

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PROVENA ST. MARY'S HOSPITAL (14-0155) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	405914	-211121		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	405914	-211121		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: 500 WEST COURT STREET P.O.BOX: 1  
 1.01 CITY: KANKAKEE STATE: IL ZIP CODE: 60901 COUNTY: KANKAKEE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	PROVENA ST. MARY'S HOSPITAL	14-0155	07/01/1969	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	PROVENA ST. MARY'S RENAL	14-2318	07/01/1973				16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2008	TO: 12/31/2008				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL			1				19
20	SUBPROVIDER I							20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		YES					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N	16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES					25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES					25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				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> <p style="text-align: right;">1            2            3</p>					
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	148003	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 9223 WEST ST. FRANCIS ROAD		P.O. BOX:	40.02
40.03	CITY: FRANKFORT, IL 60423		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 63288 PAID LOSSES: 4644496 AND/OR SELF INSURANCE: 1342567					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N	LIMIT	Y/N	FEE\$	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				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? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY: 1	STATE: 2	ZIP CODE 3
		CBSA 4	FTE/ CAMPUS 5
SETTLEMENT DATA			
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO	63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3761	1654	7967	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		3761	1654	7967	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	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
1	TOTAL SALARIES	36743441		36743441	1008563.00	36.43		2
2	NON-PHYSICIAN ANESTHETIST PART A							3
3	NON-PHYSICIAN ANESTHETIST PART B							4
4	PHYSICIAN - PART A							4.01
4.01	TEACHING PHYSICIAN SALARIES							5
5	PHYSICIAN - PART B							5.01
5.01	NON-PHYSICIAN - PART B							6
6	INTERNS & RESIDENTS (IN APPR PGM)	15888		15888	1088.00	14.60		6.01
6.01	CONTRACT SERVICES, I&R							7
7	HOME OFFICE PERSONNEL							8
8	SNF							8.01
8.01	EXCLUDED AREA SALARIES	581190	269387	850577	52335.00	16.25		9
	OTHER WAGES & RELATED COSTS							9.01
9	CONTRACT LABOR	3534893		3534893	106096.00	33.32		9.02
9.01	PHARMACY SERVICES UNDER CONTRACT							9.03
9.02	LABORATORY SERVICES UNDER CONTRACT							10
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'	2042477		2042477	10031.00	203.62		10.01
10	CONTRACT LABOR: PHYSICIAN PART A	908855		908855	10860.00	83.69		11
10.01	TEACHING PHYSICIAN UNDER CONTRACT							12
11	HOME OFFICE SALARIES & WAGE REL COSTS	6872727		6872727	125054.00	54.96		12.01
12	HOME OFFICE: PHYSICIAN PART A							13
12.01	TEACHING PHYSICIAN SALARIES							14
	WAGE-RELATED COSTS							15
13	WAGE RELATED COSTS (CORE)	10568620		10568620			CMS 339	16
14	WAGE RELATED COSTS (OTHER)						CMS 339	17
15	EXCLUDED AREAS	169943		169943			CMS 339	18
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	18.01
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	19
18	PHYSICIAN PART A						CMS 339	19.01
18.01	PART A TEACHING PHYSICIANS						CMS 339	20
19	PHYSICIAN PART B						CMS 339	21
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	22
20	INTERNS & RESIDENTS (IN APPR PGM)	4646		4646				23
	OVERHEAD COSTS - DIRECT SALARIES							24
21	EMPLOYEE BENEFITS	268144		268144	8633.00	31.06		25
22	ADMINISTRATIVE & GENERAL	4463604	-290519	4173085	144426.00	28.89		26
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							26.01
23	MAINTENANCE & REPAIRS							27
24	OPERATION OF PLANT	833746		833746	46228.00	18.04		28
25	LAUNDRY & LINEN SERVICE	61103		61103	5880.00	10.39		29
26	HOUSEKEEPING	618404		618404	60287.00	10.26		30
26.01	HOUSEKEEPING UNDER CONTRACT							31
27	DIETARY	728969	-487915	241054	63642.00	3.79		32
27.01	DIETARY UNDER CONTRACT	248284		248284	10528.00	23.58		33
28	CAFETERIA		487915	487915				34
29	MAINTENANCE OF PERSONNEL							35
30	NURSING ADMINISTRATION	617829		617829	16406.00	37.66		
31	CENTRAL SERVICES AND SUPPLY	526893		526893	37361.00	14.10		
32	PHARMACY	1100693		1100693	34994.00	31.45		
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1332363		1332363	55695.00	23.92		
34	SOCIAL SERVICE	557720		557720	15450.00	36.10		
35	OTHER GENERAL SERVICE							

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		1	2	3	4	5	6	
1	NET SALARIES	36975837		36975837	1018003.00	36.32		1
2	EXCLUDED AREA SALARIES	581190	269387	850577	52335.00	16.25		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	36394647	-269387	36125260	965668.00	37.41		3
4	SUBTOTAL OTHER WAGES & REL COSTS	13358952		13358952	252041.00	53.00		4
5	SUBTOTAL WAGE-RELATED COSTS	10568620		10568620		29.26%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	60322219	-269387	60052832	1217709.00	49.32		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	11357752	-290519	11067233	499530.00	22.16		13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2318

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	22886627	17
17.01	GROSS MEDICAID REVENUES	64424050	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	87310677	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.214393	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	64424050	28
29	TOTAL GROSS MEDICAID COST	13812065	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	8705799	30
31	UNCOMPENSATED CARE COST	1866462	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	13812065	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT		2281007	2281007	1979866	4260873	-436425	3824448	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				1046	1046		1046	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2408438	2408438		2408438	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2181008	2181008	2352907	4533915	4
5	0500 EMPLOYEE BENEFITS	268144	9990639	10258783	512192	10770975		10770975	5
6	0600 ADMINISTRATIVE & GENERAL	4463604	22914940	27378544	-1051887	26326657	-3611465	22715192	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	833746	2821842	3655588	-541155	3114433		3114433	8
8.01	0801 BIO MED		1178263	1178263	-1600	1176663		1176663	8.01
9	0900 LAUNDRY & LINEN SERVICE	61103	189097	250200	-202	249998	-26490	223508	9
10	1000 HOUSEKEEPING	618404	207044	825448	-9838	815610		815610	10
11	1100 DIETARY	728969	1015901	1744870	-913992	830878		830878	11
12	1200 CAFETERIA				869349	869349	-347517	521832	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	617829	68819	686648	-34229	652419	-15000	637419	14
15	1500 CENTRAL SERVICES & SUPPLY	226889	645709	872598	-835985	36613		36613	15
15.01	1501 STERILE PROCESSING	300004	154280	454284	-97205	357079		357079	15.01
16	1600 PHARMACY	1100693	6261248	7361941	-6588401	773540		773540	16
17	1700 MEDICAL RECORDS & LIBRARY	1332363	786986	2119349	-16614	2102735	-31420	2071315	17
18	1800 SOCIAL SERVICE	557720	7233	564953	-14	564939		564939	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	15888	14681	30569		30569	-1785	28784	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	89231	25785	115016	259328	374344		374344	24
25	2500 ADULTS & PEDIATRICS	7381724	1615921	8997645	-353326	8644319	-63306	8581013	25
26	2600 INTENSIVE CARE UNIT	1823398	1060656	2884054	-120934	2763120	-446016	2317104	26
29	2900 SURGICAL INTENSIVE CARE UNIT	1194649	591172	1785821	-67377	1718444		1718444	29
33	3300 NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	1368162	6848144	8216306	-6234471	1981835		1981835	37
37.01	3330 SPECIAL PROCEDURES	371257	182576	553833	-100237	453596		453596	37.01
38	3800 RECOVERY ROOM	1005032	60241	1065273	-29153	1036120		1036120	38
38.01	3801 OP ONCOLOGY	1248311	800173	2048484	-27324	2021160	-56754	1964406	38.01
39.02	3901 SUBSTANCE ABUSE	203005	47989	250994	-113	250881	-1635	249246	39.02
39.04	3902 DIABETES EDUCATION	74075	5660	79735	-38	79697		79697	39.04
39.05	3903 PODIATRY								39.05
39.06	3904 INFUSION CLINIC	178937	11475	190412	-9483	180929		180929	39.06
40	4000 ANESTHESIOLOGY	37546	2583071	2620617	-200465	2420152	-2369226	50926	40
41	4100 RADIOLOGY-DIAGNOSTIC	2452252	1896361	4348613	-716730	3631883	-28663	3603220	41
43	4300 RADIOISOTOPE	182148	184717	366865	-173320	193545		193545	43
43.01	3120 CARDIAC CATH LAB	456608	2385617	2842225	-2298451	543774	-7385	536389	43.01
44	4400 LABORATORY		5874238	5874238	-753314	5120924	-10682	5110242	44
49	4900 RESPIRATORY THERAPY	1068223	263296	1331519	-123160	1208359		1208359	49
50	5000 PHYSICAL THERAPY	476892	684448	1161340	-53775	1107565		1107565	50
50.01	3950 WOUND CARE	152149	38413	190562	-26879	163683		163683	50.01
51	5100 OCCUPATIONAL THERAPY	101176	10335	111511	17951	129462		129462	51
52	5200 SPEECH PATHOLOGY	47038	68930	115968	19648	135616		135616	52
53	5300 ELECTROCARDIOLOGY	428669	64455	493124	-103478	389646		389646	53
54	5400 ELECTROENCEPHALOGRAPHY	40149	2608	42757	-959	41798		41798	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				11802960	11802960		11802960	55
56	5600 DRUGS CHARGED TO PATIENTS				8839664	8839664		8839664	56
57	5700 RENAL DIALYSIS	1653662	3466224	5119886	-2778189	2341697	-28800	2312897	57
OUTPATIENT SERVICE COST CENTERS									
60.01	4950 OCCUPATIONAL HEALTH	852106	401389	1253495	-217822	1035673		1035673	60.01
61	6100 EMERGENCY	2239727	1254204	3493931	-490521	3003410	-116153	2887257	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
65	6500 AMBULANCE SERVICES		314	314		314		314	65
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
88	8800 INTEREST EXPENSE		3492637	3492637	-3492637				88
95	9500 SUBTOTALS	36251482	82458738	118710220	428172	119138392	-5245815	113892577	95
NONREIMBURSABLE COST CENTERS									
100	7950 OTHER NRCC	160727	1876289	2037016	-425193	1611823	-795140	816683	100
100.01	7951 SISTERS RESIDENCE	331232	106120	437352	-2979	434373		434373	100.01
101	TOTAL	36743441	84441147	121184588		121184588	-6040955	115143633	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 SUPPLY RECLASS	A	MEDICAL SUPPLIES CHARGED TO P	55		11802960
2	A				
3	A				
4	A				
5	A				
6	A				
7	A				
8	A				
9	A				
10	A				
11	A				
12	A				
13	A				
14	A				
15	A				
16	A				
17	A				
18	A				
19	A				
20	A				
21	A				
22	A				
23	A				
24	A				
25	A				
26	A				
27	A				
28	A				
29	A				
30	A				
31	A				
32	A				
33	A				
34	A				
35	A				
36 SUBTOTAL					11802960

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 SUPPLY RECLASS	A	EMPLOYEE BENEFITS	5		16	1
2	A	ADMINISTRATIVE & GENERAL	6		148	2
3	A	OPERATION OF PLANT	8		204	3
4	A	BIO MED	8.01		7	4
5	A	LAUNDRY & LINEN SERVICE	9		166	5
6	A	HOUSEKEEPING	10		3455	6
7	A	DIETARY	11		4184	7
8	A	NURSING ADMINISTRATION	14		1127	8
9	A	CENTRAL SERVICES & SUPPLY	15		835325	9
10	A	STERILE PROCESSING	15.01		49058	10
11	A	PHARMACY	16		3317	11
12	A	MEDICAL RECORDS & LIBRARY	17		104	12
13	A	SOCIAL SERVICE	18		14	13
14	A	PARAMED ED PRGM-(SPECIFY)	24		5603	14
15	A	ADULTS & PEDIATRICS	25		219727	15
16	A	INTENSIVE CARE UNIT	26		62505	16
17	A	SURGICAL INTENSIVE CARE UNIT	29		41707	17
18	A	OPERATING ROOM	37		5973096	18
19	A	RECOVERY ROOM	38		21219	19
20	A	OP ONCOLOGY	38.01		23686	20
21	A	SUBSTANCE ABUSE	39.02		23	21
22	A	DIABETES EDUCATION	39.04		38	22
23	A	INFUSION CLINIC	39.06		6383	23
24	A	ANESTHESIOLOGY	40		163995	24
25	A	RADIOLOGY-DIAGNOSTIC	41		96190	25
26	A	RADIOISOTOPE	43		1986	26
27	A	CARDIAC CATH LAB	43.01		2023775	27
28	A	LABORATORY	44		629617	28
29	A	RESPIRATORY THERAPY	49		131051	29
30	A	PHYSICAL THERAPY	50		9789	30
31	A	WOUND CARE	50.01		24066	31
32	A	OCCUPATIONAL THERAPY	51		504	32
33	A	ELECTROCARDIOLOGY	53		15587	33
34	A	ELECTROENCEPHALOGRAPHY	54		959	34
35	A	RENAL DIALYSIS	57		923721	35
36 SUBTOTAL					11272352	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	A				1
2	A				2
3	A				3
4	A				4
5	A				5
6 DRUG RECLASS	B	DRUGS CHARGED TO PATIENTS	56		8839664 6
7	B	CENTRAL SERVICES & SUPPLY	15		2875 7
8	B				8
9	B				9
10	B				10
11	B				11
12	B				12
13	B				13
14	B				14
15	B				15
16	B				16
17	B				17
18	B				18
19	B				19
20	B				20
21	B				21
22	B				22
23	B				23
24	B				24
25	B				25
26	B				26
27	B				27
28	B				28
29	B				29
30	B				30
31	B				31
32	B				32
33	B				33
34	B				34
35	B				35
36 SUBTOTAL					20645499 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	A	EMERGENCY	61		328787	1
2	A	OTHER NRCC	100		9549	2
3	A	SISTERS RESIDENCE	100.01		2972	3
4	A	SPECIAL PROCEDURES	37.01		82711	4
5	A	OCCUPATIONAL HEALTH	60.01		106589	5
6	B	ADMINISTRATIVE & GENERAL	6		21	6
7	B	DIETARY	11		13671	7
8	B	NURSING ADMINISTRATION	14		20	8
9	B	STERILE PROCESSING	15.01		156	9
10	B	PHARMACY	16		6572022	10
11	B	PARAMED ED PRGM-(SPECIFY)	24		1369	11
12	B	ADULTS & PEDIATRICS	25		4846	12
13	B	INTENSIVE CARE UNIT	26		1042	13
14	B	SURGICAL INTENSIVE CARE UNIT	29		587	14
15	B	OPERATING ROOM	37		7995	15
16	B	SPECIAL PROCEDURES	37.01		1349	16
17	B	RECOVERY ROOM	38		48	17
18	B	OP ONCOLOGY	38.01		1210	18
19	B	ANESTHESIOLOGY	40		5707	19
20	B	RADIOLOGY-DIAGNOSTIC	41		137881	20
21	B	RADIOISOTOPE	43		170775	21
22	B	CARDIAC CATH LAB	43.01		42043	22
23	B	RESPIRATORY THERAPY	49		874	23
24	B	WOUND CARE	50.01		2429	24
25	B	ELECTROCARDIOLOGY	53		36	25
26	B	RENAL DIALYSIS	57		1794417	26
27	B	OCCUPATIONAL HEALTH	60.01		67440	27
28	B	EMERGENCY	61		31	28
29	B	OTHER NRCC	100		12488	29
30	B	SISTERS RESIDENCE	100.01		7	30
31	B	OPERATION OF PLANT	8		4075	31
32	B					32
33	B					33
34	B					34
35	B					35
36		SUBTOTAL			20645499	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
1					1	
2	B				2	
3	B				3	
4	B				4	
5					5	
6					6	
7					7	
8					8	
9 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-BLDG & FIXT	1		3004630	9
10	C					10
11	C					11
12	C					12
13	C					13
14	C					14
15	C					15
16	C					16
17	C					17
18	C					18
19	C					19
20	C					20
21	C					21
22	C					22
23	C					23
24	C					24
25	C					25
26	C					26
27	C					27
28	C					28
29	C					29
30	C					30
31	C					31
32	C					32
33	C					33
34	C					34
35	C					35
36 SUBTOTAL					23650129	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	B					1
2	B					2
3	B					3
4	B					4
5						5
6						6
7						7
8						8
9	DEPRECIATION RECLASS	C	EMPLOYEE BENEFITS	5	7524	9 9
10		C	ADMINISTRATIVE & GENERAL	6	60795	10
11		C	OPERATION OF PLANT	8	536876	11
12		C	BIO MED	8.01	1593	12
13		C	LAUNDRY & LINEN SERVICE	9	36	13
14		C	HOUSEKEEPING	10	6383	14
15		C	DIETARY	11	26788	15
16		C	NURSING ADMINISTRATION	14	33082	16
17		C	CENTRAL SERVICES & SUPPLY	15	3535	17
18		C	STERILE PROCESSING	15.01	47991	18
19		C	PHARMACY	16	13062	19
20		C	MEDICAL RECORDS & LIBRARY	17	16510	20
21		C	PARAMED ED PRGM-(SPECIFY)	24	3087	21
22		C	ADULTS & PEDIATRICS	25	190012	22
23		C	INTENSIVE CARE UNIT	26	33872	23
24		C	SURGICAL INTENSIVE CARE UNIT	29	25083	24
25		C	OPERATING ROOM	37	307020	25
26		C	SPECIAL PROCEDURES	37.01	16177	26
27		C	RECOVERY ROOM	38	8201	27
28		C	OP ONCOLOGY	38.01	2428	28
29		C	SUBSTANCE ABUSE	39.02	90	29
30		C	INFUSION CLINIC	39.06	3100	30
31		C	ANESTHESIOLOGY	40	41074	31
32		C	RADIOLOGY-DIAGNOSTIC	41	531923	32
33		C	RADIOISOTOPE	43	5865	33
34		C	CARDIAC CATH LAB	43.01	247016	34
35		C	LABORATORY	44	123697	35
36	SUBTOTAL				22938319	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	C				1
2	C				2
3	C				3
4	C				4
5	C				5
6	C				6
7	C				7
8	C				8
9	C				9
10	C				10
11	C				11
12	C				12
13	C				13
14	C				14
15	C				15
16	C				16
17	C				17
18	C				18
19	C				19
20 REHAB RECLASS	D	OCCUPATIONAL THERAPY	51	19173	555 20
21	D	SPEECH PATHOLOGY	52	19173	555 21
22 CARDIAC REHAB RECLASS	E	RESPIRATORY THERAPY	49	41592	9257 22
23 CAFETERIA RECLASS	F	CAFETERIA	12	487915	381434 23
24 CAPITAL INTEREST RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		3385056 24
25 WORKERS COMP RECLASS	H	EMPLOYEE BENEFITS	5		519732 25
26 CAPITAL INSURANCE	I	NEW CAP REL COSTS-BLDG & FIXT	3		180672 26
27 DEPRECIATION RECLASS	J	OLD CAP REL COSTS-MVBLE EQUIP	2		1046 27
28	J	NEW CAP REL COSTS-MVBLE EQUIP	4		2181008 28
29 SALARY RECLASS	K	ADULTS & PEDIATRICS	25	81292	29
30	K	OPERATING ROOM	37	75617	30
31	K	RECOVERY ROOM	38	17186	31
32	K	ANESTHESIOLOGY	40	10311	32
33	K	RADIOLOGY-DIAGNOSTIC	41	56240	33
34	K	RADIOISOTOPE	43	5306	34
35	K	CARDIAC CATH LAB	43.01	24406	35
36 SUBTOTAL				838211	30309444 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	C	RESPIRATORY THERAPY	49		40328	1
2	C	PHYSICAL THERAPY	50		4530	2
3	C	WOUND CARE	50.01		384	3
4	C	OCCUPATIONAL THERAPY	51		1273	4
5	C	SPEECH PATHOLOGY	52		80	5
6	C	ELECTROCARDIOLOGY	53		37827	6
7	C	RENAL DIALYSIS	57		53145	7
8	C	OCCUPATIONAL HEALTH	60.01		43793	8
9	C	EMERGENCY	61		19713	9
10	C	INTEREST EXPENSE	88		107581	10
11	C	OTHER NRCC	100		403156	11
12	C					12
13	C					13
14	C					14
15	C					15
16	C					16
17	C					17
18	C					18
19	C					19
20	REHAB RECLASS	D PHYSICAL THERAPY	50	38346	1110	20
21		D				21
22	CARDIAC REHAB RECLASS	E ELECTROCARDIOLOGY	53	41592	9257	22
23	CAFETERIA RECLASS	F DIETARY	11	487915	381434	23
24	CAPITAL INTEREST RECLASS	G INTEREST EXPENSE	88		3385056	11 24
25	WORKERS COMP RECLASS	H ADMINISTRATIVE & GENERAL	6		519732	25
26	CAPITAL INSURANCE	I ADMINISTRATIVE & GENERAL	6		180672	11 26
27	DEPRECIATION RECLASS	J OLD CAP REL COSTS-BLDG & FIXT	1		1024764	9 27
28		J NEW CAP REL COSTS-BLDG & FIXT	3		1157290	9 28
29	SALARY RECLASS	K ADMINISTRATIVE & GENERAL	6	290519		29
30		K				30
31		K				31
32		K				32
33		K				33
34		K				34
35		K				35
36	SUBTOTAL			858372	30309444	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	K	RESPIRATORY THERAPY	49	11672	1
2	K	ELECTROCARDIOLOGY	53	8489	2
3	K				3
4	K				4
5	K				5
6	K				6
7 EMT TRAINER RECLASS	L	PARAMED ED PRGM-(SPECIFY)	24	269387	7
8	L				8
9	L				9
10	L				10
11	L				11
12	L				12
13	L				13
14	L				14
15	L				15
16	L				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				1127759	30309444 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1	K					1
2	K					2
3	K					3
4	K					4
5	K					5
6	K					6
7 EMT TRAINER RECLASS	L	ADULTS & PEDIATRICS	25	20033		7
8	L	INTENSIVE CARE UNIT	26	23515		8
9	L	OPERATING ROOM	37	21977		9
10	L	RECOVERY ROOM	38	16871		10
11	L	RADIOLOGY-DIAGNOSTIC	41	6976		11
12	L	CARDIAC CATH LAB	43.01	10023		12
13	L	RESPIRATORY THERAPY	49	13428		13
14	L	ELECTROCARDIOLOGY	53	7668		14
15	L	RENAL DIALYSIS	57	6906		15
16	L	EMERGENCY	61	141990		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				1127759	30309444	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	5113245					5113245		1
2 LAND IMPROVEMENTS	1330230					1330230	949430	2
3 BUILDINGS AND FIXTURES	89472738	2323087		2323087	239729	91556096	19011437	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	32367531	3131618		3131618	1642946	33856203	16105980	6
7 SUBTOTAL	128283744	5454705		5454705	1882675	131855774	36066847	7
8 RECONCILING ITEMS								8
9 TOTAL	128283744	5454705		5454705	1882675	131855774	36066847	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	2281007		2281007	1.000000				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	2281007		2281007	1.000000				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	4260873		-62091			-374334	3824448	1
2 OLD CAP REL COSTS-MVBLE EQUIP	1046						1046	2
3 NEW CAP REL COSTS-BLDG & FIXT	-1157290		3565728				2408438	3
4 NEW CAP REL COSTS-MVBLE EQUIP	4533915						4533915	4
5 TOTAL	7638544		3503637			-374334	10767847	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	2281007						2281007	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	2281007						2281007	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	B	-97545	OLD CAP REL COSTS-BLDG & FIXT	1	11	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						6
7 REFUNDS AND REBATES OF EXPENSES	B	-34547	ADMINISTRATIVE & GENERAL	6		7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-2680764				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1	4231181				14
15 LAUNDRY AND LINEN SERVICE	B	-26490	LAUNDRY & LINEN SERVICE	9		15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-347517	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	-400	MEDICAL RECORDS & LIBRARY	17		20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22 VENDING MACHINES						22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES	B	-651	ADMINISTRATIVE & GENERAL	6		23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49		25
	A-8-4					
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50		26
	A-8-4					
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71		27
	A-8-3					
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4					35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4					36
37 RADIOLOGY OTHER OPER INCOME	B	-28663	RADIOLOGY-DIAGNOSTIC	41		37
38 EQUITY TRSFR OF UNCONS INV	B	-70571	ADMINISTRATIVE & GENERAL	6		38
39 OTHER OPER INC 11.0300.4590	B	-213	ADMINISTRATIVE & GENERAL	6		39
40 NURSERY PHOTOS 11.0646.4200	B	-5982	ADULTS & PEDIATRICS	25		40
41 NSG ADMIN OTHER OPER INCOME	B	-15000	NURSING ADMINISTRATION	14		41
42 VOLUNTEER HOURS CONTRIBUTION	B	-358428	ADMINISTRATIVE & GENERAL	6		42
43 REAL ESTATE TAXES 11.0950.8260	A	-39300	ADMINISTRATIVE & GENERAL	6		43
44 MEDICAL AFFAIRS ADJUSTMENT	A	-243564	ADMINISTRATIVE & GENERAL	6		44
45 MARKETING EXPENSES	A	-1083868	ADMINISTRATIVE & GENERAL	6		45
46 MARKETING DEPRECIATION	A	-14318	NEW CAP REL COSTS-MVBLE EQUIP	4	9	46
46.10 AHA DUES	A	-30046	ADMINISTRATIVE & GENERAL	6		46.10
46.11 LOSS ON DEFEASANCE	A	35454	OLD CAP REL COSTS-BLDG & FIXT	1	11	46.11
46.30 ADMIN NON-ALLOWABLE EXP	A	-2449	ADMINISTRATIVE & GENERAL	6		46.30
47 MEDICAID PROVIDER TAX ASSESSMENT	A	-4057800	ADMINISTRATIVE & GENERAL	6		47
48 RENTAL INCOME - MED CENTRE BLDGS	B	-795140	OTHER NRCC	100		48
49 OFFSET RENTAL INCOME	B	-374334	OLD CAP REL COSTS-BLDG & FIXT	1	14	49
50 TOTAL		-6040955				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	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	12731033	9527640	3203393	1
2	6	ADMINISTRATIVE & GENERAL	INFORMATION SYSTEMS	4088606	5058672	-970066	2
3	26	INTENSIVE CARE UNIT	EICU EXPENSE	866148	1312164	-446016	3
4	6	ADMINISTRATIVE & GENERAL	CBO EXPENSE	1291861	1215216	76645	4
4.01	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY MANAGEMENT FEES	396228	396228		4.01
4.02	4	NEW CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	2367225		2367225	9 4.02
4.03	44	LABORATORY	ALVERNO LAB	4996576	4996576		4.03
5		TOTALS		26737677	22506496	4231181	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		
1	G PROVENA HEALTH		PROVENA HEALTH		MANAGEMENT		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: FINANCIAL

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	57	RENAL DIALYSIS	59125		59125	171400	368	30325	1516
2	25	ADULTS & PEDIATRICS	88061		88061	171400	373	30737	1537
3	39.02	SUBSTANCE ABUSE	4849		4849	171400	39	3214	161
4	61	EMERGENCY	616153	116153	500000	171400	8182	674228	33711
5	44	LABORATORY	29305		29305	171400	226	18623	931
6	53	ELECTROCARDIOLOGY							
7	43.01	CARDIAC CATH LAB	15625		15625	171400	100	8240	412
8	49	RESPIRATORY THERAPY	21667		21667	171400	335	27605	1380
9	22	I&R SERVICES-SALARY & FR	7800		7800	171400	73	6015	301
10	38.01	OP ONCOLOGY	113613		113613	171400	690	56859	2843
11	17	MEDICAL RECORDS & LIBRAR	55000		55000	171400	291	23980	1199
12	6	ADMINISTRATIVE & GENERAL	6250		6250	171400	83	6840	342
13	40	ANESTHESIOLOGY	2369226	2369226		171400			
14	26	INTENSIVE CARE UNIT	7560		7560	171400	101	8323	416
101		TOTAL	3394234	2485379	908855		10861	894989	44749

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	57 RENAL DIALYSIS					30325	28800	28800
2	25 ADULTS & PEDIATRICS					30737	57324	57324
3	39.02 SUBSTANCE ABUSE					3214	1635	1635
4	61 EMERGENCY					674228		116153
5	44 LABORATORY	AGGREGATE				18623	10682	10682
6	53 ELECTROCARDIOLOGY							
7	43.01 CARDIAC CATH LAB					8240	7385	7385
8	49 RESPIRATORY THERAPY					27605		
9	22 I&R SERVICES-SALARY & FR					6015	1785	1785
10	38.01 OP ONCOLOGY					56859	56754	56754
11	17 MEDICAL RECORDS & LIBRAR					23980	31020	31020
12	6 ADMINISTRATIVE & GENERAL					6840		
13	40 ANESTHESIOLOGY	AGGREGATE						2369226
14	26 INTENSIVE CARE UNIT					8323		
101	TOTAL					894989	195385	2680764

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	3824448	3824448							1
2 OLD CAP REL COSTS-MVBLE EQUIP	1046		1046						2
3 NEW CAP REL COSTS-BLDG & FIXT	2408438			2408438					3
4 NEW CAP REL COSTS-MVBLE EQUIP	4533915				4533915				4
5 EMPLOYEE BENEFITS	10770975	44928		28293		10844196			5
6 ADMINISTRATIVE & GENERAL	22715192	219909		138487	3059	1240667	24317314	24317314	6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	3114433	906873		571102	812486	247874	5652768	1513438	8
8.01 BIO MED	1176663	4464		2811			1183938	316980	8.01
9 LAUNDRY & LINEN SERVICE	223508	10902		6865		18166	259441	69461	9
10 HOUSEKEEPING	815610	11279		7103		183853	1017845	272512	10
11 DIETARY	830878	116727		73508	1988	71666	1094767	293106	11
12 CAFETERIA	521832					145058	666890	178549	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	637419	5758		3626	35419	183682	865904	231832	14
15 CENTRAL SERVICES & SUPPLY	36613	74791		47100	2807	67455	228766	61248	15
15.01 STERILE PROCESSING	357079	67939		42784	74965	89192	631959	169197	15.01
16 PHARMACY	773540	19189		12084		327238	1132051	303089	16
17 MEDICAL RECORDS & LIBRARY	2071315	50223		31628		396114	2549280	682529	17
18 SOCIAL SERVICE	564939	2832		1783		165811	735365	196882	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	28784					4724	33508	8971	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	374344	1888		1189		106618	484039	129594	24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8581013	528456	1046	332794	248178	2212829	11904316	3187211	25
26 INTENSIVE CARE UNIT	2317104	68722		43278	37716	535109	3001929	803718	26
29 SURGICAL INTENSIVE CARE UNIT	1718444	54744		34475	9065	355172	2171900	581491	29
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1981835	110242		69425	363065	422705	2947272	789085	37
37.01 SPECIAL PROCEDURES	453596	87382		55029	17960	110375	724342	193931	37.01
38 RECOVERY ROOM	1036120	15923		10027	2543	298892	1363505	365057	38
38.01 OP ONCOLOGY	1964406	275011		173188		371125	2783730	745299	38.01
39.02 SUBSTANCE ABUSE	249246	3908		2461		60354	315969	84596	39.02
39.04 DIABETES EDUCATION	79697	9599		6045		22023	117364	31422	39.04
39.05 PODIATRY									39.05
39.06 INFUSION CLINIC	180929	22332		14063		53198	270522	72428	39.06
40 ANESTHESIOLOGY	50926	2926		1843		14228	69923	18721	40
41 RADIOLOGY-DIAGNOSTIC	3603220	129035		81259	438411	743706	4995631	1337500	41
43 RADIOISOTOPE	193545	16989		10699	4050	55730	281013	75237	43
43.01 CARDIAC CATH LAB	536389	38085		23984		140027	738485	197718	43.01
44 LABORATORY	5110242	111705		70346	20792		5313085	1422493	44
49 RESPIRATORY THERAPY	1208359	23427		14753	22	329428	1575989	421946	49
50 PHYSICAL THERAPY	1107565	70242		44235		130381	1352423	362090	50
50.01 WOUND CARE	163683	31062		19561		45234	259540	69488	50.01
51 OCCUPATIONAL THERAPY	129462	3832		2413		35780	171487	45913	51
52 SPEECH PATHOLOGY	135616	2265		1427		19685	158993	42568	52
53 ELECTROCARDIOLOGY	389646	30628		19288	47541	115323	602426	161290	53
54 ELECTROENCEPHALOGRAPHY	41798	7541		4749		11936	66024	17677	54
55 MEDICAL SUPPLIES CHARGED TO PAT	11802960						11802960	3160054	55
56 DRUGS CHARGED TO PATIENTS	8839664						8839664	2366679	56
57 RENAL DIALYSIS	2312897	125769		79203	69726	489584	3077179	823865	57
OUTPATIENT SERVICE COST CENTERS									
60.01 OCCUPATIONAL HEALTH	1035673	75508		47551	67598	253333	1479663	396156	60.01
61 EMERGENCY	2887257	74904		47171	15618	623661	3648611	976857	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
65 AMBULANCE SERVICES	314	21539		13564			35417	9482	65
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	113892577	3479478	1046	2191194	2273009	10697936	110923197	23187360	95
NONREIMBURSABLE COST CENTERS									
100 OTHER NRCC	816683	184901		116441	2260906	47784	3426715	917448	100
100.01 SISTERS RESIDENCE	434373	160069		100803		98476	793721	212506	100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	115143633	3824448	1046	2408438	4533915	10844196	115143633	24317314	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION	BIO MED	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	OF PLANT		& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	8.01	9	10	11	12	TRATION	SUPPLY	
							14	15	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	7166206							8
8.01	BIO MED	12060	1512978						8.01
9	LAUNDRY & LINEN SERVICE	29450		358352					9
10	HOUSEKEEPING	30470			1320827				10
11	DIETARY	315330			66873	1770076			11
12	CAFETERIA						845439		12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	15554			17590		11859	1142739	14
15	CENTRAL SERVICES & SUPPLY	202044			16672		11241	519971	15
15.01	STERILE PROCESSING	183532		6233	23002		15508	31214	2163 15.01
16	PHARMACY	51837	2843		36601		24677	146	16
17	MEDICAL RECORDS & LIBRARY	135673			58777		39629	5362	5 17
18	SOCIAL SERVICE	7649			16604		11194		1 18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A				1193		804		22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)	5100			64121		43231	90661	247 24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1427589	173399	183324	335465	1412011	226180	451397	9688 25
26	INTENSIVE CARE UNIT	185649	54365	19818	70840	221734	47762	103945	2756 26
29	SURGICAL INTENSIVE CARE UNIT	147887	40507	14309	45407	129130	30614	61378	1839 29
33	NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	297813	170201	32861	55911		37696	76282	263299 37
37.01	SPECIAL PROCEDURES	236058		5404	13874		9354	19554	3647 37.01
38	RECOVERY ROOM	43015	15279	8879	34262		23100	43578	936 38
38.01	OP ONCOLOGY	742927	6396		27909		18817	17549	1044 38.01
39.02	SUBSTANCE ABUSE	10556			10045		6772		1 39.02
39.04	DIABETES EDUCATION	25931			2293		1546		2 39.04
39.05	PODIATRY								39.05
39.06	INFUSION CLINIC	60328	6041	541	5504		3711	8287	281 39.06
40	ANESTHESIOLOGY	7904	81014		2546		1716	55	7230 40
41	RADIOLOGY-DIAGNOSTIC	348579	95227	17632	106661		71913	3146	4241 41
43	RADIOISOTOPE	45896		2069	14906		10050		88 43
43.01	CARDIAC CATH LAB	102883	27360	2833	13553		9138	7844	89226 43.01
44	LABORATORY	301765	61827						27759 44
49	RESPIRATORY THERAPY	63285	43705	894	47815		32238	211	5778 49
50	PHYSICAL THERAPY	189754	21675	3286	17154		11565		432 50
50.01	WOUND CARE	83913	6751	843	6628		4468	6554	1061 50.01
51	OCCUPATIONAL THERAPY	10352			4128		2783		22 51
52	SPEECH PATHOLOGY	6119	399032		1078		727		52
53	ELECTROCARDIOLOGY	82740	48324	1281	16718		11272	9911	687 53
54	ELECTROENCEPHALOGRAPHY	20373		1987	2041		1376		42 54
55	MEDICAL SUPPLIES CHARGED TO PAT								36829 55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS	339757	156343		72560		48921	79834	40726 57
OUTPATIENT SERVICE COST CENTERS									
60.01	OCCUPATIONAL HEALTH	203982		1021	28620		19296	22233	4699 60.01
61	EMERGENCY	202350	60405	39825	83476	7201	56281	103744	14496 61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
65	AMBULANCE SERVICES	58186							65
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	6234290	1470694	343040	1320827	1770076	845439	1142739	519371 95
NONREIMBURSABLE COST CENTERS									
100	OTHER NRCC	499500	42284	12575					469 100
100.01	SISTERS RESIDENCE	432416		2737					131 100.01
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	7166206	1512978	358352	1320827	1770076	845439	1142739	519971 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	STER PROC 15.01	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 BIO MED									8.01
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
15.01 STERILE PROCESSING	1062808								15.01
16 PHARMACY		1551244							16
17 MEDICAL RECORDS & LIBRARY			3471255						17
18 SOCIAL SERVICE				967695					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					44476				22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)						816993			24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	24100		2661064	685128		68908	22749780		25
26 INTENSIVE CARE UNIT			402318	103640		68908	5087382		26
29 SURGICAL INTENSIVE CARE UNIT			234310	60384			3519156		29
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	969386					68908	5708714		37
37.01 SPECIAL PROCEDURES	3525						1209689		37.01
38 RECOVERY ROOM						45939	1943550		38
38.01 OP ONCOLOGY							4343671		38.01
39.02 SUBSTANCE ABUSE							427939		39.02
39.04 DIABETES EDUCATION							178558		39.04
39.05 PODIATRY					44476		44476	-44476	39.05
39.06 INFUSION CLINIC							427643		39.06
40 ANESTHESIOLOGY							189109		40
41 RADIOLOGY-DIAGNOSTIC	2589					22969	7006088		41
43 RADIOISOTOPE							429259		43
43.01 CARDIAC CATH LAB	5218					22969	1217227		43.01
44 LABORATORY							7126929		44
49 RESPIRATORY THERAPY	4302					45939	2242102		49
50 PHYSICAL THERAPY							1958379		50
50.01 WOUND CARE	33641						472887		50.01
51 OCCUPATIONAL THERAPY							234685		51
52 SPEECH PATHOLOGY							608517		52
53 ELECTROCARDIOLOGY	498					22969	958116		53
54 ELECTROENCEPHALOGRAPHY							109520		54
55 MEDICAL SUPPLIES CHARGED TO PAT							14999843		55
56 DRUGS CHARGED TO PATIENTS		1551244					12757587		56
57 RENAL DIALYSIS	110			60481		22969	4722745		57
OUTPATIENT SERVICE COST CENTERS									
60.01 OCCUPATIONAL HEALTH	1394						2157064		60.01
61 EMERGENCY	18045		173563	58062		426515	5869431		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)									62
65 AMBULANCE SERVICES							103085		65
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	1062808	1551244	3471255	967695	44476	816993	108803131	-44476	95
NONREIMBURSABLE COST CENTERS									
100 OTHER NRCC							4898991		100
100.01 SISTERS RESIDENCE							1441511		100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1062808	1551244	3471255	967695	44476	816993	115143633	-44476	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
8.01	BIO MED		8.01
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
15.01	STERILE PROCESSING		15.01
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	22749780	25
26	INTENSIVE CARE UNIT	5087382	26
29	SURGICAL INTENSIVE CARE UNIT	3519156	29
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	5708714	37
37.01	SPECIAL PROCEDURES	1209689	37.01
38	RECOVERY ROOM	1943550	38
38.01	OP ONCOLOGY	4343671	38.01
39.02	SUBSTANCE ABUSE	427939	39.02
39.04	DIABETES EDUCATION	178558	39.04
39.05	PODIATRY		39.05
39.06	INFUSION CLINIC	427643	39.06
40	ANESTHESIOLOGY	189109	40
41	RADIOLOGY-DIAGNOSTIC	7006088	41
43	RADIOISOTOPE	429259	43
43.01	CARDIAC CATH LAB	1217227	43.01
44	LABORATORY	7126929	44
49	RESPIRATORY THERAPY	2242102	49
50	PHYSICAL THERAPY	1958379	50
50.01	WOUND CARE	472887	50.01
51	OCCUPATIONAL THERAPY	234685	51
52	SPEECH PATHOLOGY	608517	52
53	ELECTROCARDIOLOGY	958116	53
54	ELECTROENCEPHALOGRAPHY	109520	54
55	MEDICAL SUPPLIES CHARGED TO PAT	14999843	55
56	DRUGS CHARGED TO PATIENTS	12757587	56
57	RENAL DIALYSIS	4722745	57
OUTPATIENT SERVICE COST CENTERS			
60.01	OCCUPATIONAL HEALTH	2157064	60.01
61	EMERGENCY	5869431	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		62
65	AMBULANCE SERVICES	103085	65
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	108758655	95
NONREIMBURSABLE COST CENTERS			
100	OTHER NRCC	4898991	100
100.01	SISTERS RESIDENCE	1441511	100.01
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	115099157	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	BIO MED 8.01
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		44928		44928	44928			5
6	ADMINISTRATIVE & GENERAL		219909		219909	5141	225050		6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT		906873		906873	1027	14008	921908	8
8.01	BIO MED		4464		4464		2934	1552	8950 8.01
9	LAUNDRY & LINEN SERVICE		10902		10902	75	643	3789	9
10	HOUSEKEEPING		11279		11279	762	2522	3920	10
11	DIETARY		116727		116727	297	2713	40566	11
12	CAFETERIA					601	1653		12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		5758		5758	761	2146	2001	14
15	CENTRAL SERVICES & SUPPLY		74791		74791	280	567	25992	15
15.01	STERILE PROCESSING		67939		67939	370	1566	23611	15.01
16	PHARMACY		19189		19189	1356	2805	6669	17 16
17	MEDICAL RECORDS & LIBRARY		50223		50223	1641	6317	17454	17
18	SOCIAL SERVICE		2832		2832	687	1822	984	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A					20	83		22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)		1888		1888	442	1199	656	24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		528456	1046	529502	9162	29481	183652	1026 25
26	INTENSIVE CARE UNIT		68722		68722	2217	7439	23883	322 26
29	SURGICAL INTENSIVE CARE UNIT		54744		54744	1472	5382	19025	240 29
33	NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		110242		110242	1752	7303	38313	1007 37
37.01	SPECIAL PROCEDURES		87382		87382	457	1795	30368	37.01
38	RECOVERY ROOM		15923		15923	1239	3379	5534	90 38
38.01	OP ONCOLOGY		275011		275011	1538	6898	95575	38 38.01
39.02	SUBSTANCE ABUSE		3908		3908	250	783	1358	39.02
39.04	DIABETES EDUCATION		9599		9599	91	291	3336	39.04
39.05	PODIATRY								39.05
39.06	INFUSION CLINIC		22332		22332	220	670	7761	36 39.06
40	ANESTHESIOLOGY		2926		2926	59	173	1017	479 40
41	RADIOLOGY-DIAGNOSTIC		129035		129035	3082	12379	44844	563 41
43	RADIOISOTOPE		16989		16989	231	696	5904	43
43.01	CARDIAC CATH LAB		38085		38085	580	1830	13236	162 43.01
44	LABORATORY		111705		111705		13166	38821	366 44
49	RESPIRATORY THERAPY		23427		23427	1365	3905	8141	259 49
50	PHYSICAL THERAPY		70242		70242	540	3351	24411	128 50
50.01	WOUND CARE		31062		31062	187	643	10795	40 50.01
51	OCCUPATIONAL THERAPY		3832		3832	148	425	1332	51
52	SPEECH PATHOLOGY		2265		2265	82	394	787	2359 52
53	ELECTROCARDIOLOGY		30628		30628	478	1493	10644	286 53
54	ELECTROENCEPHALOGRAPHY		7541		7541	49	164	2621	54
55	MEDICAL SUPPLIES CHARGED TO PAT						29248		55
56	DRUGS CHARGED TO PATIENTS						21905		56
57	RENAL DIALYSIS		125769		125769	2029	7625	43709	925 57
OUTPATIENT SERVICE COST CENTERS									
60.01	OCCUPATIONAL HEALTH		75508		75508	1050	3667	26242	60.01
61	EMERGENCY		74904		74904	2584	9041	26032	357 61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
65	AMBULANCE SERVICES		21539		21539		88	7485	65
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS		3479478	1046	3480524	44322	214592	802020	8700 95
NONREIMBURSABLE COST CENTERS									
100	OTHER NRCC		184901		184901	198	8491	64259	250 100
100.01	SISTERS RESIDENCE		160069		160069	408	1967	55629	100.01
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL		3824448	1046	3825494	44928	225050	921908	8950 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	STER PROC	PHARMACY
	9	10	11	12	14	15	15.01	16
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
8.01								8.01
9	15409							9
10		18483						10
11		936	161239					11
12				2254				12
13								13
14		246		32	10944			14
15		233				101893		15
15.01	268	322			299	424	94840	15.01
16		512				29		16
17		823		106	51	1		17
18		232			30			18
20								20
21								21
22		17		2				22
23								23
24		897		115	868	48		24
INPATIENT ROUTINE SERV COST CENTERS								
25	7885	4694	128622	603	4323	1898	2151	25
26	852	991	20198	127	995	540		26
29	615	635	11763	82	588	360		29
33								33
ANCILLARY SERVICE COST CENTERS								
37	1413	782		100	731	51595	86503	37
37.01	232	194		25	187	715	315	37.01
38	382	479		62	417	183		38
38.01		391		50	168	205		38.01
39.02		141		18				39.02
39.04		32		4				39.04
39.05								39.05
39.06	23	77		10	79	55		39.06
40		36		5	1	1417		40
41	758	1493		192	30	831	231	41
43	89	209		27		17		43
43.01	122	190		24	75	17485	466	43.01
44						5440		44
49	38	669		86	2	1132	384	49
50	141	240		31		85		50
50.01	36	93		12	63	208	3002	50.01
51		58		7		4		51
52		15		2				52
53	55	234		30	95	135	44	53
54	85	29		4		8		54
55						7217		55
56								56
57		1015		130	765	7981	10	57
OUTPATIENT SERVICE COST CENTERS								
60.01	44	400		51	213	921	124	60.01
61	1712	1168	656	150	994	2841	1610	61
62								62
OTHER REIMBURSABLE COST CENTERS								
65								65
71								71
SPECIAL PURPOSE COST CENTERS								
95	14750	18483	161239	2254	10944	101775	94840	30643 95
NONREIMBURSABLE COST CENTERS								
100	541					92		100
100.01	118					26		100.01
101								101
102								102
103	15409	18483	161239	2254	10944	101893	94840	30643 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 BIO MED								8.01
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
15.01 STERILE PROCESSING								15.01
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	76616							17
18 SOCIAL SERVICE		6587						18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			122					22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)				6113				24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	58733	4664			966396		966396	25
26 INTENSIVE CARE UNIT	8880	705			135871		135871	26
29 SURGICAL INTENSIVE CARE UNIT	5172	411			100489		100489	29
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM					299741		299741	37
37.01 SPECIAL PROCEDURES					121670		121670	37.01
38 RECOVERY ROOM					27688		27688	38
38.01 OP ONCOLOGY					379874		379874	38.01
39.02 SUBSTANCE ABUSE					6458		6458	39.02
39.04 DIABETES EDUCATION					13353		13353	39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC					31263		31263	39.06
40 ANESTHESIOLOGY					6113		6113	40
41 RADIOLOGY-DIAGNOSTIC					193438		193438	41
43 RADIOISOTOPE					24162		24162	43
43.01 CARDIAC CATH LAB					72255		72255	43.01
44 LABORATORY					169498		169498	44
49 RESPIRATORY THERAPY					39408		39408	49
50 PHYSICAL THERAPY					99169		99169	50
50.01 WOUND CARE					46141		46141	50.01
51 OCCUPATIONAL THERAPY					5806		5806	51
52 SPEECH PATHOLOGY					5904		5904	52
53 ELECTROCARDIOLOGY					44122		44122	53
54 ELECTROENCEPHALOGRAPHY					10501		10501	54
55 MEDICAL SUPPLIES CHARGED TO PAT					36465		36465	55
56 DRUGS CHARGED TO PATIENTS					52548		52548	56
57 RENAL DIALYSIS		412			190370		190370	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH					108220		108220	60.01
61 EMERGENCY	3831	395			126275		126275	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
65 AMBULANCE SERVICES					29112		29112	65
71 HOME HEALTH AGENCY								71
95 SUBTOTALS	76616	6587			3342310		3342310	95
NONREIMBURSABLE COST CENTERS								
100 OTHER NRCC					258732		258732	100
100.01 SISTERS RESIDENCE					218217		218217	100.01
101 CROSS FOOT ADJUSTMENTS			122	6113	6235		6235	101
102 NEGATIVE COST CENTER								102
103 TOTAL	76616	6587	122	6113	3825494		3825494	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	BIO MED 8.01
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		28293		28293	28293			5
6	ADMINISTRATIVE & GENERAL		138487	3059	141546	3238	144784		6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT		571102	812486	1383588	647	9011	1393246	8
8.01	BIO MED		2811		2811		1887	2345	7043 8.01
9	LAUNDRY & LINEN SERVICE		6865		6865	47	414	5726	9
10	HOUSEKEEPING		7103		7103	480	1622	5924	10
11	DIETARY		73508	1988	75496	187	1745	61306	11
12	CAFETERIA					379	1063		12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		3626	35419	39045	479	1380	3024	14
15	CENTRAL SERVICES & SUPPLY		47100	2807	49907	176	365	39281	15
15.01	STERILE PROCESSING		42784	74965	117749	233	1007	35682	15.01
16	PHARMACY		12084		12084	854	1804	10078	13 16
17	MEDICAL RECORDS & LIBRARY		31628		31628	1034	4064	26377	17
18	SOCIAL SERVICE		1783		1783	433	1172	1487	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A					12	53		22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)		1189		1189	278	772	991	24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		332794	248178	580972	5767	18985	277550	807 25
26	INTENSIVE CARE UNIT		43278	37716	80994	1397	4785	36094	253 26
29	SURGICAL INTENSIVE CARE UNIT		34475	9065	43540	927	3462	28752	189 29
33	NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		69425	363065	432490	1103	4698	57901	792 37
37.01	SPECIAL PROCEDURES		55029	17960	72989	288	1155	45894	37.01
38	RECOVERY ROOM		10027	2543	12570	780	2173	8363	71 38
38.01	OP ONCOLOGY		173188		173188	969	4437	144439	30 38.01
39.02	SUBSTANCE ABUSE		2461		2461	158	504	2052	39.02
39.04	DIABETES EDUCATION		6045		6045	57	187	5042	39.04
39.05	PODIATRY								39.05
39.06	INFUSION CLINIC		14063		14063	139	431	11729	28 39.06
40	ANESTHESIOLOGY		1843		1843	37	111	1537	377 40
41	RADIOLOGY-DIAGNOSTIC		81259	438411	519670	1941	7963	67770	443 41
43	RADIOISOTOPE		10699	4050	14749	145	448	8923	43
43.01	CARDIAC CATH LAB		23984		23984	365	1177	20002	127 43.01
44	LABORATORY		70346	20792	91138	8469	58669	288 44	
49	RESPIRATORY THERAPY		14753	22	14775	860	2512	12304	203 49
50	PHYSICAL THERAPY		44235		44235	340	2156	36892	101 50
50.01	WOUND CARE		19561		19561	118	414	16314	31 50.01
51	OCCUPATIONAL THERAPY		2413		2413	93	273	2013	51
52	SPEECH PATHOLOGY		1427		1427	51	253	1190	1859 52
53	ELECTROCARDIOLOGY		19288	47541	66829	301	960	16086	225 53
54	ELECTROENCEPHALOGRAPHY		4749		4749	31	105	3961	54
55	MEDICAL SUPPLIES CHARGED TO PAT						18814		55
56	DRUGS CHARGED TO PATIENTS						14090		56
57	RENAL DIALYSIS		79203	69726	148929	1278	4905	66055	728 57
OUTPATIENT SERVICE COST CENTERS									
60.01	OCCUPATIONAL HEALTH		47551	67598	115149	661	2359	39658	60.01
61	EMERGENCY		47171	15618	62789	1628	5816	39341	281 61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
65	AMBULANCE SERVICES		13564		13564		56	11312	65
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS		2191194	2273009	4464203	27911	138057	1212064	6846 95
NONREIMBURSABLE COST CENTERS									
100	OTHER NRCC		116441	2260906	2377347	125	5462	97112	197 100
100.01	SISTERS RESIDENCE		100803		100803	257	1265	84070	100.01
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL		2408438	4533915	6942353	28293	144784	1393246	7043 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	STER PROC	PHARMACY
	9	10	11	12	14	15	15.01	16
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
8.01								8.01
9	13052							9
10		15129						10
11		766	139500					11
12				1442				12
13								13
14		201		20	44149			14
15		191		19		89939		15
15.01	227	263		26	1206	374	156767	15.01
16		419		42		25		16
17		673		68	207	1		17
18		190		19				18
20								20
21								21
22		14		1				22
23								23
24		734		74	3503	43		24
INPATIENT ROUTINE SERV COST CENTERS								
25	6677	3847	111280	387	17440	1676	3555	25
26	722	811	17475	81	4016	477		26
29	521	520	10177	52	2371	318		29
33								33
ANCILLARY SERVICE COST CENTERS								
37	1197	640		64	2947	45542	142986	37
37.01	197	159		16	755	631	520	37.01
38	323	392		39	1684	162		38
38.01		320		32	678	181		38.01
39.02		115		12				39.02
39.04		26		3				39.04
39.05								39.05
39.06	20	63		6	320	49		39.06
40		29		3	2	1251		40
41	642	1222		123	122	734	382	41
43	75	171		17		15		43
43.01	103	155		16	303	15433	770	43.01
44						4801		44
49	33	548		55	8	999	635	49
50	120	196		20		75		50
50.01	31	76		8	253	184	4962	50.01
51		47		5		4		51
52		12		1				52
53	47	191		19	383	119	73	53
54	72	23		2		7		54
55						6370		55
56								56
57		831		83	3084	7044	16	57
OUTPATIENT SERVICE COST CENTERS								
60.01	37	328		33	859	813	206	60.01
61	1450	956	568	96	4008	2507	2662	61
62								62
OTHER REIMBURSABLE COST CENTERS								
65								65
71								71
SPECIAL PURPOSE COST CENTERS								
95	12494	15129	139500	1442	44149	89835	156767	25319 95
NONREIMBURSABLE COST CENTERS								
100	458					81		100
100.01	100					23		100.01
101								101
102								102
103	13052	15129	139500	1442	44149	89939	156767	25319 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 BIO MED								8.01
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
15.01 STERILE PROCESSING								15.01
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	64052							17
18 SOCIAL SERVICE		5084						18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			80					22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)				7584				24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	49101	3600			1081644		1081644	25
26 INTENSIVE CARE UNIT	7424	544			155073		155073	26
29 SURGICAL INTENSIVE CARE UNIT	4324	317			95470		95470	29
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM					690360		690360	37
37.01 SPECIAL PROCEDURES					122604		122604	37.01
38 RECOVERY ROOM					26557		26557	38
38.01 OP ONCOLOGY					324274		324274	38.01
39.02 SUBSTANCE ABUSE					5302		5302	39.02
39.04 DIABETES EDUCATION					11360		11360	39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC					26848		26848	39.06
40 ANESTHESIOLOGY					5190		5190	40
41 RADIOLOGY-DIAGNOSTIC					601012		601012	41
43 RADIOISOTOPE					24543		24543	43
43.01 CARDIAC CATH LAB					62435		62435	43.01
44 LABORATORY					163365		163365	44
49 RESPIRATORY THERAPY					32932		32932	49
50 PHYSICAL THERAPY					84135		84135	50
50.01 WOUND CARE					41952		41952	50.01
51 OCCUPATIONAL THERAPY					4848		4848	51
52 SPEECH PATHOLOGY					4793		4793	52
53 ELECTROCARDIOLOGY					85233		85233	53
54 ELECTROENCEPHALOGRAPHY					8950		8950	54
55 MEDICAL SUPPLIES CHARGED TO PAT					25184		25184	55
56 DRUGS CHARGED TO PATIENTS					39409		39409	56
57 RENAL DIALYSIS		318			233271		233271	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH					160103		160103	60.01
61 EMERGENCY	3203	305			125610		125610	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
65 AMBULANCE SERVICES					24932		24932	65
71 HOME HEALTH AGENCY								71
95 SUBTOTALS	64052	5084			4267389		4267389	95
NONREIMBURSABLE COST CENTERS								
100 OTHER NRCC					2480782		2480782	100
100.01 SISTERS RESIDENCE					186518		186518	100.01
101 CROSS FOOT ADJUSTMENTS			80	7584	7664		7664	101
102 NEGATIVE COST CENTER								102
103 TOTAL	64052	5084	80	7584	6942353		6942353	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	405194						1
2 OLD CAP REL COSTS-MVBLE EQUIP		432					2
3 NEW CAP REL COSTS-BLDG & FIXT			405194				3
4 NEW CAP REL COSTS-MVBLE EQUIP				17696649			4
5 EMPLOYEE BENEFITS	4760		4760		36475297		5
6 ADMINISTRATIVE & GENERAL	23299		23299	11938	4173085	-24317314	6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	96082		96082	3171270	833746		8
8.01 BIO MED	473		473				8.01
9 LAUNDRY & LINEN SERVICE	1155		1155		61103		9
10 HOUSEKEEPING	1195		1195		618404		10
11 DIETARY	12367		12367	7759	241054		11
12 CAFETERIA					487915		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	610		610	138245	617829		14
15 CENTRAL SERVICES & SUPPLY	7924		7924	10956	226889		15
15.01 STERILE PROCESSING	7198		7198	292601	300004		15.01
16 PHARMACY	2033		2033		1100693		16
17 MEDICAL RECORDS & LIBRARY	5321		5321		1332363		17
18 SOCIAL SERVICE	300		300		557720		18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES					15888		22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)	200		200		358618		24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	55989	432	55989	968682	7442983		25
26 INTENSIVE CARE UNIT	7281		7281	147213	1799883		26
29 SURGICAL INTENSIVE CARE UNIT	5800		5800	35383	1194649		29
33 NURSERY							33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	11680		11680	1417105	1421802		37
37.01 SPECIAL PROCEDURES	9258		9258	70102	371257		37.01
38 RECOVERY ROOM	1687		1687	9926	1005347		38
38.01 OP ONCOLOGY	29137		29137		1248311		38.01
39.02 SUBSTANCE ABUSE	414		414		203005		39.02
39.04 DIABETES EDUCATION	1017		1017		74075		39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC	2366		2366		178937		39.06
40 ANESTHESIOLOGY	310		310		47857		40
41 RADIOLOGY-DIAGNOSTIC	13671		13671	1711192	2501516		41
43 RADIOISOTOPE	1800		1800	15808	187454		43
43.01 CARDIAC CATH LAB	4035		4035		470991		43.01
44 LABORATORY	11835		11835	81156			44
49 RESPIRATORY THERAPY	2482		2482	85	1108059		49
50 PHYSICAL THERAPY	7442		7442		438546		50
50.01 WOUND CARE	3291		3291		152149		50.01
51 OCCUPATIONAL THERAPY	406		406		120349		51
52 SPEECH PATHOLOGY	240		240		66211		52
53 ELECTROCARDIOLOGY	3245		3245	185562	387898		53
54 ELECTROENCEPHALOGRAPHY	799		799		40149		54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS	13325		13325	272153	1646756		57
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH	8000		8000	263848	852106		60.01
61 EMERGENCY	7936		7936	60958	2097737		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
65 AMBULANCE SERVICES	2282		2282				35417 65
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	368645	432	368645	8871942	35983338	-24317314	86605883 95
NONREIMBURSABLE COST CENTERS							
100 OTHER NRCC	19590		19590	8824707	160727		3426715 100
100.01 SISTERS RESIDENCE	16959		16959		331232		793721 100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		CILIATION
	1	2	3	4	5	6A	6
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	3824448	1046	2408438	4533915	10844196		24317314 103
104 UNIT COST MULT-WS B PT I		2.421296		.256202			104
104 UNIT COST MULT-WS B PT I	9.438560		5.943913		.297302		.267734 104
105 COST TO BE ALLOC PER B PT II					44928		225050 105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II					.001232		.002478 106
107 COST TO BE ALLOC PER B PT III					28293		144784 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.000776		.001594 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY		
	SQUARE FEET	WORKORDERS	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	HOURS OF SERVICE	DIRECT NRSING HRS	COSTED REQUIS.		
	8	8.01	9	10	11	12	14	15		
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT								1	
2	OLD CAP REL COSTS-MVBLE EQUIP								2	
3	NEW CAP REL COSTS-BLDG & FIXT								3	
4	NEW CAP REL COSTS-MVBLE EQUIP								4	
5	EMPLOYEE BENEFITS								5	
6	ADMINISTRATIVE & GENERAL								6	
7	MAINTENANCE & REPAIRS								7	
8	OPERATION OF PLANT	281053							8	
8.01	BIO MED	473	4258						8.01	
9	LAUNDRY & LINEN SERVICE	1155		1087727					9	
10	HOUSEKEEPING	1195			57595				10	
11	DIETARY	12367			2916	88977			11	
12	CAFETERIA						54679		12	
13	MAINTENANCE OF PERSONNEL								13	
14	NURSING ADMINISTRATION	610			767		767	687302	14	
15	CENTRAL SERVICES & SUPPLY	7924			727		727	11793644	15	
15.01	STERILE PROCESSING	7198		18919	1003		18774	49058	15.01	
16	PHARMACY	2033	8		1596		1596	3317	16	
17	MEDICAL RECORDS & LIBRARY	5321			2563		3225	104	17	
18	SOCIAL SERVICE	300			724		724	14	18	
20	NONPHYSICIAN ANESTHETISTS								20	
21	NURSING SCHOOL								21	
22	I&R SERVICES-SALARY & FRINGES				52		52		22	
23	I&R SERVICES-OTHER PRGM COSTS								23	
24	PARAMED ED PRGM-(SPECIFY)	200			2796		2796	54528	5603	24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	55989	488	556452	14628	70978	14628	271493	219727	25
26	INTENSIVE CARE UNIT	7281	153	60156	3089	11146	3089	62518	62505	26
29	SURGICAL INTENSIVE CARE UNIT	5800	114	43433	1980	6491	1980	36916	41707	29
33	NURSERY									33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	11680	479	99745	2438		2438	45880	5972015	37
37.01	SPECIAL PROCEDURES	9258		16404	605		605	11761	82711	37.01
38	RECOVERY ROOM	1687	43	26950	1494		1494	26210	21219	38
38.01	OP ONCOLOGY	29137	18		1217		1217	10555	23686	38.01
39.02	SUBSTANCE ABUSE	414			438		438		23	39.02
39.04	DIABETES EDUCATION	1017			100		100		38	39.04
39.05	PODIATRY									39.05
39.06	INFUSION CLINIC	2366	17	1642	240		240	4984	6383	39.06
40	ANESTHESIOLOGY	310	228		111		111	33	163995	40
41	RADIOLOGY-DIAGNOSTIC	13671	268	53518	4651		4651	1892	96190	41
43	RADIOISOTOPE	1800		6281	650		650		1986	43
43.01	CARDIAC CATH LAB	4035	77	8599	591		591	4718	2023775	43.01
44	LABORATORY	11835	174						629617	44
49	RESPIRATORY THERAPY	2482	123	2714	2085		2085	127	131051	49
50	PHYSICAL THERAPY	7442	61	9974	748		748		9789	50
50.01	WOUND CARE	3291	19	2558	289		289	3942	24066	50.01
51	OCCUPATIONAL THERAPY	406			180		180		504	51
52	SPEECH PATHOLOGY	240	1123		47		47			52
53	ELECTROCARDIOLOGY	3245	136	3888	729		729	5961	15587	53
54	ELECTROENCEPHALOGRAPHY	799		6032	89		89		959	54
55	MEDICAL SUPPLIES CHARGED TO P								835325	55
56	DRUGS CHARGED TO PATIENTS									56
57	RENAL DIALYSIS	13325	440		3164		3164	48016	923721	57
OUTPATIENT SERVICE COST CENTERS										
60.01	OCCUPATIONAL HEALTH	8000		3100	1248		1248	13372	106590	60.01
61	EMERGENCY	7936	170	120883	3640	362	3640	62397	328787	61
62	OBSERVATION BEDS (NON-DISTINC									62
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES	2282								65
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
95	SUBTOTALS	244504	4139	1041248	57595	88977	54679	687302	11780052	95
NONREIMBURSABLE COST CENTERS										
100	OTHER NRCC	19590	119	38170					10630	100
100.01	SISTERS RESIDENCE	16959		8309					2962	100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY
	SQUARE FEET	WORKORDERS	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	HOURS OF SERVICE	DIRECT NRSING HRS	COSTED REQUIS.
	8	8.01	9	10	11	12	14	15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	7166206	1512978	358352	1320827	1770076	845439	1142739	519971 103
104 UNIT COST MULT-WS B PT I	25.497703		.329450		19.893635		1.662645	104
104 UNIT COST MULT-WS B PT I		355.325975		22.933015		15.461859		.044089 104
105 COST TO BE ALLOC PER B PT II	921908	8950	15409	18483	161239	2254	10944	101893 105
106 UNIT COST MULT-WS B PT II	3.280193		.014166		1.812142		.015923	106
106 UNIT COST MULT-WS B PT II		2.101926		.320913		.041222		.008640 106
107 COST TO BE ALLOC PER B PT III	1393246	7043	13052	15129	139500	1442	44149	89939 107
108 UNIT COST MULT-WS B PT III	4.957236		.011999		1.567821		.064235	108
108 UNIT COST MULT-WS B PT III		1.654063		.262679		.026372		.007626 108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	STER PROC	PHARMACY	MEDICAL	SOCIAL	I&R	PARAMED	
	TIME SERV	COSTED	RECORDS &	SERVICE	SALARY &	EDUCATION	
	15.01	REQUIS.	LIBRARY	TIME	FRINGES	ASSIGNED	
	16	TIME	SPENT	SPENT	ASSIGNED	TIME	
		17	18	22	24		
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1062808	1551244	3471255	967695	44476	816993	103
104 UNIT COST MULT-WS B PT I	9.958846		347.125500		444.760000		104
104 UNIT COST MULT-WS B PT I		15512.440000		96.769500		83.222267	104
105 COST TO BE ALLOC PER B PT II	94840	30643	76616	6587	122	6113	105
106 UNIT COST MULT-WS B PT II	.888681		7.661600		1.220000		106
106 UNIT COST MULT-WS B PT II		306.430000		.658700		.622695	106
107 COST TO BE ALLOC PER B PT III	156767	25319	64052	5084	80	7584	107
108 UNIT COST MULT-WS B PT III	1.468956		6.405200		.800000		108
108 UNIT COST MULT-WS B PT III		253.190000		.508400		.772537	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	22749780		22749780	57324	22807104	25
26 INTENSIVE CARE UNIT	5087382		5087382		5087382	26
29 SURGICAL INTENSIVE CARE UNI	3519156		3519156		3519156	29
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5708714		5708714		5708714	37
37.01 SPECIAL PROCEDURES	1209689		1209689		1209689	37.01
38 RECOVERY ROOM	1943550		1943550		1943550	38
38.01 OP ONCOLOGY	4343671		4343671	56754	4400425	38.01
39.02 SUBSTANCE ABUSE	427939		427939	1635	429574	39.02
39.04 DIABETES EDUCATION	178558		178558		178558	39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	427643		427643		427643	39.06
40 ANESTHESIOLOGY	189109		189109		189109	40
41 RADIOLOGY-DIAGNOSTIC	7006088		7006088		7006088	41
43 RADIOISOTOPE	429259		429259		429259	43
43.01 CARDIAC CATH LAB	1217227		1217227	7385	1224612	43.01
44 LABORATORY	7126929		7126929	10682	7137611	44
49 RESPIRATORY THERAPY	2242102		2242102		2242102	49
50 PHYSICAL THERAPY	1958379		1958379		1958379	50
50.01 WOUND CARE	472887		472887		472887	50.01
51 OCCUPATIONAL THERAPY	234685		234685		234685	51
52 SPEECH PATHOLOGY	608517		608517		608517	52
53 ELECTROCARDIOLOGY	958116		958116		958116	53
54 ELECTROENCEPHALOGRAPHY	109520		109520		109520	54
55 MEDICAL SUPPLIES CHARGED TO	14999843		14999843		14999843	55
56 DRUGS CHARGED TO PATIENTS	12757587		12757587		12757587	56
57 RENAL DIALYSIS	4722745		4722745	28800	4751545	57
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	2157064		2157064		2157064	60.01
61 EMERGENCY	5869431		5869431		5869431	61
62 OBSERVATION BEDS (NON-DISTI	864169		864169		864169	62
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	103085		103085		103085	65
101 SUBTOTAL	109622824		109622824	162580	109785404	101
102 LESS OBSERVATION BEDS	864169		864169		864169	102
103 TOTAL	108758655		108758655	162580	108921235	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	24154915		24154915				25
26 INTENSIVE CARE UNIT	15981770		15981770				26
29 SURGICAL INTENSIVE CARE UNI	10084981		10084981				29
33 NURSERY							33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	11377299	17449946	28827245	.198032	.198032	.198032	37
37.01 SPECIAL PROCEDURES	881717	2450043	3331760	.363078	.363078	.363078	37.01
38 RECOVERY ROOM	1505082	4505052	6010134	.323379	.323379	.323379	38
38.01 OP ONCOLOGY	10000	4069059	4079059	1.064871	1.064871	1.078784	38.01
39.02 SUBSTANCE ABUSE	91612	715666	807278	.530101	.530101	.532126	39.02
39.04 DIABETES EDUCATION	1353549	115801	1469350	.121522	.121522	.121522	39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC	224898	750007	974905	.438651	.438651	.438651	39.06
40 ANESTHESIOLOGY	3033322	4837696	7871018	.024026	.024026	.024026	40
41 RADIOLOGY-DIAGNOSTIC	28290862	56995774	85286636	.082148	.082148	.082148	41
43 RADIOISOTOPE	2778389	3485245	6263634	.068532	.068532	.068532	43
43.01 CARDIAC CATH LAB	11864266	5484478	17348744	.070162	.070162	.070588	43.01
44 LABORATORY	25144482	30286897	55431379	.128572	.128572	.128765	44
49 RESPIRATORY THERAPY	14193761	3021123	17214884	.130242	.130242	.130242	49
50 PHYSICAL THERAPY	1511749	2659320	4171069	.469515	.469515	.469515	50
50.01 WOUND CARE	73425	684249	757674	.624130	.624130	.624130	50.01
51 OCCUPATIONAL THERAPY	552325	373563	925888	.253470	.253470	.253470	51
52 SPEECH PATHOLOGY	204789	96357	301146	2.020671	2.020671	2.020671	52
53 ELECTROCARDIOLOGY	5075686	3719404	8795090	.108938	.108938	.108938	53
54 ELECTROENCEPHALOGRAPHY	228025	309979	538004	.203567	.203567	.203567	54
55 MEDICAL SUPPLIES CHARGED TO	32620548	22517253	55137801	.272043	.272043	.272043	55
56 DRUGS CHARGED TO PATIENTS	50911694	41755092	92666786	.137672	.137672	.137672	56
57 RENAL DIALYSIS	1071059	16362087	17433146	.270906	.270906	.272558	57
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH		1432880	1432880	1.505405	1.505405	1.505405	60.01
61 EMERGENCY	10962931	27116873	38079804	.154135	.154135	.154135	61
62 OBSERVATION BEDS (NON-DISTI	265232	1643249	1908481	.452805	.452805	.452805	62
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 SUBTOTAL	254448368	252837093	507285461				101
102 LESS OBSERVATION BEDS							102
103 TOTAL	254448368	252837093	507285461				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	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	966396		966396	1081644		1081644	25
26 INTENSIVE CARE UNIT	135871		135871	155073		155073	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT	100489		100489	95470		95470	29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	1202756		1202756	1332187		1332187	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	27342	15022	35.34	530877	39.56	594270	25
26 INTENSIVE CARE UNIT	4128	2252	32.91	74113	37.57	84608	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT	2404	1355	41.80	56639	39.71	53807	29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	1002						33
101 TOTAL	34876	18629		661629		732685	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0155) [ ] 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	299741	690360	28827245	5344954	.010398	55577	.023948	128001	37
37.01 SPECIAL PROCEDURES	121670	122604	3331760	536345	.036518	19586	.036799	19737	37.01
38 RECOVERY ROOM	27688	26557	6010134	705527	.004607	3250	.004419	3118	38
38.01 OP ONCOLOGY	379874	324274	4079059	9194	.093128	856	.079497	731	38.01
39.02 SUBSTANCE ABUSE	6458	5302	807278	11817	.008000	95	.006568	78	39.02
39.04 DIABETES EDUCATION	13353	11360	1469350	849127	.009088	7717	.007731	6565	39.04
39.05 PODIATRY									39.05
39.06 INFUSION CLINIC	31263	26848	974905	148112	.032068	4750	.027539	4079	39.06
40 ANESTHESIOLOGY	6113	5190	7871018	1405826	.000777	1092	.000659	926	40
41 RADIOLOGY-DIAGNOSTIC	193438	601012	85286636	14967051	.002268	33945	.007047	105473	41
43 RADIOISOTOPE	24162	24543	6263634	1575637	.003858	6079	.003918	6173	43
43.01 CARDIAC CATH LAB	72255	62435	17348744	6587022	.004165	27435	.003599	23707	43.01
44 LABORATORY	169498	163365	55431379	14026332	.003058	42893	.002947	41336	44
49 RESPIRATORY THERAPY	39408	32932	17214884	9134823	.002289	20910	.001913	17475	49
50 PHYSICAL THERAPY	99169	84135	4171069	1050882	.023775	24985	.020171	21197	50
50.01 WOUND CARE	46141	41952	757674	51652	.060898	3146	.055369	2860	50.01
51 OCCUPATIONAL THERAPY	5806	4848	925888	396013	.006271	2483	.005236	2074	51
52 SPEECH PATHOLOGY	5904	4793	301146	170745	.019605	3347	.015916	2718	52
53 ELECTROCARDIOLOGY	44122	85233	8795090	2815446	.005017	14125	.009691	27284	53
54 ELECTROENCEPHALOGRAPHY	10501	8950	538004	116861	.019518	2281	.016636	1944	54
55 MEDICAL SUPPLIES CHARGED TO P	36465	25184	55137801	18253969	.000661	12066	.000457	8342	55
56 DRUGS CHARGED TO PATIENTS	52548	39409	92666786	29809524	.000567	16902	.000425	12669	56
57 RENAL DIALYSIS	190370	233271	17433146	812628	.010920	8874	.013381	10874	57
OUTPATIENT SERVICE COST CENTERS									
60.01 OCCUPATIONAL HEALTH	108220	160103	1432880		.075526		.111735		60.01
61 EMERGENCY	126275	125610	38079804	5565438	.003316	18455	.003299	18360	61
62 OBSERVATION BEDS (NON-DISTINC	36617	40984	1908481		.019186		.021475		62
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL	2147059	2951254	457063795	114344925		330849		465721	101

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 05/27/2009 12:32

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			68908			68908	25
26 INTENSIVE CARE UNIT			68908			68908	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			137816			137816	101

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 05/27/2009 12:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	27342	2.52	15022	37855	25
26	INTENSIVE CARE UNIT	4128	16.69	2252	37586	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT	2404		1355		29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I					31
33	NURSERY	1002				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	34876		18629	75441	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0155) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				68908			68908	37
37.01 SPECIAL PROCEDURES								37.01
38 RECOVERY ROOM				45939			45939	38
38.01 OP ONCOLOGY								38.01
39.02 SUBSTANCE ABUSE								39.02
39.04 DIABETES EDUCATION								39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC								39.06
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				22969			22969	41
43 RADIOISOTOPE								43
43.01 CARDIAC CATH LAB				22969			22969	43.01
44 LABORATORY								44
49 RESPIRATORY THERAPY				45939			45939	49
50 PHYSICAL THERAPY								50
50.01 WOUND CARE								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				22969			22969	53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS				22969			22969	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH								60.01
61 EMERGENCY				426515			426515	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS				2611			2611	62
65 AMBULANCE SERVICES								65
101 TOTAL				681788			681788	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0155) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	68908	28827245	.002390	.002390	5344954	12774	5407826	37
37.01 SPECIAL PROCEDURES		3331760			536345		749580	37.01
38 RECOVERY ROOM	45939	6010134	.007644	.007644	705527	5393	1201514	38
38.01 OP ONCOLOGY		4079059			9194		1317852	38.01
39.02 SUBSTANCE ABUSE		807278			11817			39.02
39.04 DIABETES EDUCATION		1469350			849127			39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC		974905			148112		370523	39.06
40 ANESTHESIOLOGY		7871018			1405826		1487466	40
41 RADIOLOGY-DIAGNOSTIC	22969	85286636	.000269	.000269	14967051	4026	13938831	41
43 RADIOISOTOPE		6263634			1575637		1259874	43
43.01 CARDIAC CATH LAB	22969	17348744	.001324	.001324	6587022	8721	2905806	43.01
44 LABORATORY		55431379			14026332		313420	44
49 RESPIRATORY THERAPY	45939	17214884	.002669	.002669	9134823	24381	935432	49
50 PHYSICAL THERAPY		4171069			1050882			50
50.01 WOUND CARE		757674			51652		460706	50.01
51 OCCUPATIONAL THERAPY		925888			396013		176	51
52 SPEECH PATHOLOGY		301146			170745		13744	52
53 ELECTROCARDIOLOGY	22969	8795090	.002612	.002612	2815446	7354	1166868	53
54 ELECTROENCEPHALOGRAPHY		538004			116861		102499	54
55 MEDICAL SUPPLIES CHARGED TO P		55137801			18253969		9006426	55
56 DRUGS CHARGED TO PATIENTS		92666786			29809524		12180858	56
57 RENAL DIALYSIS	22969	17433146	.001318	.001318	812628	1071		57
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH		1432880					4585	60.01
61 EMERGENCY	426515	38079804	.011201	.011201	5565438	62338	3727606	61
62 OBSERVATION BEDS (NON-DISTINC	2611	1908481	.001368	.001368			435854	62
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	681788	457063795			114344925	126058	56987446	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0155) [ ] 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			12925		37
37.01 SPECIAL PROCEDURES					37.01
38 RECOVERY ROOM			9184		38
38.01 OP ONCOLOGY					38.01
39.02 SUBSTANCE ABUSE					39.02
39.04 DIABETES EDUCATION					39.04
39.05 PODIATRY					39.05
39.06 INFUSION CLINIC					39.06
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			3750		41
43 RADIOISOTOPE					43
43.01 CARDIAC CATH LAB			3847		43.01
44 LABORATORY					44
49 RESPIRATORY THERAPY			2497		49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY			3048		53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OCCUPATIONAL HEALTH					60.01
61 EMERGENCY			41753		61
62 OBSERVATION BEDS (NON-DISTINC			596		62
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			77600		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0155) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.198032	.198032	.198032				37
37.01 SPECIAL PROCEDURES	.363078	.363078	.363078				37.01
38 RECOVERY ROOM	.323379	.323379	.323379				38
38.01 OP ONCOLOGY	1.064871	1.064871	1.064871				38.01
39.02 SUBSTANCE ABUSE	.530101	.530101	.530101				39.02
39.04 DIABETES EDUCATION	.121522	.121522	.121522				39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC	.438651	.438651	.438651				39.06
40 ANESTHESIOLOGY	.024026	.024026	.024026				40
41 RADIOLOGY-DIAGNOSTIC	.082148	.082148	.082148				41
43 RADIOISOTOPE	.068532	.068532	.068532				43
43.01 CARDIAC CATH LAB	.070162	.070162	.070162				43.01
44 LABORATORY	.128572	.128572	.128572				44
49 RESPIRATORY THERAPY	.130242	.130242	.130242				49
50 PHYSICAL THERAPY	.469515	.469515	.469515				50
50.01 WOUND CARE	.624130	.624130	.624130				50.01
51 OCCUPATIONAL THERAPY	.253470	.253470	.253470				51
52 SPEECH PATHOLOGY	2.020671	2.020671	2.020671				52
53 ELECTROCARDIOLOGY	.108938	.108938	.108938				53
54 ELECTROENCEPHALOGRAPHY	.203567	.203567	.203567				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.272043	.272043	.272043				55
56 DRUGS CHARGED TO PATIENTS	.137672	.137672	.137672				56
57 RENAL DIALYSIS	.270906	.270906	.270906				57
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH	1.505405	1.505405	1.505405				60.01
61 EMERGENCY	.154135	.154135	.154135				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.452805	.452805	.452805				62
65 AMBULANCE SERVICES							65
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							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	.137672	1
2 PROGRAM VACCINE CHARGES	3225	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	444	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 (14-0155) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5407826						37
37.01 SPECIAL PROCEDURES		749580						37.01
38 RECOVERY ROOM		1201514						38
38.01 OP ONCOLOGY		1317852						38.01
39.02 SUBSTANCE ABUSE								39.02
39.04 DIABETES EDUCATION								39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC		370523						39.06
40 ANESTHESIOLOGY		1487466						40
41 RADIOLOGY-DIAGNOSTIC		13938831						41
43 RADIOISOTOPE		1259874						43
43.01 CARDIAC CATH LAB		2905806						43.01
44 LABORATORY		313420	4377					44
49 RESPIRATORY THERAPY		935432						49
50 PHYSICAL THERAPY								50
50.01 WOUND CARE		460706						50.01
51 OCCUPATIONAL THERAPY		176						51
52 SPEECH PATHOLOGY		13744						52
53 ELECTROCARDIOLOGY		1166868						53
54 ELECTROENCEPHALOGRAPHY		102499						54
55 MEDICAL SUPPLIES CHARGED TO PA		9006426						55
56 DRUGS CHARGED TO PATIENTS		12180858	26460					56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH		4585						60.01
61 EMERGENCY		3727606						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		435854						62
65 AMBULANCE SERVICES								
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		56987446	30837					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		56987446	30837					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0155) [ ] 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		1070923					37
37.01 SPECIAL PROCEDURES		272156					37.01
38 RECOVERY ROOM		388544					38
38.01 OP ONCOLOGY		1403342					38.01
39.02 SUBSTANCE ABUSE							39.02
39.04 DIABETES EDUCATION							39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC		162530					39.06
40 ANESTHESIOLOGY		35738					40
41 RADIOLOGY-DIAGNOSTIC		1145047					41
43 RADIOISOTOPE		86342					43
43.01 CARDIAC CATH LAB		203877					43.01
44 LABORATORY		40297	563				44
49 RESPIRATORY THERAPY		121833					49
50 PHYSICAL THERAPY							50
50.01 WOUND CARE		287540					50.01
51 OCCUPATIONAL THERAPY		45					51
52 SPEECH PATHOLOGY		27772					52
53 ELECTROCARDIOLOGY		127116					53
54 ELECTROENCEPHALOGRAPHY		20865					54
55 MEDICAL SUPPLIES CHARGED TO PAT		2450135					55
56 DRUGS CHARGED TO PATIENTS		1676963	3643				56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH		6902					60.01
61 EMERGENCY		574555					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		197357					62
65 AMBULANCE SERVICES							65
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		10299879	4206				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		10299879	4206				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	966396		966396	1081644		1081644	25
26 INTENSIVE CARE UNIT	135871		135871	155073		155073	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT	100489		100489	95470		95470	29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	1202756		1202756	1332187		1332187	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	27342	5988	35.34	211616	39.56	236885	25
26 INTENSIVE CARE UNIT	4128		32.91		37.57		26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT	2404		41.80		39.71		29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	1002						33
101 TOTAL	34876	5988		211616		236885	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0155) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	299741	690360	28827245		.010398		.023948	37
37.01 SPECIAL PROCEDURES	121670	122604	3331760		.036518		.036799	37.01
38 RECOVERY ROOM	27688	26557	6010134		.004607		.004419	38
38.01 OP ONCOLOGY	379874	324274	4079059		.093128		.079497	38.01
39.02 SUBSTANCE ABUSE	6458	5302	807278		.008000		.006568	39.02
39.04 DIABETES EDUCATION	13353	11360	1469350		.009088		.007731	39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC	31263	26848	974905		.032068		.027539	39.06
40 ANESTHESIOLOGY	6113	5190	7871018		.000777		.000659	40
41 RADIOLOGY-DIAGNOSTIC	193438	601012	85286636		.002268		.007047	41
43 RADIOISOTOPE	24162	24543	6263634		.003858		.003918	43
43.01 CARDIAC CATH LAB	72255	62435	17348744		.004165		.003599	43.01
44 LABORATORY	169498	163365	55431379		.003058		.002947	44
49 RESPIRATORY THERAPY	39408	32932	17214884		.002289		.001913	49
50 PHYSICAL THERAPY	99169	84135	4171069		.023775		.020171	50
50.01 WOUND CARE	46141	41952	757674		.060898		.055369	50.01
51 OCCUPATIONAL THERAPY	5806	4848	925888		.006271		.005236	51
52 SPEECH PATHOLOGY	5904	4793	301146		.019605		.015916	52
53 ELECTROCARDIOLOGY	44122	85233	8795090		.005017		.009691	53
54 ELECTROENCEPHALOGRAPHY	10501	8950	538004		.019518		.016636	54
55 MEDICAL SUPPLIES CHARGED TO P	36465	25184	55137801		.000661		.000457	55
56 DRUGS CHARGED TO PATIENTS	52548	39409	92666786		.000567		.000425	56
57 RENAL DIALYSIS	190370	233271	17433146		.010920		.013381	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH	108220	160103	1432880		.075526		.111735	60.01
61 EMERGENCY	126275	125610	38079804		.003316		.003299	61
62 OBSERVATION BEDS (NON-DISTINC	36617	40984	1908481		.019186		.021475	62
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	2147059	2951254	457063795					101

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 05/27/2009 12:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			68908			68908	25
26 INTENSIVE CARE UNIT			68908			68908	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			137816			137816	101

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 05/27/2009 12:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	27342	2.52	5988	15090	25
26	INTENSIVE CARE UNIT	4128	16.69			26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT	2404				29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I					31
33	NURSERY	1002				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	34876		5988	15090	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0155) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				68908			68908	37
37.01 SPECIAL PROCEDURES								37.01
38 RECOVERY ROOM				45939			45939	38
38.01 OP ONCOLOGY								38.01
39.02 SUBSTANCE ABUSE								39.02
39.04 DIABETES EDUCATION								39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC								39.06
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				22969			22969	41
43 RADIOISOTOPE								43
43.01 CARDIAC CATH LAB				22969			22969	43.01
44 LABORATORY								44
49 RESPIRATORY THERAPY				45939			45939	49
50 PHYSICAL THERAPY								50
50.01 WOUND CARE								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				22969			22969	53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS				22969			22969	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH								60.01
61 EMERGENCY				426515			426515	61
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL				679177			679177	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0155) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	68908	28827245	.002390	.002390			37
37.01 SPECIAL PROCEDURES		3331760					37.01
38 RECOVERY ROOM	45939	6010134	.007644	.007644			38
38.01 OP ONCOLOGY		4079059					38.01
39.02 SUBSTANCE ABUSE		807278					39.02
39.04 DIABETES EDUCATION		1469350					39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC		974905					39.06
40 ANESTHESIOLOGY		7871018					40
41 RADIOLOGY-DIAGNOSTIC	22969	85286636	.000269	.000269			41
43 RADIOISOTOPE		6263634					43
43.01 CARDIAC CATH LAB	22969	17348744	.001324	.001324			43.01
44 LABORATORY		55431379					44
49 RESPIRATORY THERAPY	45939	17214884	.002669	.002669			49
50 PHYSICAL THERAPY		4171069					50
50.01 WOUND CARE		757674					50.01
51 OCCUPATIONAL THERAPY		925888					51
52 SPEECH PATHOLOGY		301146					52
53 ELECTROCARDIOLOGY	22969	8795090	.002612	.002612			53
54 ELECTROENCEPHALOGRAPHY		538004					54
55 MEDICAL SUPPLIES CHARGED TO P		55137801					55
56 DRUGS CHARGED TO PATIENTS		92666786					56
57 RENAL DIALYSIS	22969	17433146	.001318	.001318			57
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH		1432880					60.01
61 EMERGENCY	426515	38079804	.011201	.011201			61
62 OBSERVATION BEDS (NON-DISTINC		1908481					62
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	679177	457063795					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0155)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SPECIAL PROCEDURES					37.01
38 RECOVERY ROOM					38
38.01 OP ONCOLOGY					38.01
39.02 SUBSTANCE ABUSE					39.02
39.04 DIABETES EDUCATION					39.04
39.05 PODIATRY					39.05
39.06 INFUSION CLINIC					39.06
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 CARDIAC CATH LAB					43.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OCCUPATIONAL HEALTH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0155)	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)	27342						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27342						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27342						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)	15022						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) (14-0155)	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	22807104						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	22807104						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40960177						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40960177						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.556812						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1498.07						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	22807104						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) (14-0155)	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	834.14					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12530451					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12530451					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	5087382	4128	1232.41	2252	2775387	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT	3519156	2404	1463.88	1355	1983557	46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	17948453					48
49 TOTAL PROGRAM INPATIENT COSTS	35237848					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1469755					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	922628					51
52 TOTAL PROGRAM EXCLUDABLE COST	2392383					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	32845465					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) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

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)  
 (14-0155)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1036	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	834.14	84
85 OBSERVATION BED COST	864169	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	966396	22807104	.042373	864169	36617	86
87 NEW CAPITAL-RELATED COST	1081644	22807104	.047426	864169	40984	87
88 NON PHYSICIAN ANESTHETIST		22807104		864169		88
89 NURSING SCHOOL		22807104		864169		89
89.01 ALLIED HEALTH	68908	22807104	.003021	864169	2611	89.01
89.02 ALL OTHER		22807104		864169		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0155)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	27342					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27342					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27342					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)	5988					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	1002					15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0155)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	22749780						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	22749780						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40960177						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40960177						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.555412						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1498.07						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	22749780						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0155)	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	832.05					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4982315					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4982315					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)		1002				42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	5087382	4128	1232.41			43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT	3519156	2404	1463.88			46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	4982315					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	463591					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	463591					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
05/27/2009 12:32

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0155)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1036	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	834.14	84
85 OBSERVATION BED COST	864169	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0155) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		12407802		25
26 INTENSIVE CARE UNIT		9735114		26
29 SURGICAL INTENSIVE CARE UNIT		5971038		29
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.198032	5344954	1058472	37
37.01 SPECIAL PROCEDURES	.363078	536345	194735	37.01
38 RECOVERY ROOM	.323379	705527	228153	38
38.01 OP ONCOLOGY	1.078784	9194	9918	38.01
39.02 SUBSTANCE ABUSE	.532126	11817	6288	39.02
39.04 DIABETES EDUCATION	.121522	849127	103188	39.04
39.05 PODIATRY				39.05
39.06 INFUSION CLINIC	.438651	148112	64969	39.06
40 ANESTHESIOLOGY	.024026	1405826	33776	40
41 RADIOLOGY-DIAGNOSTIC	.082148	14967051	1229513	41
43 RADIOISOTOPE	.068532	1575637	107982	43
43.01 CARDIAC CATH LAB	.070588	6587022	464965	43.01
44 LABORATORY	.128765	14026332	1806101	44
49 RESPIRATORY THERAPY	.130242	9134823	1189738	49
50 PHYSICAL THERAPY	.469515	1050882	493405	50
50.01 WOUND CARE	.624130	51652	32238	50.01
51 OCCUPATIONAL THERAPY	.253470	396013	100377	51
52 SPEECH PATHOLOGY	2.020671	170745	345019	52
53 ELECTROCARDIOLOGY	.108938	2815446	306709	53
54 ELECTROENCEPHALOGRAPHY	.203567	116861	23789	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.272043	18253969	4965864	55
56 DRUGS CHARGED TO PATIENTS	.137672	29809524	4103937	56
57 RENAL DIALYSIS	.272558	812628	221488	57
OUTPATIENT SERVICE COST CENTERS				
60.01 OCCUPATIONAL HEALTH	1.505405			60.01
61 EMERGENCY	.154135	5565438	857829	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.452805			62
AMBULANCE SERVICES				
65				65
101 TOTAL		114344925	17948453	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		114344925		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0155)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
29 SURGICAL INTENSIVE CARE UNIT			29
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.198032		37
37.01 SPECIAL PROCEDURES	.363078		37.01
38 RECOVERY ROOM	.323379		38
38.01 OP ONCOLOGY	1.064871		38.01
39.02 SUBSTANCE ABUSE	.530101		39.02
39.04 DIABETES EDUCATION	.121522		39.04
39.05 PODIATRY			39.05
39.06 INFUSION CLINIC	.438651		39.06
40 ANESTHESIOLOGY	.024026		40
41 RADIOLOGY-DIAGNOSTIC	.082148		41
43 RADIOISOTOPE	.068532		43
43.01 CARDIAC CATH LAB	.070162		43.01
44 LABORATORY	.128572		44
49 RESPIRATORY THERAPY	.130242		49
50 PHYSICAL THERAPY	.469515		50
50.01 WOUND CARE	.624130		50.01
51 OCCUPATIONAL THERAPY	.253470		51
52 SPEECH PATHOLOGY	2.020671		52
53 ELECTROCARDIOLOGY	.108938		53
54 ELECTROENCEPHALOGRAPHY	.203567		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.272043		55
56 DRUGS CHARGED TO PATIENTS	.137672		56
57 RENAL DIALYSIS	.270906		57
OUTPATIENT SERVICE COST CENTERS			
60.01 OCCUPATIONAL HEALTH	1.505405		60.01
61 EMERGENCY	.154135		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.452805		62
AMBULANCE SERVICES			
65			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0155)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	18634073					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6211358					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						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	1436240					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	183.22					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	0.40					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	0.40					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	0.80					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	0.40					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	0.53				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0155)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.002893				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.002919				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.002893				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	29460				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	9820				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]					3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	39280 0 39280				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0662				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1766				4.01
4.02	SUM OF 4 AND 4.01	0.2428				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0925				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	2298202				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	28619153				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	28619153				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2371149				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	17189				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	75441				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	126058				15
16	TOTAL	31208990				16
17	PRIMARY PAYER PAYMENTS	20861				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	31188129				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2545792				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	107264				20
21	REIMBURSABLE BAD DEBTS	809573				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	566701				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	196045				21.02
22	SUBTOTAL	29101774				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0155)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	29101774				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	28695860				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	405914				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0155) 1	HOSPITAL (14-0155) 1.01	HOSPITAL (14-0155) 1.02	
1 MEDICAL AND OTHER SERVICES	4650			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10222279			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8926917			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	77600			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	4650			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	34062			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	34062			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	34062			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	29412			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	4650			17
17.01 TOTAL PPS PAYMENTS	9004517			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0155) 1	HOSPITAL (14-0155) 1.01	HOSPITAL (14-0155) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	6230		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2094009		18.01
19 SUBTOTAL	6908928		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	5030		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6913958		23
24 PRIMARY PAYER PAYMENTS	321		24
25 SUBTOTAL	6913637		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	533284		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	373299		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	159813		27.02
28 SUBTOTAL	7286936		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	7286936		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7498057		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-211121		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 (14-0155)

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		27806291		6832998	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	08/08/2008 202924	08/08/2008	295041	3.01
	TO .02	12/15/2008 277944	12/31/2008	392452	3.02
	PROVIDER .03	12/31/2008 41450			3.03
	TO .04	12/31/2008 367251			3.04
	PROGRAM .05				3.05
	TO .50		12/15/2008	22434	3.50
	PROVIDER .51				3.51
	TO .52	NONE			3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	889569		665059	3.99
4 TOTAL INTERIM PAYMENTS		28695860		7498057	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	TO .50				5.50
	PROVIDER .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	405914			6.01
	PROVIDER TO .02			-211121	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		29101774		7286936	7

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

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

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0155) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	4982315			1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL	4982315			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
	SUBTOTAL	4982315			9
10	COMPUTATION OF LESSER OF COST OR CHARGES				
11	ROUTINE SERVICE CHARGES				10
12	ANCILLARY SERVICE CHARGES				11
13	INTERNS AND RESIDENTS SERVICE CHARGES				12
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
15	TEACHING PHYSICIANS				14
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
	TOTAL REASONABLE CHARGES				16
17	CUSTOMARY CHARGES				
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
20	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
21	ACCORDANCE WITH 42 CFR 413.13(E)				19
22	RATIO OF LINE 17 TO LINE 18				20
23	TOTAL CUSTOMARY CHARGES				21
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				22
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	4982315			23
26	COST OF COVERED SERVICES	4982315			
27	PROSPECTIVE PAYMENT AMOUNT				24
28	OTHER THAN OUTLIER PAYMENTS				25
29	OUTLIER PAYMENTS				26
30	PROGRAM CAPITAL PAYMENTS				27
31	CAPITAL EXCEPTION PAYMENTS				28
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS				29
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				30
	SUBTOTAL	4982315			31
	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)				32
	LESSER OF LINES 30 OR 31	4982315			33
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0155) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	4982315					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996		3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP		3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR		3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05		3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08		3.09
3.10	SEE INSTRUCTIONS		3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	0.40	3.11
3.12	SEE INSTRUCTIONS	0.40	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	0.80	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	0.40	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	0.53	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.53	3.16
3.17	SEE INSTRUCTIONS	73898.65	3.17
3.18	SEE INSTRUCTIONS	39166	3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00		3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00		3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	39166		3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		18629	4
5	TOTAL INPATIENT DAYS		32838	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.567300	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 22219 0		22219	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		32838	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		22969	7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		17433146	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		.001318	9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
05/27/2009 12:32

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	35237848	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	20861	15
16	TOTAL PART A REASONABLE COST	35216987	16
PART B REASONABLE COST			
17	REASONABLE COST	10304529	17
18	PRIMARY PAYER PAYMENTS	321	18
19	TOTAL PART B REASONABLE COST	10304208	19
20	TOTAL REASONABLE COST	45521195	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.773639	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.226361	22

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

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	22219	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	17189	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	5030	25

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

WORKSHEET E-3  
PART IV

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	5988	4
5	TOTAL INPATIENT DAYS	32838	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x ] [E-3,PART 6] [LINE 3.25] [ LINE 11 ]	.182350	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	32838	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO ] [E-3,PART 6] [ 422 ] [ LINE 12 ] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

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

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	4953802			1
2 TEMPORARY INVESTMENTS	1690055			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	35657917			4
5 OTHER RECEIVABLES	4646463			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13858862			6
7 INVENTORY	2667083			7
8 PREPAID EXPENSES	748920			8
9 OTHER CURRENT ASSETS	2103818			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	38609196			11
<b>FIXED ASSETS</b>				
12 LAND	5113245			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	1330230			13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	91556096			14
14.01 ACCUMULATED DEPRECIATION	-75776923			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	33856203			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT				18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	56078851			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS				25
26 TOTAL OTHER ASSETS				26
27 TOTAL ASSETS	94688047			27
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
28 ACCOUNTS PAYABLE	11070315			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	424354			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	84515			34
35 OTHER CURRENT LIABILITIES	12561026			35
36 TOTAL CURRENT LIABILITIES	24140210			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	4392618			38
39 UNSECURED LOANS	339498			39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	856837			41
42 TOTAL LONG TERM LIABILITIES	5588953			42
43 TOTAL LIABILITIES	29729163			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	64958883			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	64958883			51
52 TOTAL LIABILITIES AND FUND BALANCES	94688046			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	55630039			1
2 NET INCOME (LOSS)	2419194			2
3 TOTAL	58049233			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	881725			5
6 INVESTMENT INCOME	50224			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	931949			10
11 SUBTOTAL	58981182			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ASSETS RELEASED FOR OPERATIONS	141213			13
14				14
15 TRANSFER PROVENA IMAGING RECEIVABLE				15
16				16
17				17
18 TOTAL DEDUCTIONS	141213			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	58839969			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	22784161		22784161	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	22784161		22784161	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	24986624		24986624	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	24986624		24986624	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	47770785		47770785	18
19 ANCILLARY SERVICES	206677584		206677584	19
20 OUTPATIENT SERVICES		253085562	253085562	20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	254448369	253085562	507533931	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		121184588	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	14180828		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		14180828	33
34 DEDUCT (SPECIFY)			34
35 INVESTMENT INCOME	-485090		35
36			36
37			37
38 TOTAL DEDUCTIONS	-485090		38
39 TOTAL OPERATING EXPENSES		134880326	39
40			40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	507533931	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	371959972	2
3	NET PATIENT REVENUES	135573959	3
4	LESS - TOTAL OPERATING EXPENSES	134880326	4
5	NET INCOME FROM SERVICE TO PATIENTS	693633	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	-246001	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1169474	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ASSETS RELEASED FROM RESTRICTIONS	141213	24
24.01	UNRESTRICTED CONTRIBUTIONS	11501	24.01
24.02	OTHER OPERATING REVENUE	888462	24.02
24.03	MISC	-239088	24.03
24.04	MISC		24.04
25	TOTAL OTHER INCOME	1725561	25
26	TOTAL	2419194	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2419194	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2318

WORKSHEET I-1

CHECK APPLICABLE BOX:             [ XX ] RENAL DIALYSIS DEPARTMENT             [ ] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	982811	HRS OF SERVICE	31683.00	15.23	1
2 LICENSED PRACTICAL NURSES	279561	HRS OF SERVICE	14529.00	6.99	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	186691	HRS OF SERVICE	11944.00	5.74	4
5 SOCIAL WORKERS	64854	HRS OF SERVICE	2736.00	1.32	5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	139746	ACCUMULATED COST			8
9 SUBTOTAL	1653663				9
10 EMPLOYEE BENEFITS	330733	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU	46804	SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS	8461	PERCENTAGE OF TIME			13
14 SUPPLIES	46578	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	226658	ACCUMULATED COST			16
17 SUBTOTAL	2312897				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES	125769	SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	79203	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	69726	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	489584	SALARY			22
23 ADMINISTRATIVE AND GENERAL	823865	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	568660	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS	22969				25
26 CENTRAL SERVICES & SUPPLIES	40836	REQUISITIONS			26
27 PHARMACY		REQUISITIONS			27
28 OTHER ALLOCATED COSTS	189236	ACCUMULATED COST			28
29 SUBTOTAL	4722745				29
30 LABORATORY	100286	CHARGES	780000		30
31 RESPIRATORY THERAPY	2605	CHARGES	20000		31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	4825636				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2318

WORKSHEET I-2

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- DIRECT PATIENT					ROUTINE					TOTAL	
	RELATED COSTS	CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL SUPPLIES	ANCILLARY SERVICES	SUB-TOTAL	OVERHEAD			
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	820436	78187	982811	531106	820317		87414	102891	3423162	1379505	4802667	1
2 MAINTENANCE												
3 HEMODIALYSIS	515948	49167	618033	333985	512699		54969	64702	2149503	866231	3015734	2
4 INTERMITTENT PERITONEAL TRAINING												3
5 HEMODIALYSIS												4
6 INTERMITTENT PERITONEAL												5
7 CAPD	1595	153	1923	1036			171	201	5079	2047	7126	6
8 CCPD	736	70	869	473			78	92	2318	934	3252	7
9 HOME												
10 HEMODIALYSIS												8
11 INTERMITTENT PERITONEAL												9
12 CAPD	42544	4057	50999	27565	51270		4537	5339	186311	75082	261393	10
13 CCPD	233073	22210	279190	150864	230714		24830	29227	970108	390945	1361053	11
14 OTHER BILLABLE SERVICES												
15 INPATIENT DIALYSIS	26540	2530	31797	17183	25634		2829	3330	109843	44266	154109	12
16 METHOD II HOME PATIENT												13
17 EPO (INCL IN RENAL DEPT)												14
18.01 ARANESP (INCL IN RENAL DEPT)												14.01
19 OTHER												15
20 TOTAL	820436	78187	982811	531106	820317		87414	102891	3423162	1379505	4802667	16
21 MEDICAL EDUC PGM COSTS											22969	17
22 TOTAL RENAL COSTS											4825636	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2318

WORKSHEET I-3

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		-DIRECT CARE RNS (HOURS)	PATIENT-SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB-TOTAL	OVERHEAD (ACCUM. COST)		
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)										
	1	2										
1	TOTAL RENAL DEPT COSTS	820436	78187	982811	531106	820317		87414	102891	3423162	1379505	1
2	MAINTENANCE											
3	HEMODIALYSIS	29433	178775.0	618034.0	333984.0	306087		55363	72697			2
4	INTERMITTENT PERITONEAL TRAINING											3
5	HEMODIALYSIS											4
6	INTERMITTENT PERITONEAL											5
7	CAPD	91	555.00	1923.00	1036.00			172	226			6
8	CCPD	42	255.00	869.00	473.00			79	103			7
9	HOME											
10	HEMODIALYSIS											8
11	INTERMITTENT PERITONEAL											9
12	CAPD	2427	14753.00	50999.00	27565.00	30609		4569	5999			10
13	CCPD	13296	80755.00	279190.0	150864.0	137739		25008	32838			11
14	OTHER BILLABLE SERVICES											
15	INPT DIAL TRMNTS	1514	9199.00	31797.00	17183.00	15304		2849	3741			12
16	METHOD II HOME PATIENT											13
17	EPO											14
18	14.01 ARANESP											14.01
19	OTHER											15
20	TOTAL STATISTICAL BASIS	46803	284292.0	982812.0	531105.0	489739		88040	115604		3423162	16
21	UNIT COST MULTIPLIER	17.529560		.999999		1.675009		.992890				17
			.275024		1.000002				.890030		.402991	

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2318  
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	15450	3015734	195.19	13856	2704553	140.72	1949816	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	48	7126	148.46	28	4157	140.72	3940	5
6 TRAINING - CCPD	22	3252	147.82	14	2069	140.72	1970	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1275	261393	205.01	891	182664	60.31	53736	9
10 HOME PROGRAM - CCPD	6979	1361053	195.02	4997	974515	60.31	301369	10
11 TOTALS	15520	4648558		13898	3867958		2310831	11

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PERIOD FROM 01/01/2008 TO 12/31/2008

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2318

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	3867958 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2310831 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	3628 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	518107 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	15735 5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	506000 6
7	PROGRAM PAYMENT	1845762 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0155)	HOSPITAL (14-0155)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	2102471				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	159139				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	89.72				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI, LN.18] [E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.01		0.53	0.00	0.53	4.01
					NO. OF INTERNS & RESIDENTS
4.02				0.17	4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03				3574	4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5			0.0662		5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01			0.1766		5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02			0.2428		5.02
					SUM OF LINES 5 AND 5.01
5.03			0.0504		5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04			105965		5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	2371149				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 BIO MED					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
15.01 STERILE PROCESSING					15.01
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
29 SURGICAL INTENSIVE CARE UNIT					29
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SPECIAL PROCEDURES					37.01
38 RECOVERY ROOM					38
38.01 OP ONCOLOGY					38.01
39.02 SUBSTANCE ABUSE					39.02
39.04 DIABETES EDUCATION					39.04
39.05 PODIATRY					39.05
39.06 INFUSION CLINIC					39.06
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 CARDIAC CATH LAB					43.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OCCUPATIONAL HEALTH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
65 AMBULANCE SERVICES					65
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
00 OTHER NRCC					00
00.01 SISTERS RESIDENCE					00.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	990101	28827245	.034346	5344954	183578	37
37.01 SPECIAL PROCEDURES	244274	3331760	.073317	536345	39323	37.01
38 RECOVERY ROOM	54245	6010134	.009026	705527	6368	38
38.01 OP ONCOLOGY	704148	4079059	.172625	9194	1587	38.01
39.02 SUBSTANCE ABUSE	11760	807278	.014568	11817	173	39.02
39.04 DIABETES EDUCATION	24713	1469350	.016819	849127	14282	39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	58111	974905	.059607	148112	8829	39.06
40 ANESTHESIOLOGY	11303	7871018	.001436	1405826	2018	40
41 RADIOLOGY-DIAGNOSTIC	794450	85286636	.009315	14967051	139418	41
43 RADIOISOTOPE	48705	6263634	.007776	1575637	12252	43
43.01 CARDIAC CATH LAB	134690	17348744	.007764	6587022	51142	43.01
44 LABORATORY	332863	55431379	.006005	14026332	84229	44
49 RESPIRATORY THERAPY	72340	17214884	.004202	9134823	38385	49
50 PHYSICAL THERAPY	183304	4171069	.043946	1050882	46182	50
50.01 WOUND CARE	88093	757674	.116267	51652	6006	50.01
51 OCCUPATIONAL THERAPY	10654	925888	.011507	396013	4557	51
52 SPEECH PATHOLOGY	10697	301146	.035521	170745	6065	52
53 ELECTROCARDIOLOGY	129355	8795090	.014708	2815446	41409	53
54 ELECTROENCEPHALOGRAPHY	19451	538004	.036154	116861	4225	54
55 MEDICAL SUPPLIES CHARGED TO PAT	61649	55137801	.001118	18253969	20408	55
56 DRUGS CHARGED TO PATIENTS	91957	92666786	.000992	29809524	29571	56
57 RENAL DIALYSIS	423641	17433146	.024301	812628	19748	57
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	268323	1432880	.187261			60.01
61 EMERGENCY	251885	38079804	.006615	5565438	36815	61
62 OBSERVATION BEDS (NON-DISTINCT	77601	1908481	.040661			62
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL	5098313	457063795		114344925	796570	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2048040		2048040	27342	74.90	15022	1125147 25
26 INTENSIVE CARE UNIT	290944		290944	4128	70.48	2252	158721 26
29 SURGICAL INTENSIVE CARE UNIT	195959		195959	2404	81.51	1355	110446 29
101 TOTAL	2534943		2534943			18629	1394314 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1394314

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 796570

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2190884

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	32845465
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	142458879
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.231

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2190884
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	9907506
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	56512820
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.175