		6.01
6.02 DATA PROCESSING		24186	197591	221777	155	815	222747	6.02
6.03 PURCHASING		42691	5106	47797	72	185		48054 6.03
6.04 ADMITTING		10695	10586	21281	132	148		136 6.04
6.05 BUSINESS OFFICE		11156	16895	28051	198	852	222747	281 6.05
6.06 OTHER ADMINISTRATIVE		279529	26303	305832	718	1630		500 6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		81269	27589	108858	310	519		1267 8
9 LAUNDRY & LINEN SERVICE		22312	6636	28948	66	37		229 9
10 HOUSEKEEPING		9170	6763	15933	270	185		796 10
11 DIETARY		26038	12139	38177	263	296		1078 11
12 CAFETERIA		15976	2495	18471	59			1700 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		7170	790	7960	357	185		38 14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		12852	65930	78782	398	1334		136 17
18 SOCIAL SERVICE		1473	4992	6465	48	111		209 18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		173932	98547	272479	1300	1334		1378 25
26 INTENSIVE CARE UNIT		15544	6378	21922	11	222		14 26
33 NURSERY		6128	2343	8471	156			148 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		82860	231017	313877	821	1223		4773 37
38 RECOVERY ROOM		6590	471	7061	3			20 38
39 DELIVERY ROOM & LABOR ROOM		16638	10919	27557	219			206 39
40 ANESTHESIOLOGY		4120	28260	32380		37		188 40
41 RADIOLOGY-DIAGNOSTIC		51526	641820	693346	787	815		1080 41
44 LABORATORY		29735	88523	118258	671	556		8172 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA								1717 47
49 RESPIRATORY THERAPY		21859	41567	63426	287	482		1272 49
50 PHYSICAL THERAPY		111613	9835	121448	557	667		626 50
53 ELECTROCARDIOLOGY			22774	22774	47			69 53
54 ELECTROENCEPHALOGRAPHY		5206		5206	29			28 54
55 MEDICAL SUPPLIES CHARGED TO PAT		6545	8865	15410	15			9414 55
56 DRUGS CHARGED TO PATIENTS		5995	340	6335	240	222		11645 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		107099	34464	141563	600	1149		734 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS		1195953	1627596	2823549	8826	13004	222747	47854 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		18727	19003	37730	57	1854		200 98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1214680	1646599	2861279	8883	14858	222747	48054 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	6.05	6.06	8	& LINEN SERVICE 9	KEEPING 10	11	12	
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 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	21697								6.04
6.05 BUSINESS OFFICE		252129							6.05
6.06 OTHER ADMINISTRATIVE			308680						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			22284	133238					8
9 LAUNDRY & LINEN SERVICE			2192	3916	35388				9
10 HOUSEKEEPING			7497	1610	2513	28804			10
11 DIETARY			7698	4570	389	128	52599		11
12 CAFETERIA			1590	2804		1015		25639	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			8595	1258		290		920	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY			12382	2256		193		2070	17
18 SOCIAL SERVICE			1144	258		74		115	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1642	19080	37591	30528	14678	12069	52599	5404	25
26 INTENSIVE CARE UNIT	12	144	592	2728	68	170			26
33 NURSERY	158	1837	4135	1076	335	507		460	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2096	24362	31061	14544	6297	3139		2759	37
38 RECOVERY ROOM	203	2361	413	1157					38
39 DELIVERY ROOM & LABOR ROOM	452	5249	6284	2920	1541	782		690	39
40 ANESTHESIOLOGY	1191	13845	2091	723				460	40
41 RADIOLOGY-DIAGNOSTIC	4812	55888	38099	9044	2779	1895		2759	41
44 LABORATORY	4493	52222	35179	5219	12	1887		2414	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	75	870	1847						47
49 RESPIRATORY THERAPY	1055	12260	10850	3837	121	646		1150	49
50 PHYSICAL THERAPY	1182	13741	19874	19590	2068	2874		2529	50
53 ELECTROCARDIOLOGY	517	6004	2094					230	53
54 ELECTROENCEPHALOGRAPHY	102	1190	959	914				115	54
55 MEDICAL SUPPLIES CHARGED TO PAT	771	8959	11298	1149				115	55
56 DRUGS CHARGED TO PATIENTS	1284	14919	19160	1052		276		575	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1652	19198	18762	18798	3570	2859		2414	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	21697	252129	303671	129951	34371	28804	52599	25179	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			5009	3287	1017			460	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	21697	252129	308680	133238	35388	28804	52599	25639	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
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							6.05
6.06							6.06
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14	19603						14
15							15
16							16
17		97551					17
18			8424				18
20							20
21							21
22							22
23							23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	8691	61985	7662	528420		528420	25
26				25883		25883	26
33	740			18023		18023	33
ANCILLARY SERVICE COST CENTERS							
37	4438			409390		409390	37
38				11218		11218	38
39	1110			47010		47010	39
40	740			51655		51655	40
41		10041		821345		821345	41
44		2447		231530		231530	44
46.30							46.30
47				4509		4509	47
49				95386		95386	49
50		2104		187260		187260	50
53				31735		31735	53
54				8543		8543	54
55				47131		47131	55
56				55708		55708	56
OUTPATIENT SERVICE COST CENTERS							
61	3884	20974	762	236919		236919	61
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71							71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
95	19603	97551	8424	2811665		2811665	95
NONREIMBURSABLE COST CENTERS							
98				49614		49614	98
101							101
102							102
103	19603	97551	8424	2861279		2861279	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SWITCH	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES				
	1	3	4	5	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	163320							1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		163320						3
4 NEW CAP REL COSTS-MVBLE EQUIP			1369831					4
5 EMPLOYEE BENEFITS	501	501	4290	13462684				5
6.01 SWITCHBOARD	312	312	10400	55724	401			6.01
6.02 DATA PROCESSING	3252	3252	164379	234313	22	100		6.02
6.03 PURCHASING	5740	5740	4248	108727	5		3828084	6.03
6.04 ADMITTING	1438	1438	8807	200240	4		10835	6.04
6.05 BUSINESS OFFICE	1500	1500	14055	299645	23	100	22400	6.05
6.06 OTHER ADMINISTRATIVE	37584	37584	21882	1087277	44		39795	6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	10927	10927	22952	469043	14		100916	8
9 LAUNDRY & LINEN SERVICE	3000	3000	5521	99820	1		18254	9
10 HOUSEKEEPING	1233	1233	5626	408745	5		63413	10
11 DIETARY	3501	3501	10099	398616	8		85913	11
12 CAFETERIA	2148	2148	2076	89851			135446	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	964	964	657	540779	5		3032	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	1728	1728	54848	603072	36		10800	17
18 SOCIAL SERVICE	198	198	4153	72113	3		16680	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	23386	23386	81983	1978610	36		109796	25
26 INTENSIVE CARE UNIT	2090	2090	5306	16023	6		1129	26
33 NURSERY	824	824	1949	237083			11803	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	11141	11141	192187	1244526	33		380242	37
38 RECOVERY ROOM	886	886	392	4702			1598	38
39 DELIVERY ROOM & LABOR ROOM	2237	2237	9084	331124			16445	39
40 ANESTHESIOLOGY	554	554	23510		1		14968	40
41 RADIOLOGY-DIAGNOSTIC	6928	6928	533937	1192011	22		86015	41
44 LABORATORY	3998	3998	73644	1016766	15		650990	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T							136750	47
49 RESPIRATORY THERAPY	2939	2939	34580	434192	13		101362	49
50 PHYSICAL THERAPY	15007	15007	8182	843372	18		49895	50
53 ELECTROCARDIOLOGY			18946	70535			5484	53
54 ELECTROENCEPHALOGRAPHY	700	700	44079				2220	54
55 MEDICAL SUPPLIES CHARGED TO P	880	880	7375	22558			749969	55
56 DRUGS CHARGED TO PATIENTS	806	806	283	363261	6		927534	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	14400	14400	28671	909789	31		58469	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	160802	160802	1354022	13376596	351	100	3812153	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	2518	2518	15809	86088	50		15931	98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SWITCH	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	BOARD PHONES	PROCESSING TIME SPENT		
	1	3	4	5	6.01	6.02	6.03	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	154099	1214680	1646599	3510595	128862	1141940	205813	103
104 UNIT COST MULT-WS B PT I		7.437423		.260765		11419.400000		104
104 UNIT COST MULT-WS B PT I	.943540		1.202045		321.351621		.053764	104
105 COST TO BE ALLOC PER B PT II				473	296	3092	5424	105
106 UNIT COST MULT-WS B PT II				.000035		30.920000		106
106 UNIT COST MULT-WS B PT II					.738155		.001417	106
107 COST TO BE ALLOC PER B PT III				8883	14858	222747	48054	107
108 UNIT COST MULT-WS B PT III				.000660		2227.470000		108
108 UNIT COST MULT-WS B PT III					37.052369		.012553	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	RECON-	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GROSS	OFFICE	CILIAATION	ADMIN	OF PLANT	& LINEN	KEEPING	
	REVENUE	GROSS		ACCUM	SQUARE	SERVICE	HOURS OF	MEALS
	6.04	REVENUE	6A.06	COST	FEET	POUNDS OF	SERVICE	SERVED
		6.05		6.06	8	LAUNDRY	10	11
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	75845453							6.04
6.05		75845453						6.05
6.06			-3504103	25193604				6.06
7								7
8					1818840	102066		8
9					178893	3000	319810	9
10					611912	1233	22707	10
11					628330	3501	3517	83
12					129805	2148		658
13								1882
14					701522	964		188
15								
16								
17					1010577	1728		125
18					93362	198		48
20								
21								
22								
23								
24								
INPATIENT ROUTINE SERV COST CENTERS								
25	5740054	5740054			3068136	23386	132651	7829
26	43350	43350			48317	2090	614	110
33	552674	552674			337496	824	3028	329
ANCILLARY SERVICE COST CENTERS								
37	7329246	7329246			2535144	11141	56909	2036
38	710358	710358			33690	886		
39	1579267	1579267			512858	2237	13925	507
40	4165167	4165167			170671	554		
41	16807452	16807452			3108967	6928	25118	1229
44	15710732	15710732			2871303	3998	109	1224
46.30								
47	261841	261841			150768			
49	3688232	3688232			885590	2939	1092	419
50	4133762	4133762			1622107	15007	18686	1864
53	1806257	1806257			170897			
54	358110	358110			78239	700		
55	2695104	2695104			922130	880		
56	4488279	4488279			1563853	806		179
OUTPATIENT SERVICE COST CENTERS								
61	5775568	5775568			1531361	14400	32261	1854
62								
63.50								
63.60								
OTHER REIMBURSABLE COST CENTERS								
69.10								
69.20								
69.30								
69.40								
71								
SPECIAL PURPOSE COST CENTERS								
85.01								
85.02								
95	75845453	75845453	-3504103	24784768	99548	310617	18682	21767
NONREIMBURSABLE COST CENTERS								
98					408836	2518	9193	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	RECON-	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GROSS	OFFICE	CILATION	ADMIN	OF PLANT	& LINEN	KEEPING	
	REVENUE	GROSS		ACCUM	SQUARE	SERVICE	HOURS OF	MEALS
	6.04	REVENUE	6A.06	COST	FEET	LAUNDRY	SERVICE	SERVED
		6.05		6.06	8	9	10	11
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	287846	1642641		3504103	2071817	264671	740841	792991 103
104 UNIT COST MULT-WS B PT I	.003795				20.298797		39.655337	104
104 UNIT COST MULT-WS B PT I		.021658		.139087		.827588		36.430882 104
105 COST TO BE ALLOC PER B PT II	1382	4566		35589	13049	3498	2542	4830 105
106 UNIT COST MULT-WS B PT II	.000018				.127849		.136067	106
106 UNIT COST MULT-WS B PT II		.000060		.001413		.010938		.221896 106
107 COST TO BE ALLOC PER B PT III	21697	252129		308680	133238	35388	28804	52599 107
108 UNIT COST MULT-WS B PT III	.000286				1.305410		1.541805	108
108 UNIT COST MULT-WS B PT III		.003324		.012252		.110653		2.416456 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	MEDICAL	SOCIAL	
	MEALS	ADMINIS-	RECORDS &	SERVICE	
	FTES	TRATION	LIBRARY	TIME	
	12	FTES	SPENT	SPENT	18
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					6.05
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12	223				12
13					13
14	8	106			14
15					15
16					16
17	18		4265		17
18	1			862	18
20					20
21					21
22					22
23					23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	47	47	2710	784	25
26					26
33	4	4			33
ANCILLARY SERVICE COST CENTERS					
37	24	24			37
38					38
39	6	6			39
40	4	4			40
41	24		439		41
44	21		107		44
46.30					46.30
47					47
49	10				49
50	22		92		50
53	2				53
54	1				54
55	1				55
56	5				56
OUTPATIENT SERVICE COST CENTERS					
61	21	21	917	78	61
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30
69.40					69.40
71					71
SPECIAL PURPOSE COST CENTERS					
85.01					85.01
85.02					85.02
95	219	106	4265	862	95
NONREIMBURSABLE COST CENTERS					
98	4				98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	MEDICAL	SOCIAL	
	MEALS	ADMINIS-	RECORDS &	SERVICE	
	FTE	TRATION	LIBRARY		
	12	DIRECT	TIME	TIME	
		FTE	SPENT	SPENT	
	12	14	17	18	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	217554	833923	1208728	113245	103
104 UNIT COST MULT-WS B PT I	975.578475		283.406331		104
104 UNIT COST MULT-WS B PT I		7867.198113		131.374710	104
105 COST TO BE ALLOC PER B PT II	2770	2176	3583	392	105
106 UNIT COST MULT-WS B PT II	12.421525		.840094		106
106 UNIT COST MULT-WS B PT II		20.528302		.454756	106
107 COST TO BE ALLOC PER B PT III	25639	19603	97551	8424	107
108 UNIT COST MULT-WS B PT III	114.973094		22.872450		108
108 UNIT COST MULT-WS B PT III		184.933962		9.772622	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	6469458		6469458		6469458	25
26 INTENSIVE CARE UNIT	102331		102331		102331	26
33 NURSERY	452087		452087		452087	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3453961		3453961	41649	3495610	37
38 RECOVERY ROOM	56361		56361		56361	38
39 DELIVERY ROOM & LABOR ROOM	714283		714283		714283	39
40 ANESTHESIOLOGY	241026		241026		241026	40
41 RADIOLOGY-DIAGNOSTIC	3899365		3899365		3899365	41
44 LABORATORY	3451258		3451258		3451258	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	171738		171738		171738	47
49 RESPIRATORY THERAPY	1095698		1095698	872	1096570	49
50 PHYSICAL THERAPY	2289263		2289263	20480	2309743	50
53 ELECTROCARDIOLOGY	196618		196618		196618	53
54 ELECTROENCEPHALOGRAPHY	104306		104306		104306	54
55 MEDICAL SUPPLIES CHARGED TO	1069225		1069225		1069225	55
56 DRUGS CHARGED TO PATIENTS	1809702		1809702		1809702	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2592705		2592705		2592705	61
62 OBSERVATION BEDS (NON-DISTI	558609		558609		558609	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	28727994		28727994	63001	28790995	101
102 LESS OBSERVATION BEDS	558609		558609		558609	102
103 TOTAL	28169385		28169385	63001	28232386	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	5108416		5108416			25
26 INTENSIVE CARE UNIT	42939		42939			26
33 NURSERY	535453		535453			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1319594	5860982	7180576	.481014	.481014	.486815 37
38 RECOVERY ROOM	161321	535073	696394	.080933	.080933	.080933 38
39 DELIVERY ROOM & LABOR ROOM	1221539	338196	1559735	.457952	.457952	.457952 39
40 ANESTHESIOLOGY	326465	872512	1198977	.201026	.201026	.201026 40
41 RADIOLOGY-DIAGNOSTIC	2671909	13789887	16461796	.236874	.236874	.236874 41
44 LABORATORY	3496369	11904585	15400954	.224094	.224094	.224094 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	177685	80586	258271	.664953	.664953	.664953 47
49 RESPIRATORY THERAPY	2754604	886701	3641305	.300908	.300908	.301148 49
50 PHYSICAL THERAPY	172715	3870444	4043159	.566207	.566207	.571272 50
53 ELECTROCARDIOLOGY	312669	1456782	1769451	.111118	.111118	.111118 53
54 ELECTROENCEPHALOGRAPHY	9610	340504	350114	.297920	.297920	.297920 54
55 MEDICAL SUPPLIES CHARGED TO	921512	1724743	2646255	.404052	.404052	.404052 55
56 DRUGS CHARGED TO PATIENTS	2336084	2081535	4417619	.409656	.409656	.409656 56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	522603	2657247	3179850	.815354	.815354	.815354 61
62 OBSERVATION BEDS (NON-DISTI	145515	310205	455720	1.225772	1.225772	1.225772 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	22237002	46709982	68946984			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	22237002	46709982	68946984			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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	41619		41619	528420		528420
26 INTENSIVE CARE UNIT	2340		2340	25883		25883
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1637		1637	18023		18023
101 TOTAL	45596		45596	572326		572326

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	7470	4484	5.57	24976	70.74	317198
26 INTENSIVE CARE UNIT	16	16	146.25	2340	1617.69	25883
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	895		1.83		20.14	
101 TOTAL	8381	4500		27316		343081

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] 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	18387	409390	7180576	669636	.002561	1715	.057014	38179	37
38 RECOVERY ROOM	1055	11218	696394	71194	.001515	108	.016109	1147	38
39 DELIVERY ROOM & LABOR ROOM	3699	47010	1559735	15309	.002372	36	.030140	461	39
40 ANESTHESIOLOGY	1314	51655	1198977	147734	.001096	162	.043083	6365	40
41 RADIOLOGY-DIAGNOSTIC	14437	821345	16461796	1716771	.000877	1506	.049894	85657	41
44 LABORATORY	11054	231530	15400954	2725417	.000718	1957	.015033	40971	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	428	4509	258271	177685	.001657	294	.017458	3102	47
49 RESPIRATORY THERAPY	5049	95386	3641305	2283393	.001387	3167	.026196	59816	49
50 PHYSICAL THERAPY	19615	187260	4043159	148333	.004851	720	.046315	6870	50
53 ELECTROCARDIOLOGY	417	31735	1769451	250683	.000236	59	.017935	4496	53
54 ELECTROENCEPHALOGRAPHY	904	8543	350114	9610	.002582	25	.024401	234	54
55 MEDICAL SUPPLIES CHARGED TO P	3533	47131	2646255	248318	.001335	332	.017810	4423	55
56 DRUGS CHARGED TO PATIENTS	4838	55708	4417619	1543773	.001095	1690	.012610	19467	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	20283	236919	3179850	380574	.006379	2428	.074506	28355	61
62 OBSERVATION BEDS (NON-DISTINC	3594	45627	455720	84320	.007886	665	.100121	8442	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	108607	2284966	63260176	10472750		14864		307985	101

PROVIDER NO. 14-0145 ST. JOSEPH'S 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
 11/24/2008 08:51

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					7470		4484	25
26 INTENSIVE CARE UNIT					16		16	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					895			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					8381		4500	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] 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
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		7180576			669636		2028509 37
38 RECOVERY ROOM		696394			71194		242250 38
39 DELIVERY ROOM & LABOR ROOM		1559735			15309		61 39
40 ANESTHESIOLOGY		1198977			147734		302361 40
41 RADIOLOGY-DIAGNOSTIC		16461796			1716771		3852943 41
44 LABORATORY		15400954			2725417		343378 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		258271			177685		75267 47
49 RESPIRATORY THERAPY		3641305			2283393		528971 49
50 PHYSICAL THERAPY		4043159			148333		1785309 50
53 ELECTROCARDIOLOGY		1769451			250683		1111623 53
54 ELECTROENCEPHALOGRAPHY		350114			9610		110025 54
55 MEDICAL SUPPLIES CHARGED TO P		2646255			248318		858075 55
56 DRUGS CHARGED TO PATIENTS		4417619			1543773		964471 56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		3179850			380574		714719 61
62 OBSERVATION BEDS (NON-DISTINC		455720			84320		101640 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		63260176			10472750		13019602 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] 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
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0145) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.481014	.481014	.481014			37
38 RECOVERY ROOM	.080933	.080933	.080933			38
39 DELIVERY ROOM & LABOR ROOM	.457952	.457952	.457952			39
40 ANESTHESIOLOGY	.201026	.201026	.201026			40
41 RADIOLOGY-DIAGNOSTIC	.236874	.236874	.236874			41
44 LABORATORY	.224094	.224094	.224094			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.664953	.664953	.664953			47
49 RESPIRATORY THERAPY	.300908	.300908	.300908			49
50 PHYSICAL THERAPY	.566207	.566207	.566207			50
53 ELECTROCARDIOLOGY	.111118	.111118	.111118			53
54 ELECTROENCEPHALOGRAPHY	.297920	.297920	.297920			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.404052	.404052	.404052			55
56 DRUGS CHARGED TO PATIENTS	.409656	.409656	.409656			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.815354	.815354	.815354			61
62 OBSERVATION BEDS (NON-DISTINCT	1.225772	1.225772	1.225772			62
63.50 RHC						63.50
63.60 FQHC						63.60
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	.409656	1	
2.01 PROGRAM VACCINE CHARGES		2	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 [XX] HOSPITAL (14-0145) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2028509						37
38 RECOVERY ROOM		242250						38
39 DELIVERY ROOM & LABOR ROOM		61						39
40 ANESTHESIOLOGY		302361						40
41 RADIOLOGY-DIAGNOSTIC		3852943						41
44 LABORATORY		343378						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		75267						47
49 RESPIRATORY THERAPY		528971						49
50 PHYSICAL THERAPY		1785309						50
53 ELECTROCARDIOLOGY		1111623						53
54 ELECTROENCEPHALOGRAPHY		110025						54
55 MEDICAL SUPPLIES CHARGED TO PA		858075						55
56 DRUGS CHARGED TO PATIENTS		964471						56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		714719						61
62 OBSERVATION BEDS (NON-DISTINCT		101640						62
63.50 RHC								63.50
63.60 FQHC								63.60
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		13019602						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		13019602						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0145) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		975741					37
38 RECOVERY ROOM		19606					38
39 DELIVERY ROOM & LABOR ROOM		28					39
40 ANESTHESIOLOGY		60782					40
41 RADIOLOGY-DIAGNOSTIC		912662					41
44 LABORATORY		76949					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		50049					47
49 RESPIRATORY THERAPY		159172					49
50 PHYSICAL THERAPY		1010854					50
53 ELECTROCARDIOLOGY		123521					53
54 ELECTROENCEPHALOGRAPHY		32779					54
55 MEDICAL SUPPLIES CHARGED TO PAT		346707					55
56 DRUGS CHARGED TO PATIENTS		395101					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		582749					61
62 OBSERVATION BEDS (NON-DISTINCT		124587					62
63.50 RHC							63.50
63.60 FQHC							63.60
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		4871287					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4871287					104

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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	7470						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	7470						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	701						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6769						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)	4484						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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6469458						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	6469458						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4615066						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	451845						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4163221						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.401813						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	644.57						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	615.04						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	29.53						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	41.40						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	29021						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6440437						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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	866.06					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3883413					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3883413					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	102331	16	6395.69	16	102331	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0145)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3453524					48
49 TOTAL PROGRAM INPATIENT COSTS	7439268					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	370397					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	322849					51
52 TOTAL PROGRAM EXCLUDABLE COST	693246					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6746022					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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0145)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	645	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	866.06	84
85 OBSERVATION BED COST	558609	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	41619	6469458	.006433	558609	3594	86
87 NEW CAPITAL-RELATED COST	528420	6469458	.081679	558609	45627	87
88 NON PHYSICIAN ANESTHETIST		6469458		558609		88
89 MEDICAL EDUCATION		6469458		558609		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0145) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3812200		25
26 INTENSIVE CARE UNIT		34425		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.486815	669636	325989	37
38 RECOVERY ROOM	.080933	71194	5762	38
39 DELIVERY ROOM & LABOR ROOM	.457952	15309	7011	39
40 ANESTHESIOLOGY	.201026	147734	29698	40
41 RADIOLOGY-DIAGNOSTIC	.236874	1716771	406658	41
44 LABORATORY	.224094	2725417	610750	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.664953	177685	118152	47
49 RESPIRATORY THERAPY	.301148	2283393	687639	49
50 PHYSICAL THERAPY	.571272	148333	84738	50
53 ELECTROCARDIOLOGY	.111118	250683	27855	53
54 ELECTROENCEPHALOGRAPHY	.297920	9610	2863	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.404052	248318	100333	55
56 DRUGS CHARGED TO PATIENTS	.409656	1543773	632416	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.815354	380574	310303	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.225772	84320	103357	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		10472750	3453524	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		10472750		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0145)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1324191					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1324191					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2619596					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	32821					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	55.78					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.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0145)	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	5300799					6
7						7
7.01						7.01
8	5300799					8
9	456045					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	5756844					16
17						17
18	5756844					18
19	727520					19
20	9024					20
21	98858					21
21.01	69201					21.01
21.02						21.02
22	5089501					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0145)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	5089501					26
27						27
28	5102467					28
28.01						28.01
29	-12966					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0145) 1	HOSPITAL (14-0145) 1.01	HOSPITAL (14-0145) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4871287			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3516876			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.845			1.03
1.04 LINE 1.01 TIMES LINE 1.03	4116238			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	85.44			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	3516876			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0145) 1	HOSPITAL (14-0145) 1.01	HOSPITAL (14-0145) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	997744		18.01
19 SUBTOTAL	2519132		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	2519132		23
24 PRIMARY PAYER PAYMENTS	318		24
25 SUBTOTAL	2518814		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	75374		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	52762		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2571576		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	2571576		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2592385		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-20809		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0145)

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		5102467		2592385	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					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04				3.05
	.05				3.50
	.50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		5102467		2592385	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): _____

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	717000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	13321835			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7696835			6
7 INVENTORY	505136			7
8 PREPAID EXPENSES	929000			8
9 OTHER CURRENT ASSETS	1302000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	9078136			11
FIXED ASSETS				
12 LAND	659789			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	3385876			13
13.01 ACCUMULATED DEPRECIATION	-1176881			13.01
14 BUILDINGS	14955987			14
14.01 ACCUMULATED DEPRECIATION	-5081933			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	11622173			16
16.01 ACCUMULATED DEPRECIATION	-6244753			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	16728636			18
18.01 ACCUMULATED DEPRECIATION	-10596753			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	24252141			21
OTHER ASSETS				
22 INVESTMENTS	54885119			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	171168			25
26 TOTAL OTHER ASSETS	55056287			26
27 TOTAL ASSETS	88386564			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	692364			28
29 SALARIES, WAGES & FEES PAYABLE	1819161			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	1021463			35
36 TOTAL CURRENT LIABILITIES	3532988			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	11840000			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	4837576			41
42 TOTAL LONG TERM LIABILITIES	16677576			42
43 TOTAL LIABILITIES	20210564			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	68176000			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	68176000			51
52 TOTAL LIABILITIES AND FUND BALANCES	88386564			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	65579657			1
2 NET INCOME (LOSS)	2786000			2
3 TOTAL	68365657			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS				5
6 INVESTMENT INCOME				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	68365657			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED				13
14 CHANGE IN TEMP RESTRICTED ASSETS	189657			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	189657			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	68176000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	5699236		5699236	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	5699236		5699236	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	43350		43350	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	43350		43350	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	5742586		5742586	18
18.50 ANCILLARY SERVICES	18166369	46754196	64920565	18.50
18.60 OUTPATIENT SERVICES		4750634	4750634	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 OBSERVATION BEDS	145515	310205	455720	26
27 TOTAL PATIENT REVENUES	24054470	51815035	75869505	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		35634977	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		35634977	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	75869505	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	37722572	2
3	NET PATIENT REVENUES	38146933	3
4	LESS - TOTAL OPERATING EXPENSES	35634977	4
5	NET INCOME FROM SERVICE TO PATIENTS	2511956	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	77	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	5460	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	147019	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	1400	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	25296	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	5733	21
22	RENTAL OF HOSPITAL SPACE	335209	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC OPERATING REVENUE(INC ROUNDING	470135	24
24.01	INTEREST INCOME	120250	24.01
24.02	NET ASSETS RELSD FOR PURCH OF PPE	161000	24.02
24.03	RECOGNITION OF CHANGE PENSION STATU	110543	24.03
24.04	NONOPERATING INVESTMENT INCOME LOSS	-978000	24.04
24.05	UNREAL G/L ON SELF-INS & WC	-130078	24.05
25	TOTAL OTHER INCOME	274044	25
26	TOTAL	2786000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2786000	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0145)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS
					CAPITAL FEDERAL AMOUNT
2	456045				CAPITAL DRG OTHER THAN OUTLIER
3					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	0.00	0.00			NO. OF INTERNS & RESIDENTS
4.02					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					SUM OF LINES 5 AND 5.01
5.03					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					DISPROPORTIONATE SHARE ADJUSTMENT
6	456045				TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					NEW CAPITAL
2					OLD CAPITAL
3					TOTAL CAPITAL
4					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					REDUCED OLD CAPITAL AMOUNT
8					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					SUBTOTAL
10					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					TOTAL INPATIENT PROGRAM CAPITAL
4					CAPITAL COST PAYMENT FACTOR
5					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					PROGRAM INPATIENT CAPITAL COSTS
2					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					NET PROGRAM INPATIENT CAPITAL COSTS
4					APPLICABLE EXCEPTION PERCENTAGE
5					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					CAPITAL MINIMUM PAYMENT LEVEL
9					CURRENT YEAR CAPITAL PAYMENTS
10					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					CURRENT YEAR EXCEPTION PAYMENT
14					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					CURRENT YEAR EXCEPTION OFFSET AMOUNT