

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 SAINT JOSEPH HOSPITAL (14-0217) (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	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	473559	304783	1
2.01	SUBPROVIDER II	6958		2
3	SWING BED - SNF			2.01
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	480517	304783	9
				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  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	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
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

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
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

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: NATIONAL GOVERNMENT SERVICE FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER: 00131				40.01
40.02	STREET: P.O. BOX 7149			P.O.BOX: 1	40.02
40.03	CITY:			STATE: IN ZIP CODE: 46207-7149	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						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.						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
53.01	MDH PERIOD: BEGINNING: ENDING:						53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1567212 PAID LOSSES: 763021 AND/OR SELF INSURANCE:						54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						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.						55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$				
		0	1	2	3	4				
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56				
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		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.		YES			58				
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01				
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59				
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)		YES	04/30/2009		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		3836	1006	8933	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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		3836	1006	8933	12
13	RPCV VISITS					13
14	SUBPROVIDER I					14
14.01	SUBPROVIDER II		755		910	14.01
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
28.01	EMP. DISC. DAYS(IRF Sub)					28.01

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
SALARIES							
1 TOTAL SALARIES	57347092	-133740	57213352	2036451.00	28.09		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	3532695	116220	3648915	120547.00	30.27		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	3732303		3732303	106511.00	35.04		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	1736798		1736798	8643.19	200.94		9.03
10 CONTRACT LABOR: PHYSICIAN PART A	274995		274995	1712.00	160.63		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	7187144		7187144	120606.00	59.59		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	12527788		12527788			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	804743		804743			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	2600666	-6065	2594601	125260.00	20.71		21
22 ADMINISTRATIVE & GENERAL	3345416	-7802	3337614	108103.00	30.87		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	486403	-1134	485269	17622.00	27.54		23
24 OPERATION OF PLANT	902364	-2104	900260	41836.00	21.52		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	1082575	-2525	1080050	86970.00	12.42		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1135468	-413417	722051	46258.00	15.61		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		410769	410769	41348.00	9.93		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	3100762	228246	3329008	84592.00	39.35		30
31 CENTRAL SERVICES AND SUPPLY	631692	-1473	630219	38196.00	16.50		31
32 PHARMACY	1527496	-3562	1523934	39060.00	39.02		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1356918	-3164	1353754	57904.00	23.38		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)		
1 NET SALARIES	57347092	-133740	57213352	2036451.00	28.09		1
2 EXCLUDED AREA SALARIES	3532695	116220	3648915	120547.00	30.27		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	53814397	-249960	53564437	1915904.00	27.96		3
4 SUBTOTAL OTHER WAGES & REL COSTS	12931240		12931240	237472.19	54.45		4
5 SUBTOTAL WAGE-RELATED COSTS	12527788		12527788		23.39%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	79273425	-249960	79023465	2153376.19	36.70		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	16169760	197769	16367529	687149.00	23.82		13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	30542743	17
17.01	GROSS MEDICAID REVENUES	57779719	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	88322462	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.218140	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		28
29	TOTAL GROSS MEDICAID COST		29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL		32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
88	8800								88
			3919500	3919500	-3919500				
95		56736193	99430882	156167075		156167075	-7997899	148169176	95
96	9600								96
100	7950								100
100.01	7951	173222	1023114	1196336		1196336		1196336	100.01
100.02	7952	126187	16644	142831		142831		142831	100.02
100.03	7953	265251	71256	336507		336507		336507	100.03
100.04	7954	46239	-8290	37949		37949		37949	100.04
100.05	7955								100.05
100.06	7957								100.06
101		57347092	100533606	157880698		157880698	-7997899	149882799	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
			COST CENTER	LINE #			
		1	2	3	4	5	
1	CAFETERIA	A	CAFETERIA	12	410769	501671	1
2							2
3	NEW EQUIP DEPR	B	NEW CAP REL COSTS-MVBLE EQUIP	4		5535008	3
4							4
5	ADM AN ASSOCIATION	C					5
6							6
7	DIRECTLY ASSIGN DEPR OFFSITES	D	EMERGENCY	61		5478	7
8		D	C'VILL OUT	61.01		10717	8
9		D	HUNTLEY OP	61.04		20741	9
10							10
11	RECLASS MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	55		2490429	11
12							12
13	RECLASS NURSING FLOAT TO NUR ADMIN	F	NURSING ADMINISTRATION	14	235477	2534	13
14							14
15	RECLASS ELECTRICITY	G					15
16							16
17	RECLASS INTEREST EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3		3919500	17
18							18
19	EMS TRAINING COSTS	I	PARAMED ED PRGM-PARAMEDICAL E	24	124459	3509	19
20		I					20
21		I					21
22		I					22
23		I					23
24		I					24
25		I					25
26							26
27	RECLASS DEFERRED COMPENSATION	J	EMPLOYEE BENEFITS	5		1924	27
28		J	COMMUNICATIONS	5.01		413	28
29		J	PURCH, RCING, STORING	5.02		871	29
30		J	ADMITTING	5.03		2501	30
31		J	CASHIERING, A/R	5.04		356	31
32		J	ADMINISTRATIVE & GENERAL	6		7802	32
33		J	MAINTENANCE & REPAIRS	7		1134	33
34		J	OPERATION OF PLANT	8		2104	34
35		J	HOUSEKEEPING	10		2525	35
36	SUBTOTAL				770705	12509217	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
		1	6	7	8	9	
1	CAFETERIA	A	DIETARY	11	410769	501671	1
2							2
3	NEW EQUIP DEPR	B	NEW CAP REL COSTS-BLDG & FIXT	3		5535008	9 3
4							4
5	ADM AN ASSOCIATION	C					5
6							6
7	DIRECTLY ASSIGN DEPR OFFSITES	D	NEW CAP REL COSTS-BLDG & FIXT	3		36936	9 7
8		D					9 8
9		D					9 9
10							10
11	RECLASS MEDICAL SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		2490429	11
12							12
13	RECLASS NURSING FLOAT TO NUR ADMI	F	ADULTS & PEDIATRICS	25	235477	2534	13
14							14
15	RECLASS ELECTRICITY	G					15
16							16
17	RECLASS INTEREST EXPENSE	H	INTEREST EXPENSE	88		3919500	11 17
18							18
19	EMS TRAINING COSTS	I	ADULTS & PEDIATRICS	25	6673		19
20		I	INTENSIVE CARE UNIT	26	4388		20
21		I	OPERATING ROOM	37	3834		21
22		I	LABORATORY	44		3509	22
23		I	RESPIRATORY THERAPY	49	3661		23
24		I	RADIOLOGY-DIAGNOSTIC	41	3818		24
25		I	EMERGENCY	61	102085		25
26							26
27	RECLASS DEFERRED COMPENSATION	J	EMPLOYEE BENEFITS	5	1924		27
28		J	COMMUNICATIONS	5.01	413		28
29		J	PURCH, RCVING, STORING	5.02	871		29
30		J	ADMITTING	5.03	2501		30
31		J	CASHIERING, A/R	5.04	356		31
32		J	ADMINISTRATIVE & GENERAL	6	7802		32
33		J	MAINTENANCE & REPAIRS	7	1134		33
34		J	OPERATION OF PLANT	8	2104		34
35		J	HOUSEKEEPING	10	2525		35
36	SUBTOTAL				790335	12489587	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
1	2	3	4	5	
1	J	DIETARY	11		2648 1
2	J	NURSING ADMINISTRATION	14		7231 2
3	J	CENTRAL SERVICES & SUPPLY	15		1473 3
4	J	PHARMACY	16		3562 4
5	J	MEDICAL RECORDS & LIBRARY	17		3164 5
6	J	PARAMED ED PRGM-PARAMEDICAL E	24		537 6
7	J	ADULTS & PEDIATRICS	25		26856 7
8	J	INTENSIVE CARE UNIT	26		7304 8
9	J	SUBPROVIDER II	31.01		6277 9
10	J	NURSERY	33		1579 10
11	J	OPERATING ROOM	37		6168 11
12	J	RECOVERY ROOM	38		4465 12
13	J	DELIVERY ROOM & LABOR ROOM	39		2832 13
14	J	ANESTHESIOLOGY	40		271 14
15	J	RADIOLOGY-DIAGNOSTIC	41		11251 15
16	J	VASCULAR LAB	41.01		1361 16
17	J	RADIOLOGY-THERAPEUTIC	42		2966 17
18	J				18
19	J				19
20	J	RESPIRATORY THERAPY	49		2992 20
21	J	PHYSICAL THERAPY	50		3730 21
22	J	OCCUPATIONAL THERAPY	51		837 22
23	J	SPEECH PATHOLOGY	52		543 23
24	J	ELECTROCARDIOLOGY	53		1874 24
25	J	PSYCH	59.02		861 25
26	J	OCCUPATIONAL HEALTH	59.03		1269 26
27	J	EMERGENCY	61		8938 27
28	J	C'VILL OUT	61.01		286 28
29	J	NUTRITION COUNS.	61.03		826 29
30	J	HUNTLEY OP	61.04		584 30
31	J	MOB	100.01		404 31
32	J	COMMUNITY WELLNESS	100.02		294 32
33	J	FUND DEVELOPMENT	100.03		619 33
34	J	PHYSICIAN PRACTICE MANAGEMENT	100.04		108 34
35					35
36		TOTAL RECLASSIFICATIONS		770705	12623327 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
			COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1	J	DIETARY		11	2648		1
2	J	NURSING ADMINISTRATION		14	7231		2
3	J	CENTRAL SERVICES & SUPPLY		15	1473		3
4	J	PHARMACY		16	3562		4
5	J	MEDICAL RECORDS & LIBRARY		17	3164		5
6	J	PARAMED ED PRGM-PARAMEDICAL E		24	537		6
7	J	ADULTS & PEDIATRICS		25	26856		7
8	J	INTENSIVE CARE UNIT		26	7304		8
9	J	SUBPROVIDER II		31.01	6277		9
10	J	NURSERY		33	1579		10
11	J	OPERATING ROOM		37	6168		11
12	J	RECOVERY ROOM		38	4465		12
13	J	DELIVERY ROOM & LABOR ROOM		39	2832		13
14	J	ANESTHESIOLOGY		40	271		14
15	J	RADIOLOGY-DIAGNOSTIC		41	11251		15
16	J	VASCULAR LAB		41.01	1361		16
17	J	RADIOLOGY-THERAPEUTIC		42	2966		17
18	J						18
19	J						19
20	J	RESPIRATORY THERAPY		49	2992		20
21	J	PHYSICAL THERAPY		50	3730		21
22	J	OCCUPATIONAL THERAPY		51	837		22
23	J	SPEECH PATHOLOGY		52	543		23
24	J	ELECTROCARDIOLOGY		53	1874		24
25	J	PSYCH		59.02	861		25
26	J	OCCUPATIONAL HEALTH		59.03	1269		26
27	J	EMERGENCY		61	8938		27
28	J	C'VILL OUT		61.01	286		28
29	J	NUTRITION COUNS.		61.03	826		29
30	J	HUNTLEY OP		61.04	584		30
31	J	MOB		100.01	404		31
32	J	COMMUNITY WELLNESS		100.02	294		32
33	J	FUND DEVELOPMENT		100.03	619		33
34	J	PHYSICIAN PRACTICE MANAGEMENT		100.04	108		34
35							35
36	TOTAL RECLASSIFICATIONS				904445	12489587	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	----- ACQUISITIONS -----			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	5	6	7
1 LAND	2549055					2549055	1
2 LAND IMPROVEMENTS	2631876	3048592		3048592		5680468	2
3 BUILDINGS AND FIXTURES	57083935	82521512		82521512	3856292	135749155	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	2044735					2044735	5
6 MOVABLE EQUIPMENT	68129318	10724504		10724504		78853822	6
7 SUBTOTAL	132438919	96294608		96294608	3856292	224877235	7
8 RECONCILING ITEMS	1735284					1735284	8
9 TOTAL	130703635	96294608		96294608	3856292	223141951	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED-COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	135749155	1316814	134432341	.625521				3
4 NEW CAP REL COSTS-MVBLE EQUIP	80898557	418470	80480087	.374479				4
5 TOTAL	216647712	1735284	214912428	1.000000				5

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----							
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	5977057		3090027				9067084	3
4 NEW CAP REL COSTS-MVBLE EQUIP	5535008						5535008	4
5 TOTAL	11512065		3090027				14602092	5

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

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----							
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	8941445						8941445	3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	8941445						8941445	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO.	WKST A-7 REF
			COST CENTER	3		
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT		1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP		2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT		3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP		4	4
5 INVESTMENT INCOME-OTHER						5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-4775	PURCH, RCVING, STORING		5.02	6
7 REFUNDS AND REBATES OF EXPENSES						7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-28216	COMMUNICATIONS		5.01	9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-2201853				12
13 SALE OF SCRAP, WASTE, ETC.	B	-1233	RADIOLOGY-DIAGNOSTIC		41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1	30519				14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-532262	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	-1179	MEDICAL RECORDS & LIBRARY		17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						21
22 VENDING MACHINES	B	-11176	CAFETERIA		12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY		49	25
	A-8-4					
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY		50	26
	A-8-4					
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY		71	27
	A-8-3		UTILIZATION REVIEW-SNF		89	28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT		1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP		2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT		3	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP		4	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS		20	33
33 NON-PHYSICIAN ANESTHETIST						34
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					35
	WKST A-8-4					
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					36
	WKST A-8-4					
37 INTEREST INCOME	B	-98371	NEW CAP REL COSTS-BLDG & FIXT		3	37
38 PROVIDER TAX	A	-4328644	ADMINISTRATIVE & GENERAL		6	38
38.01 MISC REVENUE	B	-1285	EMPLOYEE BENEFITS		5	38.01
38.02 MISC REVENUE	B	-82545	ADMINISTRATIVE & GENERAL		6	38.02
38.03 MISC REVENUE	B	-20400	NURSING ADMINISTRATION		14	38.03
38.04 MISC REVENUE	B	-14827	ADULTS & PEDIATRICS		25	38.04
38.05 MISC REVENUE	B	-1290	RADIOLOGY-THERAPEUTIC		42	38.05
38.06 MISC REVENUE	B	-111	CASHIERING, A/R		5.04	38.06
38.07 MISC REVENUE	B	-31797	CAFETERIA		12	38.07
38.08 MISC REVENUE	B	-327	MEDICAL RECORDS & LIBRARY		17	38.08
38.09 MISC REVENUE	B	-1834	RADIOLOGY-DIAGNOSTIC		41	38.09
38.10 MISC REVENUE	B	-1530	NUTRITION COUNS.		61.03	38.10
39 SISTER'S MEALS	A	-16222	CAFETERIA		12	39
39.10 PHP TRANSPORTATION/FOOD	B	-19504	PSYCH		59.02	39.10
40 EMS	B	-109262	PARAMED ED PRGM-PARAMEDICAL EDU		24	40
41 MISC REVENUE	B	-63538	EMERGENCY		61	41
42 EMPLOYEE ASSISTANCE PROGRAM	B	-160731	EMPLOYEE BENEFITS		5	42
43						43
44 RENT	B	-26499	HUNTLEY OP		61.04	44
45 RENT	B	-69914	C'VILL OUT		61.01	45
46 TRANSPORTATION EXPENSE	A	-182871	OPERATION OF PLANT		8	46
47 OFFSET SISTERS MEALS COSTS	A	-16222	CAFETERIA		12	47
48						48
49						49
50 TOTAL		-7997899				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 ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	CAPITAL	2705927		2705927	9 1
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	1899720	602088	1297632	2
3	5.04	CASHIERING, A/R	CBO	988518	1207429	-218911	3
4	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	9679542	12422808	-2743266	4
4.01	16	PHARMACY	EMM	250116	250116		4.01
4.02	26	INTENSIVE CARE UNIT	EICU	425750	607140	-181390	4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	PACS/CPACS	574536	574536		4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	4908627	5738100	-829473	11 4.04
5		TOTALS		21432736	21402217	30519	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.

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	2	3	4	5	6	7	8	9
1	31 SUBPROVIDER I		PSYCH					
2	44 LABORATORY	24500	LAB	16000	215700	166	17215	861
3	41 RADIOLOGY-DIAGNOSTIC	99164	RADIOLOGY	69765	225300	650	70406	3520
4	40 ANESTHESIOLOGY	164520	ANESTH	13310	200300	121	11652	583
5	31.01 SUBPROVIDER II	75000	CRU	75000	177200	160	13631	682
6	61 EMERGENCY	992336	ER	130087	177200	422	35951	1798
7	25 ADULTS & PEDIATRICS	106380	PSYCH	45833	177200	354	30158	1508
8	33 NURSERY	450000	NURSERY					
9	39 DELIVERY ROOM & LABOR RO	467110	LDR					
101	TOTAL	2379010		349995		1873	179013	8952

PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 05/21/2009 08:34

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
10	11	12	13	14	15	16	17	18
1	31 SUBPROVIDER I			PSYCH				
2	44 LABORATORY			LAB		17215		8500
3	41 RADIOLOGY-DIAGNOSTIC			RADIOLOGY		70406		29399
4	40 ANESTHESIOLOGY			ANESTH		11652	1658	152868
5	31.01 SUBPROVIDER II			CRU		13631	61369	61369
6	61 EMERGENCY			ER		35951	94136	956385
7	25 ADULTS & PEDIATRICS			PSYCH		30158	15675	76222
8	33 NURSERY			NURSERY				450000
9	39 DELIVERY ROOM & LABOR RO			LDR				467110
101	TOTAL					179013	172838	2201853



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	PURCHASING	ADMITTING	CASHIERING	
	FOR COST	BLDGS &	MOVABLE	BENEFITS					
	ALLOCATION	FIXTURES	EQUIPMENT		5.01	5.02	5.03	5.04	
	0	3	4	5					
95 SUBTOTALS	148169176	8936651	5519929	14992574	568728	1101267	1534869	3088207	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		25767	4826		2072				96
100 OTHER NONREIMBURSABLE C									100
100.01MOB	1196336		1917	46449	30042	41	4898		100.01
100.02COMMUNITY WELLNESS	142831		472	33837		188	3568		100.02
100.03FUND DEVELOPMENT	336507	104666	7864	71127	4144	829	7499		100.03
100.04PHYSICIAN PRACTICE MANAGEMENT	37949			12399		12	1307		100.04
100.05FAMILY CARE CENTER									100.05
100.06NON HOME CARE									100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	149882799	9067084	5535008	15156386	604986	1102337	1552141	3088207	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINIS-	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
		TRATIVE & GENERAL	TENANCE & REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING			
	5A	6	7	8	9	10	11	12	
95 SUBTOTALS	147805252	19755446	5032514	5169246	683883	1893136	3576979	363275	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	32665	5052	20216	21001		4332		2509	96
100 OTHER NONREIMBURSABLE C							135244		100
100.01MOB	1279683	197926				26122		6353	100.01
100.02COMMUNITY WELLNESS	180896	27979			1770			1187	100.02
100.03FUND DEVELOPMENT	532636	82382	82117	85306				1768	100.03
100.04PHYSICIAN PRACTICE MANAGEMENT	51667	7991						189	100.04
100.05FAMILY CARE CENTER									100.05
100.06NON HOME CARE									100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	149882799	20076776	5134847	5275553	685653	1923590	3712223	375281	103



PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH HOSPITAL  
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	PARAMEDICA	SUBTOTAL	I&R COST &	TOTAL
	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	PARAMEDICA PARAMEDICA 24		POST STEP- DOWN ADJS 26	
95 SUBTOTALS	5240225	2705866	11928899	3814094	599915	147095134		147095134 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						85775		85775 96
100 OTHER NONREIMBURSABLE C						135244		135244 100
100.01MOB		39				1510123		1510123 100.01
100.02COMMUNITY WELLNESS		635				212467		212467 100.02
100.03FUND DEVELOPMENT						784209		784209 100.03
100.04PHYSICIAN PRACTICE MANAGEMENT						59847		59847 100.04
100.05FAMILY CARE CENTER								100.05
100.06NON HOME CARE								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5240225	2706540	11928899	3814094	599915	149882799		149882799 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNICAT	PURCHASING	ADMITTING	
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS				
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		5.01	5.02	5.03	
	0	3	4	4A	5				
95 SUBTOTALS	783102	8936651	5519929	15239682	55374	176536	604407	120855	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		25767	4826	30593		643			96
100 OTHER NONREIMBURSABLE C									100
100.01MOB	-137		1917	1780	171	9325	22	386	100.01
100.02COMMUNITY WELLNESS	-57		472	415	125		103	281	100.02
100.03FUND DEVELOPMENT	-570	104666	7864	111960	263	1286	455	590	100.03
100.04PHYSICIAN PRACTICE MANAGEMENT					46		6	103	100.04
100.05FAMILY CARE CENTER									100.05
100.06NON HOME CARE									100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	782338	9067084	5535008	15384430	55979	187790	604993	122215	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CASHIERING	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
	5.04	6	7	8	9	10	11	12
95 SUBTOTALS	45421	1455313	940866	210085	82672	41230	660758	4448 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		372	3780	854		94		31 96
100 OTHER NONREIMBURSABLE C							24983	100
100.01MOB		14581				569		78 100.01
100.02COMMUNITY WELLNESS		2061			214			15 100.02
100.03FUND DEVELOPMENT		6069	15352	3467				22 100.03
100.04PHYSICIAN PRACTICE MANAGEMENT		589						2 100.04
100.05FAMILY CARE CENTER								100.05
100.06NON HOME CARE								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	45421	1478985	959998	214406	82886	41893	685741	4596 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	PARAMEDICA	SUBTOTAL	I&R COST &	TOTAL
	ADMINIS-	SERVICES &		RECORDS &	PARAMEDICA		POST STEP-	
	TRATION	SUPPLY		LIBRARY	PARAMEDICA		DOWN ADJS	
	14	15	16	17	24	25	26	27
95 SUBTOTALS	157784	761567	779205	226024		15131482		15131482 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						36367		36367 96
100 OTHER NONREIMBURSABLE C						24983		24983 100
100.01MOB		11				26923		26923 100.01
100.02COMMUNITY WELLNESS		179				3393		3393 100.02
100.03FUND DEVELOPMENT						139464		139464 100.03
100.04PHYSICIAN PRACTICE MANAGEMENT						746		746 100.04
100.05FAMILY CARE CENTER								100.05
100.06NON HOME CARE								100.06
101 CROSS FOOT ADJUSTMENTS					21072	21072		21072 101
102 NEGATIVE COST CENTER								102
103 TOTAL	157784	761757	779205	226024	21072	15384430		15384430 103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT (NUMBER PHONES)	PURCHASING (GROSS SUPPLIES)	ADMITTING GROSS SALARIES	CASHIERING (GROSS REVENUE)	
	3	4	5	5.01	5.02	5.03	5.04	
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	492830	5367536	55911395	549	26592764	54288142	674187879	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1421	4693		2				96
100 OTHER NONREIMBURSABLE C								100
100.01 MOB		1864	173222	29	978	173222		100.01
100.02 COMMUNITY WELLNESS		459	126187		4535	126187		100.02
100.03 FUND DEVELOPMENT	5772	7647	265251	4	20015	265251		100.03
100.04 PHYSICIAN PRACTICE MANAGEMENT			46239		278	46239		100.04
100.05 FAMILY CARE CENTER								100.05
100.06 NON HOME CARE								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	9067084	5535008	15156386	604986	1102337	1552141	3088207	103
104 UNIT COST MULT-WS B PT I		1.028392		1035.934932		.028273		104
104 UNIT COST MULT-WS B PT I	18.133334		.268149		.041412		.004581	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			55979	187790	604993	122215	45421	107
108 UNIT COST MULT-WS B PT III				321.558219		.002226		108
108 UNIT COST MULT-WS B PT III			.000990		.022728		.000067	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	ADMINIS-	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	CILIATION	TRATIVE &	TENANCE &	OF PLANT	& LINEN	KEEPING			
	ACCUM	GENERAL	REPAIRS	SQUARE	SERVICE	POUNDS OF	MEALS	HOURS	
	COST	COST	SQUARE	FEET	LAUNDRY	LAUNDRY	SERVED		
	6A	6	7	8	9	10	11	12	
85.02									85.02
85.03									85.03
95									95
	-20076776	127728476	353737	349763	1089980	56818	439440	1499127	95
NONREIMBURSABLE COST CENTERS									
96		32665	1421	1421		130		10355	96
100							16615		100
100.01		1279683				784		26217	100.01
100.02		180896			2821			4897	100.02
100.03		532636	5772	5772				7298	100.03
100.04		51667						780	100.04
100.05									100.05
100.06									100.06
101									101
102									102
103		20076776	5134847	5275553	685653	1923590	3712223	375281	103
104			14.226712		.627427		8.139858		104
104		.154668		14.779281		33.319303		.242324	104
105									105
106									106
106									106
107		1478985	959998	214406	82886	41893	685741	4596	107
108			2.659790		.075847		1.503637		108
108		.011394		.600651		.725646		.002968	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	PARAMEDICA	
	ADMINIS- TRATION DIRECT	SERVICES & SUPPLY COSTED	COSTED	RECORDS & LIBRARY TIME	PARAMEDICA PARAMEDICA (OTHER)	
	NRSING HRS 14	REQUIS. 15	REQUIS. 16	SPENT 17		24
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
5.01	COMMUNICATIONS					5.01
5.02	PURCH, RCVING, STORING					5.02
5.03	ADMITTING					5.03
5.04	CASHIERING, A/R					5.04
6	ADMINISTRATIVE & GENERAL					6
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION	1017703				14
15	CENTRAL SERVICES & SUPPLY	38196	15675622			15
16	PHARMACY			7724509		16
17	MEDICAL RECORDS & LIBRARY		28		18117	17
18	SOCIAL SERVICE					18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES					22
23	I&R SERVICES-OTHER PRGM COSTS					23
24	PARAMED ED PRGM-PARAMEDICAL E	30834		192		4350
25	INPATIENT ROUTINE SERV COST CENTERS					24
25	ADULTS & PEDIATRICS	405057	170449	5871	7625	360
26	INTENSIVE CARE UNIT	85534	55769	5015	873	120
31	SUBPROVIDER I					31
31.01	SUBPROVIDER II	97217	34037	360	2339	31.01
33	NURSERY	17924	8818	133		33
ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	82657	4533411	172863	2893	120
38	RECOVERY ROOM	57441	24621	3854		
39	DELIVERY ROOM & LABOR ROOM	36568	54597	1387		
40	ANESTHESIOLOGY	4353	76093	6131		
41	RADIOLOGY-DIAGNOSTIC		5065756	25783		120
41.01	VASCULAR LAB		30842	3261		41.01
42	RADIOLOGY-THERAPEUTIC		15093	486		42
44	LABORATORY		1393292			120
46	WHOLE BLOOD & PACKED RED BLOO		868740			46
46.30	BLOOD CLOTTING FACTORS ADMIN					46.30
49	RESPIRATORY THERAPY		268809	384		120
50	PHYSICAL THERAPY		17665			50
51	OCCUPATIONAL THERAPY		3393			51
52	SPEECH PATHOLOGY		65			52
53	ELECTROCARDIOLOGY	27698	26497	6937		53
55	MEDICAL SUPPLIES CHARGED TO P		2490429	254488		55
56	DRUGS CHARGED TO PATIENTS		70601	7097784		56
57	RENAL DIALYSIS					57
59	OTH ANCILLARY SERVICE C					59
59.02	PSYCH	13902				59.02
59.03	OCCUPATIONAL HEALTH	18901	66886	109		59.03
OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY	89008	389303	139471	4387	3390
61.01	C'VILL OUT		2589			61.01
61.02	LAKE HILL OUT					61.02
61.03	NUTRITION COUNS.	12413				61.03
61.04	HUNTLEY OP		3936			61.04
62	OBSERVATION BEDS (NON-DISTINC					62
63.50	RHC					63.50
63.60	FQHC					63.60
OTHER REIMBURSABLE COST CENTERS						
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERA					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION					85.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	PARAMEDICA	
	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	PARAMEDICA PARAMEDICA (OTHER)	
	14	15	16	17	24	
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	1017703	15671719	7724509	18117	4350	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C						96
100 OTHER NONREIMBURSABLE C						100
100.01 MOB		225				100.01
100.02 COMMUNITY WELLNESS		3678				100.02
100.03 FUND DEVELOPMENT						100.03
100.04 PHYSICIAN PRACTICE MANAGEMENT						100.04
100.05 FAMILY CARE CENTER						100.05
100.06 NON HOME CARE						100.06
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	5240225	2706540	11928899	3814094	599915	103
104 UNIT COST MULT-WS B PT I	5.149071		1.544292		137.911494	104
104 UNIT COST MULT-WS B PT I		.172659		210.525694		104
105 COST TO BE ALLOC PER B PT II						105
106 UNIT COST MULT-WS B PT II						106
106 UNIT COST MULT-WS B PT II						106
107 COST TO BE ALLOC PER B PT III	157784	761757	779205	226024	21072	107
108 UNIT COST MULT-WS B PT III	.155039		.100874		4.844138	108
108 UNIT COST MULT-WS B PT III		.048595		12.475796		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	32881536		32881536	15675	32897211	25
26 INTENSIVE CARE UNIT	7393008		7393008		7393008	26
31 SUBPROVIDER I						31
31.01 SUBPROVIDER II	7256074		7256074	61369	7317443	31.01
33 NURSERY	1183507		1183507		1183507	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	15206145		15206145		15206145	37
38 RECOVERY ROOM	3923823		3923823		3923823	38
39 DELIVERY ROOM & LABOR ROOM	3158014		3158014		3158014	39
40 ANESTHESIOLOGY	570843		570843	1658	572501	40
41 RADIOLOGY-DIAGNOSTIC	19707770		19707770		19707770	41
41.01 VASCULAR LAB	1172199		1172199		1172199	41.01
42 RADIOLOGY-THERAPEUTIC	4028176		4028176		4028176	42
44 LABORATORY	8438747		8438747		8438747	44
46 WHOLE BLOOD & PACKED RED BL	1210821		1210821		1210821	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3352588		3352588		3352588	49
50 PHYSICAL THERAPY	2791352		2791352		2791352	50
51 OCCUPATIONAL THERAPY	990350		990350		990350	51
52 SPEECH PATHOLOGY	359895		359895		359895	52
53 ELECTROCARDIOLOGY	2280067		2280067		2280067	53
55 MEDICAL SUPPLIES CHARGED TO	3806602		3806602		3806602	55
56 DRUGS CHARGED TO PATIENTS	11203299		11203299		11203299	56
57 RENAL DIALYSIS	787727		787727		787727	57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	692979		692979		692979	59.02
59.03 OCCUPATIONAL HEALTH	1641222		1641222		1641222	59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	11438739		11438739	94136	11532875	61
61.01 C'VILL OUT	268612		268612		268612	61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	618089		618089		618089	61.03
61.04 HUNTLEY OP	732950		732950		732950	61.04
62 OBSERVATION BEDS (NON-DISTI	1739260		1739260		1739260	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	148834394		148834394	172838	149007232	101
102 LESS OBSERVATION BEDS	1739260		1739260		1739260	102
103 TOTAL	147095134		147095134	172838	147267972	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	57402225		57402225			25
26 INTENSIVE CARE UNIT	18572842		18572842			26
31 SUBPROVIDER I						31
31.01 SUBPROVIDER II	15483503		15483503			31.01
33 NURSERY	1850885		1850885			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	49444400	39645642	89090042	.170683	.170683	.170683 37
38 RECOVERY ROOM	11564073	14989510	26553583	.147770	.147770	.147770 38
39 DELIVERY ROOM & LABOR ROOM	2007879	250742	2258621	1.398204	1.398204	1.398204 39
40 ANESTHESIOLOGY	6494987	5379363	11874350	.048074	.048074	.048213 40
41 RADIOLOGY-DIAGNOSTIC	64306163	85930356	150236519	.131178	.131178	.131178 41
41.01 VASCULAR LAB	3851626	8499284	12350910	.094908	.094908	.094908 41.01
42 RADIOLOGY-THERAPEUTIC	3218266	26204400	29422666	.136907	.136907	.136907 42
44 LABORATORY	34686344	28706994	63393338	.133117	.133117	.133117 44
46 WHOLE BLOOD & PACKED RED BL	1612524	429487	2042011	.592955	.592955	.592955 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	19523725	9965156	29488881	.113690	.113690	.113690 49
50 PHYSICAL THERAPY	6160121	2866274	9026395	.309243	.309243	.309243 50
51 OCCUPATIONAL THERAPY	3503185	17681	3520866	.281280	.281280	.281280 51
52 SPEECH PATHOLOGY	1123689	10656	1134345	.317271	.317271	.317271 52
53 ELECTROCARDIOLOGY	8722021	7259266	15981287	.142671	.142671	.142671 53
55 MEDICAL SUPPLIES CHARGED TO	12948595	7466252	20414847	.186462	.186462	.186462 55
56 DRUGS CHARGED TO PATIENTS	30729847	12763341	43493188	.257587	.257587	.257587 56
57 RENAL DIALYSIS	3131568	75805	3207373	.245599	.245599	.245599 57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	3119609	1198545	4318154	.160480	.160480	.160480 59.02
59.03 OCCUPATIONAL HEALTH		1278262	1278262	1.283948	1.283948	1.283948 59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	15314588	39263501	54578089	.209585	.209585	.211310 61
61.01 C'VILL OUT	1995	378938	380933	.705142	.705142	.705142 61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	79867	230013	309880	1.994608	1.994608	1.994608 61.03
61.04 HUNTLEY OP	1371	1231207	1232578	.594648	.594648	.594648 61.04
62 OBSERVATION BEDS (NON-DISTI	1878491	3539447	5417938	.321019	.321019	.321019 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	376734389	297580122	674314511			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	376734389	297580122	674314511			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				4243486		4243486
26 INTENSIVE CARE UNIT				576223		576223
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
31.01 SUBPROVIDER II				686223		686223
33 NURSERY				29873		29873
101 TOTAL				5535805		5535805

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	37829	19594			112.18	2198055
26 INTENSIVE CARE UNIT	4202	2419			137.13	331717
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
31.01 SUBPROVIDER II	11022	9137			62.26	568870
33 NURSERY	945				31.61	
101 TOTAL	53998	31150				3098642

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0217) [ ] 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	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1856720	89090042	23582547			.020841	491484 37
38 RECOVERY ROOM		276792	26553583	5121822			.010424	53390 38
39 DELIVERY ROOM & LABOR ROOM		444018	2258621	18925			.196588	3720 39
40 ANESTHESIOLOGY		65075	11874350	2799473			.005480	15341 40
41 RADIOLOGY-DIAGNOSTIC		2662615	150236519	35623323			.017723	631352 41
41.01 VASCULAR LAB		160165	12350910	1979577			.012968	25671 41.01
42 RADIOLOGY-THERAPEUTIC		1004276	29422666	1501312			.034133	51244 42
44 LABORATORY		501316	63393338	18276529			.007908	144531 44
46 WHOLE BLOOD & PACKED RED BLOO		72956	2042011	899193			.035728	32126 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		217899	29488881	11961790			.007389	88386 49
50 PHYSICAL THERAPY		52099	9026395	1541505			.005772	8898 50
51 OCCUPATIONAL THERAPY		12404	3520866	400831			.003523	1412 51
52 SPEECH PATHOLOGY		4943	1134345	271221			.004358	1182 52
53 ELECTROCARDIOLOGY		438698	15981287	5202911			.027451	142825 53
55 MEDICAL SUPPLIES CHARGED TO P		177503	20414847	5965319			.008695	51868 55
56 DRUGS CHARGED TO PATIENTS		724601	43493188	15306613			.016660	255008 56
57 RENAL DIALYSIS		7988	3207373	2018647			.002491	5028 57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		15316	4318154	694907			.003547	2465 59.02
59.03 OCCUPATIONAL HEALTH		25764	1278262				.020155	59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		832419	54578089	7650596			.015252	116687 61
61.01 C'VILL OUT		14722	380933	1923			.038647	74 61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		10195	309880	56643			.032900	1864 61.03
61.04 HUNTLEY OP		17193	1232578	1322			.013949	18 61.04
62 OBSERVATION BEDS (NON-DISTINC		224351	5417938	940369			.041409	38940 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9820028	581005056	141817298				2163514 101

PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH 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  
 05/21/2009 08:34

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT	COSTS
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			49648			49648
26 INTENSIVE CARE UNIT			16549			16549
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
31.01 SUBPROVIDER II						
33 NURSERY						
34 SKILLED NURSING FACILITY						
35 NURSING FACILITY						
101 TOTAL			66197			66197

PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH 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  
 05/21/2009 08:34

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	PER	INPATIENT	INPATIENT	
		PATIENT	DIEM	PROGRAM	PROGRAM	
		DAYS		DAYS	PASS THRU	
		5	6	7	8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	37829	1.31	19594	25668	25
26	INTENSIVE CARE UNIT	4202	3.94	2419	9531	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
31.01	SUBPROVIDER II	11022		9137		31.01
33	NURSERY	945				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	53998		31150	35199	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0217) [ ] 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	ALL OTHER		TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				16549			16549 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				16549			16549 41
41.01 VASCULAR LAB							41.01
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY				16549			16549 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				16549			16549 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 OTH ANCILLARY SERVICE C							59
59.02 PSYCH							59.02
59.03 OCCUPATIONAL HEALTH							59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				467522			467522 61
61.01 C'VILL OUT							61.01
61.02 LAKE HILL OUT							61.02
61.03 NUTRITION COUNS.							61.03
61.04 HUNTLEY OP							61.04
62 OBSERVATION BEDS (NON-DISTINC				2625			2625 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				536343			536343 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0217) [ ] 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 CHARGES	RATIO OF COST TO CHARGES	OUTPATIENT	INPATIENT PROGRAM CHARGES	INPATIENT	OUTPATIENT	
	PASS THROUGH COSTS			RATIO OF COST TO CHARGES		PASS THROUGH COSTS		PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	16549	89090042	.000186	.000186	23582547	4386	10678445	37
38 RECOVERY ROOM		26553583			5121822		3908938	38
39 DELIVERY ROOM & LABOR ROOM		2258621			18925		6010	39
40 ANESTHESIOLOGY		11874350			2799473		1119231	40
41 RADIOLOGY-DIAGNOSTIC	16549	150236519	.000110	.000110	35623323	3919	22942239	41
41.01 VASCULAR LAB		12350910			1979577		1478500	41.01
42 RADIOLOGY-THERAPEUTIC		29422666			1501312		10480703	42
44 LABORATORY	16549	63393338	.000261	.000261	18276529	4770	1173454	44
46 WHOLE BLOOD & PACKED RED BLOO		2042011			899193		136559	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	16549	29488881	.000561	.000561	11961790	6711	4317405	49
50 PHYSICAL THERAPY		9026395			1541505			50
51 OCCUPATIONAL THERAPY		3520866			400831		6005	51
52 SPEECH PATHOLOGY		1134345			271221		4895	52
53 ELECTROCARDIOLOGY		15981287			5202911		1937948	53
55 MEDICAL SUPPLIES CHARGED TO P		20414847			5965319		2254218	55
56 DRUGS CHARGED TO PATIENTS		43493188			15306613		3841143	56
57 RENAL DIALYSIS		3207373			2018647		59298	57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		4318154			694907		18193	59.02
59.03 OCCUPATIONAL HEALTH		1278262						59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	467522	54578089	.008566	.008566	7650596	65535	5048698	61
61.01 C'VILL OUT		380933			1923		120349	61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		309880			56643		39	61.03
61.04 HUNTLEY OP		1232578			1322			61.04
62 OBSERVATION BEDS (NON-DISTINC	2625	5417938	.000485	.000485	940369	456	1740523	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	536343	581005056			141817298	85777	71272793	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0217) [ ] 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			1986		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			2524		41
41.01 VASCULAR LAB					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY			306		44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY			2422		49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTH ANCILLARY SERVICE C					59
59.02 PSYCH					59.02
59.03 OCCUPATIONAL HEALTH					59.03
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY			43247		61
61.01 C'VILL OUT					61.01
61.02 LAKE HILL OUT					61.02
61.03 NUTRITION COUNS.					61.03
61.04 HUNTLEY OP					61.04
62 OBSERVATION BEDS (NON-DISTINC			844		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			51329		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0217) [ ] 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	.170683	.170683	.170683			37
38 RECOVERY ROOM	.147770	.147770	.147770			38
39 DELIVERY ROOM & LABOR ROOM	1.398204	1.398204	1.398204			39
40 ANESTHESIOLOGY	.048074	.048074	.048074			40
41 RADIOLOGY-DIAGNOSTIC	.131178	.131178	.131178			41
41.01 VASCULAR LAB	.094908	.094908	.094908			41.01
42 RADIOLOGY-THERAPEUTIC	.136907	.136907	.136907			42
44 LABORATORY	.133117	.133117	.133117			44
46 WHOLE BLOOD & PACKED RED BLOOD	.592955	.592955	.592955			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.113690	.113690	.113690			49
50 PHYSICAL THERAPY	.309243	.309243	.309243			50
51 OCCUPATIONAL THERAPY	.281280	.281280	.281280			51
52 SPEECH PATHOLOGY	.317271	.317271	.317271			52
53 ELECTROCARDIOLOGY	.142671	.142671	.142671			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.186462	.186462	.186462			55
56 DRUGS CHARGED TO PATIENTS	.257587	.257587	.257587			56
57 RENAL DIALYSIS	.245599	.245599	.245599			57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	.160480	.160480	.160480			59.02
59.03 OCCUPATIONAL HEALTH	1.283948	1.283948	1.283948			59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.209585	.209585	.209585			61
61.01 C'VILL OUT	.705142	.705142	.705142			61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	1.994608	1.994608	1.994608			61.03
61.04 HUNTLEY OP	.594648	.594648	.594648			61.04
62 OBSERVATION BEDS (NON-DISTINCT	.321019	.321019	.321019			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.257587	1
2 PROGRAM VACCINE CHARGES	10786	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	2778	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 (14-0217) [ ] 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	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		10678445						37
38 RECOVERY ROOM		3908938						38
39 DELIVERY ROOM & LABOR ROOM		6010						39
40 ANESTHESIOLOGY		1119231						40
41 RADIOLOGY-DIAGNOSTIC		22942239	12890					41
41.01 VASCULAR LAB		1478500						41.01
42 RADIOLOGY-THERAPEUTIC		10480703						42
44 LABORATORY		1173454						44
46 WHOLE BLOOD & PACKED RED BLOOD		136559						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		4317405						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY		6005						51
52 SPEECH PATHOLOGY		4895						52
53 ELECTROCARDIOLOGY		1937948						53
55 MEDICAL SUPPLIES CHARGED TO PA		2254218	7700					55
56 DRUGS CHARGED TO PATIENTS		3841143						56
57 RENAL DIALYSIS		59298						57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		18193						59.02
59.03 OCCUPATIONAL HEALTH								59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		5048698	2813					61
61.01 C'VILL OUT		120349						61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		39						61.03
61.04 HUNTLEY OP								61.04
62 OBSERVATION BEDS (NON-DISTINCT		1740523						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		71272793	23403					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		71272793	23403					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0217) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		1822629				37
38 RECOVERY ROOM		577624				38
39 DELIVERY ROOM & LABOR ROOM		8403				39
40 ANESTHESIOLOGY		53806				40
41 RADIOLOGY-DIAGNOSTIC		3009517	1691			41
41.01 VASCULAR LAB		140321				41.01
42 RADIOLOGY-THERAPEUTIC		1434882				42
44 LABORATORY		156207				44
46 WHOLE BLOOD & PACKED RED BLOOD		80973				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		490846				49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY		1689				51
52 SPEECH PATHOLOGY		1553				52
53 ELECTROCARDIOLOGY		276489				53
55 MEDICAL SUPPLIES CHARGED TO PAT		420326	1436			55
56 DRUGS CHARGED TO PATIENTS		989429				56
57 RENAL DIALYSIS		14564				57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH		2920				59.02
59.03 OCCUPATIONAL HEALTH						59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY		1058131	590			61
61.01 C'VILL OUT		84863				61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.		78				61.03
61.04 HUNTLEY OP						61.04
62 OBSERVATION BEDS (NON-DISTINCT		558741				62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		11183991	3717			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		11183991	3717			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T217)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	RATIO OF		
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST	3	CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2		4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1856720	89090042	129413			.020841	2697 37
38 RECOVERY ROOM		276792	26553583	20920			.010424	218 38
39 DELIVERY ROOM & LABOR ROOM		444018	2258621				.196588	39
40 ANESTHESIOLOGY		65075	11874350	10507			.005480	58 40
41 RADIOLOGY-DIAGNOSTIC		2662615	150236519	850606			.017723	15075 41
41.01 VASCULAR LAB		160165	12350910	284248			.012968	3686 41.01
42 RADIOLOGY-THERAPEUTIC		1004276	29422666	89537			.034133	3056 42
44 LABORATORY		501316	63393338	2017230			.007908	15952 44
46 WHOLE BLOOD & PACKED RED BLOO		72956	2042011	11407			.035728	408 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		217899	29488881	1691415			.007389	12498 49
50 PHYSICAL THERAPY		52099	9026395	3197647			.005772	18457 50
51 OCCUPATIONAL THERAPY		12404	3520866	2411195			.003523	8495 51
52 SPEECH PATHOLOGY		4943	1134345	588626			.004358	2565 52
53 ELECTROCARDIOLOGY		438698	15981287	89547			.027451	2458 53
55 MEDICAL SUPPLIES CHARGED TO P		177503	20414847	1078411			.008695	9377 55
56 DRUGS CHARGED TO PATIENTS		724601	43493188	2474859			.016660	41231 56
57 RENAL DIALYSIS		7988	3207373	258745			.002491	645 57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		15316	4318154	325			.003547	1 59.02
59.03 OCCUPATIONAL HEALTH		25764	1278262				.020155	59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		832419	54578089	5451			.015252	83 61
61.01 C'VILL OUT		14722	380933				.038647	61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		10195	309880				.032900	61.03
61.04 HUNTLEY OP		17193	1232578				.013949	61.04
62 OBSERVATION BEDS (NON-DISTINC		224351	5417938				.041409	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9820028	581005056	15210089				136960 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T217) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER		TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				16549			16549 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				16549			16549 41
41.01 VASCULAR LAB							41.01
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY				16549			16549 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				16549			16549 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 OTH ANCILLARY SERVICE C							59
59.02 PSYCH							59.02
59.03 OCCUPATIONAL HEALTH							59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				467522			467522 61
61.01 C'VILL OUT							61.01
61.02 LAKE HILL OUT							61.02
61.03 NUTRITION COUNS.							61.03
61.04 HUNTLEY OP							61.04
62 OBSERVATION BEDS (NON-DISTINC				2625			2625 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				536343			536343 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T217) [ ] NF [ ] ICF/MR  
 [ ] SUB III [ ]

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	16549	89090042	.000186	.000186	129413	24		37
38 RECOVERY ROOM		26553583			20920			38
39 DELIVERY ROOM & LABOR ROOM		2258621						39
40 ANESTHESIOLOGY		11874350			10507			40
41 RADIOLOGY-DIAGNOSTIC	16549	150236519	.000110	.000110	850606	94	3974	41
41.01 VASCULAR LAB		12350910			284248			41.01
42 RADIOLOGY-THERAPEUTIC		29422666			89537			42
44 LABORATORY	16549	63393338	.000261	.000261	2017230	526		44
46 WHOLE BLOOD & PACKED RED BLOO		2042011			11407			46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	16549	29488881	.000561	.000561	1691415	949		49
50 PHYSICAL THERAPY		9026395			3197647			50
51 OCCUPATIONAL THERAPY		3520866			2411195			51
52 SPEECH PATHOLOGY		1134345			588626			52
53 ELECTROCARDIOLOGY		15981287			89547		608	53
55 MEDICAL SUPPLIES CHARGED TO P		20414847			1078411			55
56 DRUGS CHARGED TO PATIENTS		43493188			2474859			56
57 RENAL DIALYSIS		3207373			258745			57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		4318154			325			59.02
59.03 OCCUPATIONAL HEALTH		1278262						59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	467522	54578089	.008566	.008566	5451	47		61
61.01 C'VILL OUT		380933						61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		309880						61.03
61.04 HUNTLEY OP		1232578						61.04
62 OBSERVATION BEDS (NON-DISTINC	2625	5417938	.000485	.000485				62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	536343	581005056			15210089	1640	4582	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T217) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 VASCULAR LAB					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTH ANCILLARY SERVICE C					59
59.02 PSYCH					59.02
59.03 OCCUPATIONAL HEALTH					59.03
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 C'VILL OUT					61.01
61.02 LAKE HILL OUT					61.02
61.03 NUTRITION COUNS.					61.03
61.04 HUNTLEY OP					61.04
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (14-T217) [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.170683	.170683	.170683			37
38 RECOVERY ROOM	.147770	.147770	.147770			38
39 DELIVERY ROOM & LABOR ROOM	1.398204	1.398204	1.398204			39
40 ANESTHESIOLOGY	.048074	.048074	.048074			40
41 RADIOLOGY-DIAGNOSTIC	.131178	.131178	.131178			41
41.01 VASCULAR LAB	.094908	.094908	.094908			41.01
42 RADIOLOGY-THERAPEUTIC	.136907	.136907	.136907			42
44 LABORATORY	.133117	.133117	.133117			44
46 WHOLE BLOOD & PACKED RED BLOOD	.592955	.592955	.592955			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.113690	.113690	.113690			49
50 PHYSICAL THERAPY	.309243	.309243	.309243			50
51 OCCUPATIONAL THERAPY	.281280	.281280	.281280			51
52 SPEECH PATHOLOGY	.317271	.317271	.317271			52
53 ELECTROCARDIOLOGY	.142671	.142671	.142671			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.186462	.186462	.186462			55
56 DRUGS CHARGED TO PATIENTS	.257587	.257587	.257587			56
57 RENAL DIALYSIS	.245599	.245599	.245599			57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	.160480	.160480	.160480			59.02
59.03 OCCUPATIONAL HEALTH	1.283948	1.283948	1.283948			59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.209585	.209585	.209585			61
61.01 C'VILL OUT	.705142	.705142	.705142			61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	1.994608	1.994608	1.994608			61.03
61.04 HUNTLEY OP	.594648	.594648	.594648			61.04
62 OBSERVATION BEDS (NON-DISTINCT	.321019	.321019	.321019			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.257587	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (14-T217) [ ] 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	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC	
	5	5.01	5.02	5.03	5.04	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
38 RECOVERY ROOM									38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		3974							41
41.01 VASCULAR LAB									41.01
42 RADIOLOGY-THERAPEUTIC									42
44 LABORATORY									44
46 WHOLE BLOOD & PACKED RED BLOOD									46
46.30 BLOOD CLOTTING FACTORS ADMIN C									46.30
49 RESPIRATORY THERAPY									49
50 PHYSICAL THERAPY									50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		608							53
55 MEDICAL SUPPLIES CHARGED TO PA									55
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS									57
59 OTH ANCILLARY SERVICE C									59
59.02 PSYCH									59.02
59.03 OCCUPATIONAL HEALTH									59.03
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY									61
61.01 C'VILL OUT									61.01
61.02 LAKE HILL OUT									61.02
61.03 NUTRITION COUNS.									61.03
61.04 HUNTLEY OP									61.04
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE SERVICES (2ND PERIOD									65.01
65.02 AMBULANCE SERVICES (3RD PERIOD									65.02
65.03 AMBULANCE SERVICES (4TH PERIOD									65.03
101 SUBTOTAL		4582							101
102 CRNA CHARGES									102
103 PBP CLINIC LAB									103
104 NET CHARGES		4582							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (14-T217) [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			521			41
41.01 VASCULAR LAB						41.01
42 RADIOLOGY-THERAPEUTIC						42
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY			87			53
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH						59.02
59.03 OCCUPATIONAL HEALTH						59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
61.01 C'VILL OUT						61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.						61.03
61.04 HUNTLEY OP						61.04
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL			608			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES			608			104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0217)	SUB I	SUB II (PPS) (14-T217)	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)	37829		11022				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	37829		11022				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37829		11022				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)	19594		9137				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) (14-0217)	SUB I	SUB II (PPS) (14-T217)	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	32897211		7317443				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	32897211		7317443				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	42642097		12828693				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42642097		12828693				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.771473		.570397				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1127.23		1163.92				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	32897211		7317443				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) (14-0217)	SUB I	SUB II (PPS) (14-T217)	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	869.63		663.89			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17039530		6065963			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17039530		6065963			41
	TOTAL I/P COST 1		TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7393008		4202	1759.40	2419	4255989 43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0217)	SUB I	SUB II (PPS) (14-T217)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	23449707		3414020			48
49 TOTAL PROGRAM INPATIENT COSTS	44745226		9479983			49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2564971		568870			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2249291		138600			51
52 TOTAL PROGRAM EXCLUDABLE COST	4814262		707470			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	39930964		8772513			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) (14-0217)	SUB I	SUB II (PPS) (14-T217)	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

PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH 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  
05/21/2009 08:34

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL (PPS) (14-0217)	SUB I	SUB II (PPS) (14-T217)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2000	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	869.63	84
85 OBSERVATION BED COST	1739260	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		32897211		1739260		86
87 NEW CAPITAL-RELATED COST	4243486	32897211	.128992	1739260	224351	87
88 NON PHYSICIAN ANESTHETIST		32897211		1739260		88
89 NURSING SCHOOL		32897211		1739260		89
89.01 ALLIED HEALTH	49648	32897211	.001509	1739260	2625	89.01
89.02 ALL OTHER		32897211		1739260		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0217)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		31314610		25
26 INTENSIVE CARE UNIT		11327487		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.170683	23582547	4025140	37
38 RECOVERY ROOM	.147770	5121822	756852	38
39 DELIVERY ROOM & LABOR ROOM	1.398204	18925	26461	39
40 ANESTHESIOLOGY	.048213	2799473	134971	40
41 RADIOLOGY-DIAGNOSTIC	.131178	35623323	4672996	41
41.01 VASCULAR LAB	.094908	1979577	187878	41.01
42 RADIOLOGY-THERAPEUTIC	.136907	1501312	205540	42
44 LABORATORY	.133117	18276529	2432917	44
46 WHOLE BLOOD & PACKED RED BLOOD	.592955	899193	533181	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.113690	11961790	1359936	49
50 PHYSICAL THERAPY	.309243	1541505	476700	50
51 OCCUPATIONAL THERAPY	.281280	400831	112746	51
52 SPEECH PATHOLOGY	.317271	271221	86051	52
53 ELECTROCARDIOLOGY	.142671	5202911	742305	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.186462	5965319	1112305	55
56 DRUGS CHARGED TO PATIENTS	.257587	15306613	3942785	56
57 RENAL DIALYSIS	.245599	2018647	495778	57
59 OTH ANCILLARY SERVICE C				59
59.02 PSYCH	.160480	694907	111519	59.02
59.03 OCCUPATIONAL HEALTH	1.283948			59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.211310	7650596	1616647	61
61.01 C'VILL OUT	.705142	1923	1356	61.01
61.02 LAKE HILL OUT				61.02
61.03 NUTRITION COUNS.	1.994608	56643	112981	61.03
61.04 HUNTLEY OP	.594648	1322	786	61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.321019	940369	301876	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		141817298	23449707	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		141817298		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T217)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		12828693		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.170683	129413	22089	37
38 RECOVERY ROOM	.147770	20920	3091	38
39 DELIVERY ROOM & LABOR ROOM	1.398204			39
40 ANESTHESIOLOGY	.048213	10507	507	40
41 RADIOLOGY-DIAGNOSTIC	.131178	850606	111581	41
41.01 VASCULAR LAB	.094908	284248	26977	41.01
42 RADIOLOGY-THERAPEUTIC	.136907	89537	12258	42
44 LABORATORY	.133117	2017230	268528	44
46 WHOLE BLOOD & PACKED RED BLOOD	.592955	11407	6764	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.113690	1691415	192297	49
50 PHYSICAL THERAPY	.309243	3197647	988850	50
51 OCCUPATIONAL THERAPY	.281280	2411195	678221	51
52 SPEECH PATHOLOGY	.317271	588626	186754	52
53 ELECTROCARDIOLOGY	.142671	89547	12776	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.186462	1078411	201083	55
56 DRUGS CHARGED TO PATIENTS	.257587	2474859	637492	56
57 RENAL DIALYSIS	.245599	258745	63548	57
59 OTH ANCILLARY SERVICE C				59
59.02 PSYCH	.160480	325	52	59.02
59.03 OCCUPATIONAL HEALTH	1.283948			59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.211310	5451	1152	61
61.01 C'VILL OUT	.705142			61.01
61.02 LAKE HILL OUT				61.02
61.03 NUTRITION COUNS.	1.994608			61.03
61.04 HUNTLEY OP	.594648			61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.321019			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		15210089	3414020	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		15210089		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0217)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	21700766					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7233569					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	1820373					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	155.49					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0217)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0217)	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	31719440				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	31245881				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	473559				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	213657				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 (14-0217) 1	HOSPITAL (14-0217) 1.01	HOSPITAL (14-0217) 1.02	
1 MEDICAL AND OTHER SERVICES	6495			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	11132662			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8339347			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	51329			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	6495			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	34189			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	34189			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	34189			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	27694			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	6495			17
17.01 TOTAL PPS PAYMENTS	8390676			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0217) 1	HOSPITAL (14-0217) 1.01	HOSPITAL (14-0217) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1516		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2104056		18.01
19 SUBTOTAL	6291599		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6291599		23
24 PRIMARY PAYER PAYMENTS	275		24
25 SUBTOTAL	6291324		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	358696		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	251087		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	191447		27.02
28 SUBTOTAL	6542411		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	6542411		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6237628		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	304783		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T217) 1	SUB II (14-T217) 1.01	SUB II (14-T217) 1.02	
1				1
1.01	608			1.01
1.02	455			1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	455			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T217) 1	SUB II (14-T217) 1.01	SUB II (14-T217) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(14-0217)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL  
(14-0217)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL  
(14-0217)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0217)

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		30479850		6237628	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.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	09/05/2008 12/31/2008	197353 630609		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	766031			3.99
4 TOTAL INTERIM PAYMENTS		31245881		6237628	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		473559	304783	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			31719440	6542411	7

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER II (14-T217)

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		10823940		274
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	09/05/2008 12388		3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99	12388		3.99
4 TOTAL INTERIM PAYMENTS		10836328		274
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 NONE 5.02 5.03 5.50 NONE 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	6958		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		10843286		274

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I	SUB II (14-T217)	SUB III	SUB IV
1	INPATIENT HOSPITAL SERVICES				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		10819123		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0180		1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		144543		1.04
1.05	OUTLIER PAYMENTS		26828		1.05
1.06	TOTAL PPS PAYMENTS		10990494		1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)				
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS				1.09
1.10	NET IPF PPS ECT PAYMENTS				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)				1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS				1.19
1.20	STOP LESS PAYMENT FLOOR				1.20
1.21	ADJUSTED NET PAYMENT FLOOR				1.21
1.22	STOP LOSS ADJUSTMENT				1.22
1.23	TOTAL IPF PPS PAYMENTS				1.23
	INPATIENT REHABILITATION FACILITY (IRF)				
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)				1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)				1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		30.114754		1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.41
1.42	MEDICAL EDUCATION ADJUSTMENT				1.42
2	ORGAN ACQUISITION				2
3	COST OF TEACHING PHYSICIANS				3
4	SUBTOTAL		10990494		4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL		10990494		6
7	DEDUCTIBLES		69504		7
8	SUBTOTAL		10920990		8
9	COINSURANCE		79344		9
10	SUBTOTAL		10841646		10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				11
11.01	REDUCED REIMBURSABLE BAD DEBTS				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				11.02
12	SUBTOTAL		10841646		12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I	SUB II (14-T217)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)			1640			13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER			10843286			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS			10836328			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM			6958			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-2915000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	31812000			4
5	OTHER RECEIVABLES	3599000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4375000			7
8	PREPAID EXPENSES	675000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	37546000			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	143020000			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				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	143020000			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	4508000			25
26	TOTAL OTHER ASSETS	4508000			26
27	TOTAL ASSETS	185074000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	12822000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	24061000			35
36	TOTAL CURRENT LIABILITIES	36883000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	197000			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	261000			41
42	TOTAL LONG TERM LIABILITIES	458000			42
43	TOTAL LIABILITIES	37341000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	147733000			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	147733000			51
52	TOTAL LIABILITIES AND FUND BALANCES	185074000			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	127252000			1
2 NET INCOME (LOSS)	27072001			2
3 TOTAL	154324001			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	154324001			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	6591001			12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	6591001			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	147733000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	57402225		57402225	1
2 SUBPROVIDER I				2
2.01 SUBPROVIDER II	15483503		15483503	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	72885728		72885728	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	18572842		18572842	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	18572842		18572842	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	91458570		91458570	16
17 ANCILLARY SERVICES	283191726		283191726	17
18 OUTPATIENT SERVICES		299538935	299538935	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	374650296	299538935	674189231	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		157880698	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	12861761		28
29	540		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		12862301	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		170742999	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	674189231	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	507752231	2
3	NET PATIENT REVENUES	166437000	3
4	LESS - TOTAL OPERATING EXPENSES	170742999	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4305999	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INVESTMENT INCOME		24
24.01	UNRESTRICTED DONATIONS		24.01
24.02	OTHER OPERATING REVENUE	1723000	24.02
24.03	NET ASSETS RELEASED FROM	11000	24.03
24.04	NON-OPERATING GAIN	283000	24.04
24.05	INVESTMENT INCOME LOSS-UNREALIZED	-24000	24.05
24.06	TRANSFER FROM AFFILIATE	22289000	24.06
24.07	LAND RELEASED FROM RESTRICTION	6961000	24.07
24.08	OTHER	135000	24.08
25	TOTAL OTHER INCOME	31378000	25
26	TOTAL	27072001	26
27	INVESTMENT INCOME		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	27072001	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0217)	HOSPITAL (14-0217)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	2449123				2
3					3
3.01	99064				3.01
4					4
4.01	0.00	0.00			4.01
4.02					4.02
4.03					4.03
5	0.0369				5
5.01	0.1146				5.01
5.02	0.1515				5.02
5.03	0.0312				5.03
5.04	76413				5.04
6	2624600				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
5.01 COMMUNICATIONS						5.01
5.02 PURCH, RCING, STORING						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING, A/R						5.04
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						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-PARAMEDICAL EDU						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
31 SUBPROVIDER I						31
31.01 SUBPROVIDER II						31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 VASCULAR LAB						41.01
42 RADIOLOGY-THERAPEUTIC						42
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH						59.02
59.03 OCCUPATIONAL HEALTH						59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
61.01 C'VILL OUT						61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.						61.03
61.04 HUNTLEY OP						61.04
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03

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
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
00 OTHER NONREIMBURSABLE C					00
00.01 MOB					00.01
00.02 COMMUNITY WELLNESS					00.02
00.03 FUND DEVELOPMENT					00.03
00.04 PHYSICIAN PRACTICE MANAGEMENT					00.04
00.05 FAMILY CARE CENTER					00.05
00.06 NON HOME CARE					00.06
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	51.80		9.91				61.71 25
26 INTENSIVE CARE UNIT	57.57		2.90				60.47 26
33 NURSERY			42.12				42.12 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	26.47	11.99					38.46 37
38 RECOVERY ROOM	19.29	14.72					34.01 38
39 DELIVERY ROOM & LABOR ROOM	0.84	0.27					1.11 39
40 ANESTHESIOLOGY	23.58	9.43					33.01 40
41 RADIOLOGY-DIAGNOSTIC	23.71	15.27					38.98 41
41.01 VASCULAR LAB	16.03	11.97					28.00 41.01
42 RADIOLOGY-THERAPEUTIC	5.10	35.62					40.72 42
44 LABORATORY	28.83	1.85					30.68 44
46 WHOLE BLOOD & PACKED RED BLOOD	44.03	6.69					50.72 46
49 RESPIRATORY THERAPY	40.56	14.64					55.20 49
50 PHYSICAL THERAPY	17.08						17.08 50
51 OCCUPATIONAL THERAPY	11.38	0.17					11.55 51
52 SPEECH PATHOLOGY	23.91	0.43					24.34 52
53 ELECTROCARDIOLOGY	32.56	12.13					44.69 53
55 MEDICAL SUPPLIES CHARGED TO PAT	29.22	11.04					40.26 55
56 DRUGS CHARGED TO PATIENTS	35.19	8.83					44.02 56
57 RENAL DIALYSIS	62.94	1.85					64.79 57
59.02 PSYCH	16.09	0.42					16.51 59.02
61 EMERGENCY	14.02	9.25					23.27 61
61.01 C'VILL OUT	0.50	31.59					32.09 61.01
61.03 NUTRITION COUNS.	18.28	0.01					18.29 61.03
61.04 HUNTLEY OP	0.11						0.11 61.04
62 OBSERVATION BEDS (NON-DISTINCT	17.36	32.13					49.49 62
101 TOTAL CHARGES	21.03	10.57					31.60 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	82.90						82.90 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.15						0.15 37
38 RECOVERY ROOM	0.08						0.08 38
40 ANESTHESIOLOGY	0.09						0.09 40
41 RADIOLOGY-DIAGNOSTIC	0.57						0.57 41
41.01 VASCULAR LAB	2.30						2.30 41.01
42 RADIOLOGY-THERAPEUTIC	0.30						0.30 42
44 LABORATORY	3.18						3.18 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.56						0.56 46
49 RESPIRATORY THERAPY	5.74						5.74 49
50 PHYSICAL THERAPY	35.43						35.43 50
51 OCCUPATIONAL THERAPY	68.48						68.48 51
52 SPEECH PATHOLOGY	51.89						51.89 52
53 ELECTROCARDIOLOGY	0.56						0.56 53
55 MEDICAL SUPPLIES CHARGED TO PAT	5.28						5.28 55
56 DRUGS CHARGED TO PATIENTS	5.69						5.69 56
57 RENAL DIALYSIS	8.07						8.07 57
59.02 PSYCH	0.01						0.01 59.02
61 EMERGENCY	0.01						0.01 61
101 TOTAL CHARGES	2.26						2.26 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	9067084	6.05	-9067084	-11.33		3
4	NEW CAP REL COSTS-MVBLE EQUIP	5535008	3.69	-5535008	-6.92		4
5	EMPLOYEE BENEFITS	15099505	10.07	-15099505	-18.87		5
5.01	COMMUNICATIONS	400272	.27	-400272	-.50		5.01
5.02	PURCH, RCVING, STORING	396883	.26	-396883	-.50		5.02
5.03	ADMITTING	1116689	.75	-1116689	-1.40		5.03
5.04	CASHIERING, A/R	3006654	2.01	-3006654	-3.76		5.04
6	ADMINISTRATIVE & GENERAL	17546318	11.71	-17546318	-21.92		6
7	MAINTENANCE & REPAIRS	3394447	2.26	-3394447	-4.24		7
8	OPERATION OF PLANT	4088106	2.73	-4088106	-5.11		8
9	LAUNDRY & LINEN SERVICE	437903	.29	-437903	-.55		9
10	HOUSEKEEPING	1297011	.87	-1297011	-1.62		10
11	DIETARY	1609809	1.07	-1609809	-2.01		11
12	CAFETERIA	304761	.20	-304761	-.38		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	3469793	2.32	-3469793	-4.34		14
15	CENTRAL SERVICES & SUPPLY	1237184	.83	-1237184	-1.55		15
16	PHARMACY	9249987	6.17	-9249987	-11.56		16
17	MEDICAL RECORDS & LIBRARY	2479023	1.65	-2479023	-3.10		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-PARAMEDICAL EDU	296138	.20	-296138	-.37		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	11754705	7.84	21126831	26.40	32881536	21.94
26	INTENSIVE CARE UNIT	3775287	2.52	3617721	4.52	7393008	4.93
31	SUBPROVIDER I						31
31.01	SUBPROVIDER II	2866471	1.91	4389603	5.48	7256074	4.84
33	NURSERY	705482	.47	478025	.60	1183507	.79
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	7987563	5.33	7218582	9.02	15206145	10.15
38	RECOVERY ROOM	1993793	1.33	1930030	2.41	3923823	2.62
39	DELIVERY ROOM & LABOR ROOM	1334983	.89	1823031	2.28	3158014	2.11
40	ANESTHESIOLOGY	298545	.20	272298	.34	570843	.38
41	RADIOLOGY-DIAGNOSTIC	11191922	7.47	8515848	10.64	19707770	13.15
41.01	VASCULAR LAB	622815	.42	549384	.69	1172199	.78
42	RADIOLOGY-THERAPEUTIC	1781777	1.19	2246399	2.81	4028176	2.69
44	LABORATORY	6027303	4.02	2411444	3.01	8438747	5.63
46	WHOLE BLOOD & PACKED RED BLOOD	870943	.58	339878	.42	1210821	.81
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	2131268	1.42	1221320	1.53	3352588	2.24
50	PHYSICAL THERAPY	1836780	1.23	954572	1.19	2791352	1.86

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
51 OCCUPATIONAL THERAPY	717545	.48	272805	.34	990350	.66	51
52 SPEECH PATHOLOGY	234954	.16	124941	.16	359895	.24	52
53 ELECTROCARDIOLOGY	910338	.61	1369729	1.71	2280067	1.52	53
55 MEDICAL SUPPLIES CHARGED TO PAT	2490429	1.66	1316173	1.64	3806602	2.54	55
56 DRUGS CHARGED TO PATIENTS			11203299	14.00	11203299	7.47	56
57 RENAL DIALYSIS	667518	.45	120209	.15	787727	.53	57
59 OTH ANCILLARY SERVICE C							59
59.02 PSYCH	382638	.26	310341	.39	692979	.46	59.02
59.03 OCCUPATIONAL HEALTH	1149093	.77	492129	.61	1641222	1.10	59.03
61 EMERGENCY	5307750	3.54	6130989	7.66	11438739	7.63	61
61.01 C'VILL OUT	181780	.12	86832	.11	268612	.18	61.01
61.02 LAKE HILL OUT							61.02
61.03 NUTRITION COUNS.	369211	.25	248878	.31	618089	.41	61.03
61.04 HUNTLEY OP	545708	.36	187242	.23	732950	.49	61.04
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			85775	.11	85775	.06	96
100 OTHER NONREIMBURSABLE C			135244	.17	135244	.09	100
100.01 MOB	1196336	.80	313787	.39	1510123	1.01	100.01
100.02 COMMUNITY WELLNESS	142831	.10	69636	.09	212467	.14	100.02
100.03 FUND DEVELOPMENT	336507	.22	447702	.56	784209	.52	100.03
100.04 PHYSICIAN PRACTICE MANAGEMENT	37949	.03	21898	.03	59847	.04	100.04
100.05 FAMILY CARE CENTER							100.05
100.06 NON HOME CARE							100.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	149882799	100.00	0	.00	149882799	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1856720	89090042	.020841	23582547	491484	37
38 RECOVERY ROOM	276792	26553583	.010424	5121822	53390	38
39 DELIVERY ROOM & LABOR ROOM	444018	2258621	.196588	18925	3720	39
40 ANESTHESIOLOGY	65075	11874350	.005480	2799473	15341	40
41 RADIOLOGY-DIAGNOSTIC	2662615	150236519	.017723	35623323	631352	41
41.01 VASCULAR LAB	160165	12350910	.012968	1979577	25671	41.01
42 RADIOLOGY-THERAPEUTIC	1004276	29422666	.034133	1501312	51244	42
44 LABORATORY	501316	63393338	.007908	18276529	144531	44
46 WHOLE BLOOD & PACKED RED BLOOD	72956	2042011	.035728	899193	32126	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	217899	29488881	.007389	11961790	88386	49
50 PHYSICAL THERAPY	52099	9026395	.005772	1541505	8898	50
51 OCCUPATIONAL THERAPY	12404	3520866	.003523	400831	1412	51
52 SPEECH PATHOLOGY	4943	1134345	.004358	271221	1182	52
53 ELECTROCARDIOLOGY	438698	15981287	.027451	5202911	142825	53
55 MEDICAL SUPPLIES CHARGED TO PAT	177503	20414847	.008695	5965319	51868	55
56 DRUGS CHARGED TO PATIENTS	724601	43493188	.016660	15306613	255008	56
57 RENAL DIALYSIS	7988	3207373	.002491	2018647	5028	57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	15316	4318154	.003547	694907	2465	59.02
59.03 OCCUPATIONAL HEALTH	25764	1278262	.020155			59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	832419	54578089	.015252	7650596	116687	61
61.01 C'VILL OUT	14722	380933	.038647	1923	74	61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	10195	309880	.032900	56643	1864	61.03
61.04 HUNTLEY OP	17193	1232578	.013949	1322	18	61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	224351	5417938	.041409	940369	38940	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	9820028	581005056		141817298	2163514	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	4243486		4243486	37829	112.18	19594	2198055 25
26 INTENSIVE CARE UNIT	576223		576223	4202	137.13	2419	331717 26
101 TOTAL	4819709		4819709			22013	2529772 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2529772

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2163514

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 4693286

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)	39930964
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	184459395
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.216

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	9478343
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	28154041
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.337

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)	4693286
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (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))	11115699
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	71202595
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.156