

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 WESTLAKE COMMUNITY HOSPITAL (14-0240) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	117970	396396	12580208	1
2	SUBPROVIDER I	167646	-3		2
2.01	SUBPROVIDER II	104857			2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	390473	396393	12580208	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?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-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
	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)			
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		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?	NO	NO	NO	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			40
40.01	NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NAME: RESURRECTION HEALTH CARFE	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET: 100 NORTH RIVER ROAD		P.O.BOX:		40.02
40.03	CITY:		STATE: IL	ZIP CODE: 60016	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	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	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)?	NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				53
53.01	MDH PERIOD: BEGINNING: ENDING:				53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 12180421 PAID LOSSES: AND/OR SELF INSURANCE:				54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			55

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?		NO			57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59	
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)		YES	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.)		NO			60.01	
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61	
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2373	1847	6023	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		2373	1847	6023	12
13	RPCH VISITS					13
14	SUBPROVIDER I		234	417	922	14
14.01	SUB-PROVIDER II		219	30	303	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

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	39679106		39679106	1407738.00	28.19		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		950064	950064	14053.00	67.61		4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	3389823	-1055034	2334789	88019.00	26.53	PAYROLL	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3341175		3341175	119003.00	28.08	WP	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3047076		3047076	99546.00	30.61	CONT LABOR	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	7004115		7004115	197300.00	35.50	HO CR	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	8007068		8007068			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	802979		802979			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	94823		94823			CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	593913		593913			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	82760		82760	5375.00	15.40		21
22	ADMINISTRATIVE & GENERAL	2078975		2078975	52614.00	39.51		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	488523		488523	9326.00	52.38		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1050847		1050847	47424.00	22.16		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1005148		1005148	83413.00	12.05		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1590800		1590800	100751.00	15.79		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	756191		756191	19625.00	38.53		30
31	CENTRAL SERVICES AND SUPPLY	196543	-196543					31
32	PHARMACY	1574128		1574128	41571.00	37.87		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	575287		575287	30845.00	18.65		33
34	SOCIAL SERVICE	520795		520795	16150.00	32.25		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	36289283	104970	36394253	1305666.00	27.87		1
2	EXCLUDED AREA SALARIES	3341175		3341175	119003.00	28.08		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	32948108	104970	33053078	1186663.00	27.85		3
4	SUBTOTAL OTHER WAGES & REL COSTS	10051191		10051191	296846.00	33.86		4
5	SUBTOTAL WAGE-RELATED COSTS	8007068		8007068		24.22%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	51006367	104970	51111337	1483509.00	34.45		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	9919997	-196543	9723454	407094.00	23.89		13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	13981386 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	13981386 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.353809 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	61937933 28
29	TOTAL GROSS MEDICAID COST	21914198 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	14850708 30
31	UNCOMPENSATED CARE COST	5254314 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	21914198 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
4	0400		4734128	4734128	-2607135	2126993	996590	3123583	3
5	0500	82760	6786382	6869142	2991232	2991232	125824	3314703	4
5	0500					6869142	125824	6994966	5
6.01	0650						1190541	1190541	6.01
6.07	0660	2078975	29612677	31691652	-248921	31442731	-5994816	25447915	6.07
8	0800	1050847	4166894	5217741	-2174	5215567	272638	5488205	8
9	0900		473236	473236		473236		473236	9
10	1000	1005148	249653	1254801		1254801		1254801	10
11	1100	1590800	894392	2485192	-3749	2481443	-824738	1656705	11
12	1200								12
13	1300								13
14	1400	756191	112704	868895	-1251	867644		867644	14
15	1500	196543	68842	265385	-218531	46854	53671	100525	15
16	1600	1574128	2422958	3997086		3997086		3997086	16
17	1700	575287	574814	1150101	-79761	1070340		1070340	17
18	1800	520795	107103	627898	-137	627761	-14915	612846	18
20	2000								20
22	2200	3389823	321513	3711336	-1060335	2651001	-8358	2642643	22
23	2300				1055034	1055034		1055034	23
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	9521929	2499887	12021816	-1308166	10713650	-686787	10026863	25
26	2600	1884879	422575	2307454	-1962	2305492	199243	2504735	26
31	3100	1996896	285670	2282566	72906	2355472	-9505	2345967	31
31.01	3101	1116505	208900	1325405	-1962	1323443		1323443	31.01
33	3300				1303327	1303327		1303327	33
ANCILLARY SERVICE COST CENTERS									
37	3700	2405714	3636462	6042176	199155	6241331	-129517	6111814	37
38	3800	327570	36332	363902		363902		363902	38
40	4000	28565	3199341	3227906		3227906	-2816507	411399	40
41	4100	2766467	2572170	5338637	-2408	5336229	-512687	4823542	41
41.01	3430	161283	50052	211335		211335		211335	41.01
41.02	3480	53429	4660	58089		58089	-58089		41.02
44	4400	1737389	1507755	3245144	-3159	3241985		3241985	44
46	4600	131994	598092	730086		730086		730086	46
46.30	4650								46.30
49	4900	999427	389937	1389364	-73349	1316015	-71371	1244644	49
49.01	4901	207093	72070	279163	-1426	277737	-41524	236213	49.01
50	5000	747486	840013	1587499	-3555	1583944	-349140	1234804	50
51	5100	489519	184375	673894		673894	-83472	590422	51
52	5200	155429	39678	195107		195107	-19692	175415	52
53.01	3140								53.01
55	5500								55
56	5600								56
57	5700		565800	565800		565800		565800	57
OUTPATIENT SERVICE COST CENTERS									
60	6000	33416	49220	82636	-1544	81092	-39002	42090	60
60.01	4950								60.01
60.02	4951								60.02
60.03	4952	32216	2973	35189	-293	34896		34896	60.03
60.04	4953								60.04
61	6100	1832829	2745656	4578485	-1251	4577234	-1967782	2609452	61
62	6200								62
OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									
71	7100								71
SPECIAL PURPOSE COST CENTERS									
95		39451332	70436914	109888246	585	109888831	-10465924	99422907	95
SUBTOTALS									
NONREIMBURSABLE COST CENTERS									
96	9600		25649	25649		25649		25649	96
98	9800	227774	224891	452665	-585	452080		452080	98
98.01	9801								98.01
101	TOTAL	39679106	70687454	110366560		110366560	-10465924	99900636	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER	
			COST CENTER	LINE #		
2			2	3	4	
1	CAPITAL-REL INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		108281 1
2						2
3						3
4						4
5	NURSERY EXPENSES	B	NURSERY	33	1113051	190276 5
6						6
7						7
8						8
9	DEPR EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		2607135 9
10						10
11						11
12						12
13	CAPITAL RENTALS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		275816 13
14		D				14
15		D				15
16		D				16
17		D				17
18		D				18
19		D				19
20		D				20
21		D				21
22		D				22
23		D				23
24		D				24
25		D				25
26		D				26
27		D				27
28		D				28
29		D				29
30		D				30
31		D				31
32		D				32
33		D				33
34						34
35	RESIDENT ADMIN COSTS	E	I&R SERVICES-OTHER PRGM COSTS	23	104970	
36	SUBTOTAL				1218021	3181508 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 CAPITAL-REL INSURANCE	A	ADMIN & GENERAL OTHER	6.07		108281	9 1
2						2
3						3
4						4
5 NURSERY EXPENSES	B	ADULTS & PEDIATRICS	25	1113051	190276	5 5
6						6
7						7
8						8
9 DEPR EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		2607135	9 9
10						10
11						11
12						12
13 CAPITAL RENTALS	D	ADMIN & GENERAL OTHER	6.07		140640	9 13
14	D	OPERATION OF PLANT	8		2174	14
15	D	DIETARY	11		3749	15
16	D	NURSING ADMINISTRATION	14		1251	16
17	D	MEDICAL RECORDS & LIBRARY	17		3561	17
18	D	SOCIAL SERVICE	18		137	18
19	D	I&R SERVICES-SALARY & FRINGES	22		5301	19
20	D	ADULTS & PEDIATRICS	25		4839	20
21	D	INTENSIVE CARE UNIT	26		1962	21
22	D	SUBPROVIDER I	31		3294	22
23	D	SUB-PROVIDER II	31.01		1962	23
24	D	OPERATING ROOM	37		19376	24
25	D	RADIOLOGY-DIAGNOSTIC	41		2408	25
26	D	LABORATORY	44		3159	26
27	D	RESPIRATORY THERAPY	49		73349	27
28	D	SLEEP LAB	49.01		1426	28
29	D	PHYSICAL THERAPY	50		3555	29
30	D	CLINIC	60		1544	30
31	D	DIABETES CENTER	60.03		293	31
32	D	EMERGENCY	61		1251	32
33	D	PHYSICIANS' PRIVATE OFFICES	98		585	33
34						34
35 RESIDENT ADMIN COSTS	E	I&R SERVICES-SALARY & FRINGES	22	104970		35
36 SUBTOTAL				1218021	3181508	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1	
			COST CENTER	LINE #	SALARY		OTHER
2			2	3	4	5	
3	MEDICAL TRANSCRIPTION COSTS	F	SUBPROVIDER I	31		76200	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11	TEACHING SALARIES	G	I&R SERVICES-OTHER PRGM COSTS	23	950064		11
12							12
13	STERILE SUPPLY	H	OPERATING ROOM	37	196543	21988	13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				2364628	3279696	36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE	SALARY	OTHER	WKST A-7 REF.
		1	6	LINE #	8	9	10
	MEDICAL TRANSCRIPTION COSTS	F	MEDICAL RECORDS & LIBRARY	17		76200	
	TEACHING SALARIES	G	I&R SERVICES-SALARY & FRINGES	22	950064		
	STERILE SUPPLY	H	CENTRAL SERVICES & SUPPLY	15	196543	21988	
	TOTAL RECLASSIFICATIONS				2364628	3279696	

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	4204069					4204069		1
2 LAND IMPROVEMENTS	4250523					4250523		2
3 BUILDINGS AND FIXTURES	66275536		3147160	3147160		69422696		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	3922863					3922863		5
6 MOVABLE EQUIPMENT	60915396		1692388	1692388		62607784		6
7 SUBTOTAL	139568387		4839548	4839548		144407935		7
8 RECONCILING ITEMS								8
9 TOTAL	139568387		4839548	4839548		144407935		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		2719102	404481					3123583 3
4 NEW CAP REL COSTS-MVBLE EQUIP		3314703						3314703 4
5 TOTAL		6033805	404481					6438286 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		4734128						4734128 3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL		4734128						4734128 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-59428	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-5731951			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1323247			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-824738	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
38 PATIENT TELEPHONE COSTS	A	-55524	ADMIN & GENERAL OTHER	6.07	38
38.03 MISCELLANEOUS REVENUES	B	-11807	ADMIN & GENERAL OTHER	6.07	38.03
38.05 PATIENT T.V.'S CAPITAL	A	-24122	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.05
38.06 PATIENT T.V.'S OPERATING	A	-12061	OPERATION OF PLANT	8	38.06
38.11 FITNESS CENTER REVENUES	B	-139301	EMPLOYEE BENEFITS	5	38.11
38.51 MEDICAL ASSOCIATE COSTS	A	-134729	ADMIN & GENERAL OTHER	6.07	38.51
38.52 PHYSICIAN BILLING COSTS PSYCHIA	A	-221	SUBPROVIDER I	31	38.52
38.53 PHYSICIAN BILLING	A	-106813	EMERGENCY	61	38.53
38.54 PHYSICIAN BILLING CARDIAC CATH	A	-7561	RADIOLOGY-DIAGNOSTIC	41	38.54
38.55 PHYS BILLING	A	-63882	ANESTHESIOLOGY	40	38.55
38.56 PATIENT PHONES BENEFITS	A	-5857	EMPLOYEE BENEFITS	5	38.56
38.58 RELATED PARTY RENT	A	-20160	EMPLOYEE BENEFITS	5	38.58
38.61 RELATED PARTY RENT	A	-41304	ADMIN & GENERAL OTHER	6.07	38.61
38.62 RELATED PARTY RENT	A	-82128	RADIOLOGY-DIAGNOSTIC	41	38.62
38.64 RELATED PARTY RENT	A	-349140	PHYSICAL THERAPY	50	38.64
38.65 RELATED PARTY RENT	A	-83472	OCCUPATIONAL THERAPY	51	38.65
38.66 RELATED PARTY RENT	A	-19692	SPEECH PATHOLOGY	52	38.66
38.67 MANAGED CARE REVENUES	B	-143258	EMPLOYEE BENEFITS	5	38.67
38.68 RESIDENTS REVENUE	B	-8358	I&R SERVICES-SALARY & FRINGES A	22	38.68
38.73 RELATED PARTY RENT	A	-39002	CLINIC	60	38.73
38.74 HOSPITAL PORTION OF POB DEPR	A	169705	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.74
38.75 HOSPITAL PORTION OF POB OPERATI	A	284699	OPERATION OF PLANT	8	38.75
38.78 LOBBYING COSTS	A	-781	ADMIN & GENERAL OTHER	6.07	38.78
38.81 PHYSICIAN MALPRACTICE	A	-502501	ADMIN & GENERAL OTHER	6.07	38.81
38.82 PHYSICIANS MALPRACTICE	A	-360997	ADMIN & GENERAL OTHER	6.07	38.82
38.83 PHYSICIANS PART B BENEFITS	A	-211792	EMPLOYEE BENEFITS	5	38.83
38.84 OUTPATIENT ONCOLOGY	A	-58089	OUTPATIENT ONCOLOGY	41.02	38.84
39 ANES STAFFING AUX REVENUE	B	-552083	ANESTHESIOLOGY	40	39
40 AUDIT ENTRY SUPPLIES	A	53671	CENTRAL SERVICES & SUPPLY	15	40

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
11/26/2008 14:09

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
					41
					42
					43
					44
					45
					46
					47
					48
					49
50 TOTAL		-10465924			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.07	ADMIN & GENERAL OTHER	6662303	12009414	-5347111	1
2	5	EMPLOYEE BENEFITS	646192		646192	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	323471		323471	9 3
4	3	NEW CAP REL COSTS-BLDG & FIXT	446526		446526	9 4
4.01	6.01	CASHIERING	1190541		1190541	4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	463909		463909	11 4.02
4.03	6.07	ADMIN & GENERAL OTHER	740067		740067	4.03
4.04	26	INTENSIVE CARE UNIT	213158		213158	4.04
5		TOTALS	10686167	12009414	-1323247	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	
B			RESURRECTION HEALTHCARE		SOLE CORPORATE MEMBER	1
						2
						3
						4
						5

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



PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	10	11	12	13	14	15	16	17	18
1	6.07	ADMIN & GENERAL OTHER	AGGREGATE						262214
2	6.07	ADMIN & GENERAL OTHER					85	17915	17915
3	25	ADULTS & PEDIATRICS	AGGREGATE						686787
4	26	INTENSIVE CARE UNIT	AGGREGATE				85	13915	13915
5	31	SUBPROVIDER I	AGGREGATE				38673	9284	9284
6	31.01	SUB-PROVIDER II	AGGREGATE				88600		
7	37	OPERATING ROOM	AGGREGATE						129517
8	40	ANESTHESIOLOGY	AGGREGATE						2200542
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						422588
10	49	RESPIRATORY THERAPY	AGGREGATE						57371
11	49.01	SLEEP LAB	AGGREGATE						41524
12	61	EMERGENCY	AGGREGATE						1860969
13	18	SOCIAL SERVICE					85	14915	14915
14	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						410
15	49	RESPIRATORY THERAPY	AGGREGATE						14000
101		TOTAL					127528	56029	5731951

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	CASHIERING	SUBTOTAL	OTHER ADMI	OPERATION
	FOR COST	REL COSTS	REL COSTS	BENEFITS	6.01		6.07	OF PLANT
	0	3	4	5		5A		8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	3123583	3123583						3
4 NEW CAP REL COSTS-MVBLE EQUIP	3314703		3314703					4
5 EMPLOYEE BENEFITS	6994966	26012	27603	7048581				5
6.01 CASHIERING	1190541				1190541			6.01
6.07 ADMIN & GENERAL OTHER	25447915			370579		25818494	25818494	6.07
8 OPERATION OF PLANT	5488205	1490627	1581829	187315		8747976	3048775	11796751
9 LAUNDRY & LINEN SERVICE	473236	18994	20156			512386	178573	139436
10 HOUSEKEEPING	1254801	19315	20497	179169		1473782	513631	141793
11 DIETARY	1656705	115513	122581	283562		2178361	759185	847994
12 CAFETERIA								
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	867644	17134	18183	134792		1037753	361669	125785
15 CENTRAL SERVICES & SUPPLY	100525					100525	35034	
16 PHARMACY	3997086	24539	26041	280590		4328256	1508449	180146
17 MEDICAL RECORDS & LIBRARY	1070340	36261	38480	102545		1247626	434813	266197
18 SOCIAL SERVICE	612846			92832		705678	245937	
20 NONPHYSICIAN ANESTHETISTS								
22 I&R SERVICES-SALARY & FRINGES A	2642643	33383	35426	416178		3127630	1090017	245070
23 I&R SERVICES-OTHER PRGM COSTS A	1055034			188061		1243095	433234	
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	10026863	359545	381545	1498906	211022	12477881	4348669	2639458
26 INTENSIVE CARE UNIT	2504735	47097	49979	335982	30586	2968379	1034516	345747
31 SUBPROVIDER I	2345967	121546	128983	355949	57807	3010252	1049109	892279
31.01 SUB-PROVIDER II	1323443	106979	113525	199018	19930	1762895	614390	785345
33 NURSERY	1303327	55853	59270	198402	13304	1630156	568129	410021
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	6111814	154995	164479	463855	101585	6996728	2438444	1137836
38 RECOVERY ROOM	363902	15275	16209	58390	19140	472916	164817	112134
40 ANESTHESIOLOGY	411399	4405	4675	5092	15893	441464	153856	32340
41 RADIOLOGY-DIAGNOSTIC	4823542	159478	169236	493126	187529	5832911	2032839	1170745
41.01 MRI	211335	8324	8833	28749	14238	271479	94614	61105
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY	3241985	73685	78193	309691	137178	3840732	1338541	540925
46 WHOLE BLOOD & PACKED RED BLOOD	730086	3066	3254	23528	14023	773957	269733	22508
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1244644	55421	58812	178149	62462	1599488	557441	406852
49.01 SLEEP LAB	236213	20842	22118	36915	9541	325629	113486	153006
50 PHYSICAL THERAPY	1234804	44839	47583	133240	18993	1479459	515609	329170
51 OCCUPATIONAL THERAPY	590422	19592	20790	87257	10274	728335	253833	143824
52 SPEECH PATHOLOGY	175415	5191	5509	27705	2762	216582	75481	38109
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					640	640	223	
56 DRUGS CHARGED TO PATIENTS					170982	170982	59589	
57 RENAL DIALYSIS	565800	4317	4581		8672	583370	203311	31690
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	42090			5956	888	48934	17054	
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER	34896	2203	2337	5743	90	45269	15777	16170
60.04 PAIN CLINIC								60.04
61 EMERGENCY	2609452	75931	80577	326704	83002	3175666	1106758	557420
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	99422907	3120362	3311284	7007980	1190541	99375666	25635536	11773105
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	25649	2026	2150			29825	10394	14870
98 PHYSICIANS' PRIVATE OFFICES	452080	1195	1269	40601		495145	172564	8776
98.01 COMMUNITY EDUCATION								98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	99900636	3123583	3314703	7048581	1190541	99900636	25818494	11796751

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 CASHIERING									6.01
6.07 ADMIN & GENERAL OTHER									6.07
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	830395								9
10 HOUSEKEEPING	9335	2138541							10
11 DIETARY		157480	3943020						11
12 CAFETERIA			2153569	2153569					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		23359		41630	1590196				14
15 CENTRAL SERVICES & SUPPLY						135559			15
16 PHARMACY		33455		88249			6138555		16
17 MEDICAL RECORDS & LIBRARY		49435		65470				2063541	17
18 SOCIAL SERVICE				34258					18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES A	175	45512		9006					22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	398470	490173	1023756	585963	700195			365813	25
26 INTENSIVE CARE UNIT	47451	64208	128858	116503	139216			53013	26
31 SUBPROVIDER I	55176	165705	463612	152262	181946			100192	31
31.01 SUB-PROVIDER II	40608	145846	173225	78096	93321			34544	31.01
33 NURSERY		76145		69046	82506			23059	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	67647	211307		179722	214759			176071	37
38 RECOVERY ROOM	25389	20824		17570	20996			33173	38
40 ANESTHESIOLOGY		6006		4944	5908			27546	40
41 RADIOLOGY-DIAGNOSTIC	55463	217418		183960				325031	41
41.01 MRI		11348		9050				24677	41.01
41.02 OUTPATIENT ONCOLOGY									41.02
44 LABORATORY	142	100455		157030				237761	44
46 WHOLE BLOOD & PACKED RED BLOOD		4180		9315				24304	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	7303	75556		81936				108261	49
49.01 SLEEP LAB	6586	28415		17570				16536	49.01
50 PHYSICAL THERAPY	38394	61130		56022				32919	50
51 OCCUPATIONAL THERAPY	963	26710		32227				17808	51
52 SPEECH PATHOLOGY		7077		9889				4788	52
53.01 INFUSION THERAPY									53.01
55 MEDICAL SUPPLIES CHARGED TO PAT						135559		1109	55
56 DRUGS CHARGED TO PATIENTS							6138555	296351	56
57 RENAL DIALYSIS		5885						15031	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				3090				1538	60
60.01 SUBSTANCE ABUSE CENTER									60.01
60.02 OUTPATIENT PSYCHIATRY									60.02
60.03 DIABETES CENTER		3003		1854				155	60.03
60.04 PAIN CLINIC									60.04
61 EMERGENCY	74664	103518		126657	151349			143861	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	827766	2134150	3943020	2131319	1590196	135559	6138555	2063541	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2761							96
98 PHYSICIANS' PRIVATE OFFICES	2629	1630		22250					98
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	830395	2138541	3943020	2153569	1590196	135559	6138555	2063541	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	25	26	27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 CASHIERING							6.01
6.07 ADMIN & GENERAL OTHER							6.07
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	985873						18
20 NONPHYSICIAN ANESTHETISTS							20
22 I&R SERVICES-SALARY & FRINGES A		4517410					22
23 I&R SERVICES-OTHER PRGM COSTS A			1676329				23
25 ADULTS & PEDIATRICS	635735	2869757	1064914	27600784	-3934671	23666113	25
26 INTENSIVE CARE UNIT	61549	414641	153866	5527947	-568507	4959440	26
31 SUBPROVIDER I	119646			6190179		6190179	31
31.01 SUB-PROVIDER II	119646			3847916		3847916	31.01
33 NURSERY				2859062		2859062	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		130939	48589	11602042	-179528	11422514	37
38 RECOVERY ROOM				867819		867819	38
40 ANESTHESIOLOGY				672064		672064	40
41 RADIOLOGY-DIAGNOSTIC		98205	36442	9953014	-134647	9818367	41
41.01 MRI				472273		472273	41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		130939	48589	6395114	-179528	6215586	44
46 WHOLE BLOOD & PACKED RED BLOOD				1103997		1103997	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		480111	178161	3495109	-658272	2836837	49
49.01 SLEEP LAB				661228		661228	49.01
50 PHYSICAL THERAPY		65470	24295	2602468	-89765	2512703	50
51 OCCUPATIONAL THERAPY		130939	48589	1383228	-179528	1203700	51
52 SPEECH PATHOLOGY				351926		351926	52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT				137531		137531	55
56 DRUGS CHARGED TO PATIENTS				6665477		6665477	56
57 RENAL DIALYSIS				839287		839287	57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				70616		70616	60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER				82228		82228	60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY	49297	130939	48589	5668718	-179528	5489190	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	985873	4451940	1652034	99050027	-6103974	92946053	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				57850		57850	96
98 PHYSICIANS' PRIVATE OFFICES				702994		702994	98
98.01 COMMUNITY EDUCATION		65470	24295	89765	-89765		98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	985873	4517410	1676329	99900636	-6193739	93706897	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIKT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	OTHER ADMI 6.07	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		26012	27603	53615	53615				5
6.01									6.01
6.07									6.07
8		1490627	1581829	3072456	1425	2819	3074213		8
9		18994	20156	39150		332	36337	75506	9
10		19315	20497	39812	1363	19	36951	849	10
11		115513	122581	238094	2157	56	220986		11
12						83			12
13									13
14		17134	18183	35317	1025	39	32779		14
15						4			15
16		24539	26041	50580	2135	164	46946		16
17		36261	38480	74741	780	47	69370		17
18					706	27			18
20									20
22		33383	35426	68809	3166	119	63865	16	22
23					1431	47			23
INPATIENT ROUTINE SERV COST CENTERS									
25		359545	381545	741090	11396	480	687838	36231	25
26		47097	49979	97076	2556	113	90101	4315	26
31		121546	128983	250529	2708	114	232526	5017	31
31.01		106979	113525	220504	1514	67	204660	3692	31.01
33		55853	59270	115123	1509	62	106851		33
ANCILLARY SERVICE COST CENTERS									
37		154995	164479	319474	3529	266	296518	6151	37
38		15275	16209	31484	444	18	29222	2309	38
40		4405	4675	9080	39	17	8428		40
41		159478	169236	328714	3751	222	305094	5043	41
41.01		8324	8833	17157	219	10	15924		41.01
41.02									41.02
44		73685	78193	151878	2356	146	140964	13	44
46		3066	3254	6320	179	29	5866		46
46.30									46.30
49		55421	58812	114233	1355	61	106025	664	49
49.01		20842	22118	42960	281	12	39873	599	49.01
50		44839	47583	92422	1014	56	85781	3491	50
51		19592	20790	40382	664	28	37480	88	51
52		5191	5509	10700	211	8	9931		52
53.01									53.01
55									55
56						6			56
57		4317	4581	8898		22	8258		57
OUTPATIENT SERVICE COST CENTERS									
60					45	2			60
60.01									60.01
60.02									60.02
60.03		2203	2337	4540	44	2	4214		60.03
60.04									60.04
61		75931	80577	156508	2485	121	145263	6789	61
62									62
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95		3120362	3311284	6431646	53306	2799	3068051	75267	95
NONREIMBURSABLE COST CENTERS									
96		2026	2150	4176		1	3875		96
98		1195	1269	2464	309	19	2287	239	98
98.01									98.01
101									101
102									102
103		3123583	3314703	6438286	53615	2819	3074213	75506	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 CASHIERING									6.01
6.07 ADMIN & GENERAL OTHER									6.07
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	79031								10
11 DIETARY	5820	467140							11
12 CAFETERIA		255140	255140						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	863		4932	74955					14
15 CENTRAL SERVICES & SUPPLY					4				15
16 PHARMACY	1236		10455			111516			16
17 MEDICAL RECORDS & LIBRARY	1827		7756				154521		17
18 SOCIAL SERVICE			4059					4792	18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES A	1682		1067						22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	18115	121287	69420	33004			27436	3089	25
26 INTENSIVE CARE UNIT	2373	15266	13803	6562			3968	299	26
31 SUBPROVIDER I	6124	54925	18039	8576			7500	582	31
31.01 SUB-PROVIDER II	5390	20522	9252	4399			2586	582	31.01
33 NURSERY	2814		8180	3889			1726		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	7809		21292	10123			13180		37
38 RECOVERY ROOM	770		2082	990			2483		38
40 ANESTHESIOLOGY	222		586	278			2062		40
41 RADIOLOGY-DIAGNOSTIC	8035		21794				24331		41
41.01 MRI	419		1072				1847		41.01
41.02 OUTPATIENT ONCOLOGY									41.02
44 LABORATORY	3712		18604				17798		44
46 WHOLE BLOOD & PACKED RED BLOOD	154		1104				1819		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2792		9707				8104		49
49.01 SLEEP LAB	1050		2082				1238		49.01
50 PHYSICAL THERAPY	2259		6637				2464		50
51 OCCUPATIONAL THERAPY	987		3818				1333		51
52 SPEECH PATHOLOGY	262		1172				358		52
53.01 INFUSION THERAPY									53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					4		83		55
56 DRUGS CHARGED TO PATIENTS						111516	22184		56
57 RENAL DIALYSIS	217						1125		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			366				115		60
60.01 SUBSTANCE ABUSE CENTER									60.01
60.02 OUTPATIENT PSYCHIATRY									60.02
60.03 DIABETES CENTER	111		220				12		60.03
60.04 PAIN CLINIC									60.04
61 EMERGENCY	3826		15005	7134			10769	240	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	78869	467140	252504	74955	4	111516	154521	4792	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	102								96
98 PHYSICIANS' PRIVATE OFFICES	60		2636						98
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	79031	467140	255140	74955	4	111516	154521	4792	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I/R-SALARY	I/R-OTHER	SUBTOTAL	I&R COST &	TOTAL
	AND	PROGRAM		POST STEP-	
	FRINGES	COSTS		DOWN ADJS	
	22	23	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 CASHIERING					6.01
6.07 ADMIN & GENERAL OTHER					6.07
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
22 I&R SERVICES-SALARY & FRINGES A	138724				22
23 I&R SERVICES-OTHER PRGM COSTS A		1478			23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS			1749386		25
26 INTENSIVE CARE UNIT			236432		26
31 SUBPROVIDER I			586640		31
31.01 SUB-PROVIDER II			473168		31.01
33 NURSERY			240154		33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			678342		37
38 RECOVERY ROOM			69802		38
40 ANESTHESIOLOGY			20712		40
41 RADIOLOGY-DIAGNOSTIC			696984		41
41.01 MRI			36648		41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY			335471		44
46 WHOLE BLOOD & PACKED RED BLOOD			15471		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY			242941		49
49.01 SLEEP LAB			88095		49.01
50 PHYSICAL THERAPY			194124		50
51 OCCUPATIONAL THERAPY			84780		51
52 SPEECH PATHOLOGY			22642		52
53.01 INFUSION THERAPY					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT			87		55
56 DRUGS CHARGED TO PATIENTS			133706		56
57 RENAL DIALYSIS			18520		57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC			528		60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER			9143		60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY			348140		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS			6281916		95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN			8154		96
98 PHYSICIANS' PRIVATE OFFICES			8014		98
98.01 COMMUNITY EDUCATION					98.01
101 CROSS FOOT ADJUSTMENTS	138724	1478	140202		101
102 NEGATIVE COST CENTER					102
103 TOTAL	138724	1478	6438286		103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	CASHIERING	RECON-	OTHER ADMI	OPERATION	
	REL COSTS	REL COSTS	BENEFITS			ACCUM	OF	
	BLDG&FIXT	MOV EQUIP	GROSS	GROSS	CILIATION	COST	PLANT	
	(SQUARE	SQUARE	SALARIES	REVENUE			SQUARE	
	FEET)	FEET					FEET	
	3	4	5	6.01	6A.07	6.07	8	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3123583	3314703	7048581	1190541		25818494	11796751	103
104 UNIT COST MULT-WS B PT I		11.745977		.004532		.348512		104
104 UNIT COST MULT-WS B PT I	11.068725		.178251				81.256594	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			53615			2819	3074213	107
108 UNIT COST MULT-WS B PT III						.000038		108
108 UNIT COST MULT-WS B PT III			.001356				21.175328	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTEs SERVED) 12	NURSING ADMINISTRATION (DIRECT NRSG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	830395	2138541	3943020	2153569	1590196	135559	6138555	2063541 103
104 UNIT COST MULT-WS B PT I	2.727041		16.450636		52.753317		613.855500	104
104 UNIT COST MULT-WS B PT I		15.090116		44.146796		13.555900		.007855 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	75506	79031	467140	255140	74955	4	111516	154521 107
108 UNIT COST MULT-WS B PT III	.247964		1.948950		2.486564		11.151600	108
108 UNIT COST MULT-WS B PT III		.557664		5.230208		.000400		.000588 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	(TIME SPENT) 18	(TIME) 22	(TIME) 23	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.07				6.07
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18	17139			18
20				20
22		414		22
23			414	23
INPATIENT ROUTINE SERV COST CENTERS				
25	11052	263	263	25
26	1070	38	38	26
31	2080			31
31.01	2080			31.01
33				33
ANCILLARY SERVICE COST CENTERS				
37		12	12	37
38				38
40				40
41		9	9	41
41.01				41.01
41.02				41.02
44		12	12	44
46				46
46.30				46.30
49		44	44	49
49.01				49.01
50		6	6	50
51		12	12	51
52				52
53.01				53.01
55				55
56				56
57				57
OUTPATIENT SERVICE COST CENTERS				
60				60
60.01				60.01
60.02				60.02
60.03				60.03
60.04				60.04
61	857	12	12	61
62				62
OTHER REIMBURSABLE COST CENTERS				
71				71
SPECIAL PURPOSE COST CENTERS				
95	17139	408	408	95
NONREIMBURSABLE COST CENTERS				
96				96
98				98
98.01		6	6	98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I/R-SALARY	I/R-OTHER	
	SERVICE	AND	PROGRAM	
	(TIME	FRINGES	COSTS	
	SPENT)	(ASSIGNED	(ASSIGNED	
	18	TIME)	TIME)	
		22	23	
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	985873	4517410	1676329	103
104 UNIT COST MULT-WS B PT I	57.522201		4049.103865	104
104 UNIT COST MULT-WS B PT I		10911.618357		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	4792	138724	1478	107
108 UNIT COST MULT-WS B PT III	.279596		3.570048	108
108 UNIT COST MULT-WS B PT III		335.082126		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	23666113		23666113		23666113	25
26 INTENSIVE CARE UNIT	4959440		4959440	13915	4973355	26
31 SUBPROVIDER I	6190179		6190179	9284	6199463	31
31.01 SUB-PROVIDER II	3847916		3847916		3847916	31.01
33 NURSERY	2859062		2859062		2859062	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	11422514		11422514		11422514	37
38 RECOVERY ROOM	867819		867819		867819	38
40 ANESTHESIOLOGY	672064		672064		672064	40
41 RADIOLOGY-DIAGNOSTIC	9818367		9818367		9818367	41
41.01 MRI	472273		472273		472273	41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	6215586		6215586		6215586	44
46 WHOLE BLOOD & PACKED RED BL	1103997		1103997		1103997	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2836837		2836837		2836837	49
49.01 SLEEP LAB	661228		661228		661228	49.01
50 PHYSICAL THERAPY	2512703		2512703		2512703	50
51 OCCUPATIONAL THERAPY	1203700		1203700		1203700	51
52 SPEECH PATHOLOGY	351926		351926		351926	52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO	137531		137531		137531	55
56 DRUGS CHARGED TO PATIENTS	6665477		6665477		6665477	56
57 RENAL DIALYSIS	839287		839287		839287	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	70616		70616		70616	60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	82228		82228		82228	60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	5489190		5489190		5489190	61
62 OBSERVATION BEDS (NON-DISTI	788177		788177		788177	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	93734230		93734230	23199	93757429	101
102 LESS OBSERVATION BEDS	788177		788177		788177	102
103 TOTAL	92946053		92946053	23199	92969252	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	45679150		45679150			25
26 INTENSIVE CARE UNIT	6748980		6748980			26
31 SUBPROVIDER I	12755210		12755210			31
31.01 SUB-PROVIDER II	4397711		4397711			31.01
33 NURSERY	2935519		2935519			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10356388	12058727	22415115	.509590	.509590	.509590 37
38 RECOVERY ROOM	1866591	2356610	4223201	.205488	.205488	.205488 38
40 ANESTHESIOLOGY	1727093	1779674	3506767	.191648	.191648	.191648 40
41 RADIOLOGY-DIAGNOSTIC	22390594	18988246	41378840	.237280	.237280	.237280 41
41.01 MRI	1116277	2025348	3141625	.150328	.150328	.150328 41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	21786285	8482478	30268763	.205347	.205347	.205347 44
46 WHOLE BLOOD & PACKED RED BL	2633522	460619	3094141	.356802	.356802	.356802 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	11408280	2374122	13782402	.205830	.205830	.205830 49
49.01 SLEEP LAB	276645	1828523	2105168	.314097	.314097	.314097 49.01
50 PHYSICAL THERAPY	1877673	2313208	4190881	.599564	.599564	.599564 50
51 OCCUPATIONAL THERAPY	1451378	815667	2267045	.530955	.530955	.530955 51
52 SPEECH PATHOLOGY	419905	189584	609489	.577412	.577412	.577412 52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO	116131	25054	141185	.974119	.974119	.974119 55
56 DRUGS CHARGED TO PATIENTS	33770025	3957608	37727633	.176674	.176674	.176674 56
57 RENAL DIALYSIS	1789820	123764	1913584	.438594	.438594	.438594 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		195832	195832	.360595	.360595	.360595 60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	500	19273	19773	4.158600	4.158600	4.158600 60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	6545087	11769482	18314569	.299717	.299717	.299717 61
62 OBSERVATION BEDS (NON-DISTI		888305	888305	.887282	.887282	.887282 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	192048764	70652124	262700888			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	192048764	70652124	262700888			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1749386		1749386	25
26 INTENSIVE CARE UNIT				236432		236432	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				586640		586640	31
31.01 SUB-PROVIDER II				473168		473168	31.01
33 NURSERY				240154		240154	33
101 TOTAL				3285780		3285780	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	21559	11275			81.14	914854	25
26 INTENSIVE CARE UNIT	2611	1271			90.55	115089	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	9394	3835			62.45	239496	31
31.01 SUB-PROVIDER II	3510	2488			134.81	335407	31.01
33 NURSERY	2698				89.01		33
101 TOTAL	39772	18869				1604846	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0240) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		678342	22415115	4771661		.030263	144405	37
38 RECOVERY ROOM		69802	4223201	583980		.016528	9652	38
40 ANESTHESIOLOGY		20712	3506767	555033		.005906	3278	40
41 RADIOLOGY-DIAGNOSTIC		696984	41378840	13198785		.016844	222320	41
41.01 MRI		36648	3141625	673567		.011665	7857	41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		335471	30268763	10619298		.011083	117694	44
46 WHOLE BLOOD & PACKED RED BLOO		15471	3094141	1272682		.005000	6363	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		242941	13782402	6512801		.017627	114801	49
49.01 SLEEP LAB		88095	2105168	158118		.041847	6617	49.01
50 PHYSICAL THERAPY		194124	4190881	382056		.046321	17697	50
51 OCCUPATIONAL THERAPY		84780	2267045	169025		.037397	6321	51
52 SPEECH PATHOLOGY		22642	609489	141267		.037149	5248	52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		87	141185	7646		.000616	5	55
56 DRUGS CHARGED TO PATIENTS		133706	37727633	14734074		.003544	52218	56
57 RENAL DIALYSIS		18520	1913584	983766		.009678	9521	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		528	195832			.002696		60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		9143	19773			.462398		60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		348140	18314569	2772904		.019009	52710	61
62 OBSERVATION BEDS (NON-DISTINC		58261	888305			.065587		62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3054397	190184318	57536663			776707	101

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/26/2008 14:09

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					21559		11275	25
26 INTENSIVE CARE UNIT					2611		1271	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					9394		3835	31
31.01 SUB-PROVIDER II					3510		2488	31.01
33 NURSERY					2698			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					39772		18869	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0240) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0240) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22415115			4771661		3174696 37
38 RECOVERY ROOM		4223201			583980		364151 38
40 ANESTHESIOLOGY		3506767			555033		371725 40
41 RADIOLOGY-DIAGNOSTIC		41378840			13198785		4947020 41
41.01 MRI		3141625			673567		480262 41.01
41.02 OUTPATIENT ONCOLOGY							
44 LABORATORY		30268763			10619298		233293 44
46 WHOLE BLOOD & PACKED RED BLOO		3094141			1272682		49181 46
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		13782402			6512801		822862 49
49.01 SLEEP LAB		2105168			158118		586676 49.01
50 PHYSICAL THERAPY		4190881			382056		44485 50
51 OCCUPATIONAL THERAPY		2267045			169025		29125 51
52 SPEECH PATHOLOGY		609489			141267		14967 52
53.01 INFUSION THERAPY							
55 MEDICAL SUPPLIES CHARGED TO P		141185			7646		18891 55
56 DRUGS CHARGED TO PATIENTS		37727633			14734074		887179 56
57 RENAL DIALYSIS		1913584			983766		
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		195832					53623 60
60.01 SUBSTANCE ABUSE CENTER							
60.02 OUTPATIENT PSYCHIATRY							
60.03 DIABETES CENTER		19773					1130 60.03
60.04 PAIN CLINIC							
61 EMERGENCY		18314569			2772904		1201164 61
62 OBSERVATION BEDS (NON-DISTINC		888305					106646 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		190184318			57536663		13387076 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0240) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0240) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.509590	.509590	.509590			37
40 RECOVERY ROOM	.205488	.205488	.205488			38
41 ANESTHESIOLOGY	.191648	.191648	.191648			40
41 RADIOLOGY-DIAGNOSTIC	.237280	.237280	.237280			41
41.01 MRI	.150328	.150328	.150328			41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	.205347	.205347	.205347			44
46 WHOLE BLOOD & PACKED RED BLOOD	.356802	.356802	.356802			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.205830	.205830	.205830			49
49.01 SLEEP LAB	.314097	.314097	.314097			49.01
50 PHYSICAL THERAPY	.599564	.599564	.599564			50
51 OCCUPATIONAL THERAPY	.530955	.530955	.530955			51
52 SPEECH PATHOLOGY	.577412	.577412	.577412			52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.974119	.974119	.974119			55
56 DRUGS CHARGED TO PATIENTS	.176674	.176674	.176674			56
57 RENAL DIALYSIS	.438594	.438594	.438594			57
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.360595	.360595	.360595			60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	4.158600	4.158600	4.158600			60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	.299717	.299717	.299717			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.887282	.887282	.887282			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.176674	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 [XX] HOSPITAL (14-0240) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3174696						37
38 RECOVERY ROOM		364151						38
40 ANESTHESIOLOGY		371725						40
41 RADIOLOGY-DIAGNOSTIC		4947020						41
41.01 MRI		480262						41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		233293						44
46 WHOLE BLOOD & PACKED RED BLOOD		49181						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		822862						49
49.01 SLEEP LAB		586676						49.01
50 PHYSICAL THERAPY		44485						50
51 OCCUPATIONAL THERAPY		29125						51
52 SPEECH PATHOLOGY		14967						52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO PA		18891						55
56 DRUGS CHARGED TO PATIENTS		887179						56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		53623						60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		1130						60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		1201164						61
62 OBSERVATION BEDS (NON-DISTINCT		106646						62
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		13387076						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		13387076						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0240) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1617793					37
38 RECOVERY ROOM		74829					38
40 ANESTHESIOLOGY		71240					40
41 RADIOLOGY-DIAGNOSTIC		1173829					41
41.01 MRI		72197					41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		47906					44
46 WHOLE BLOOD & PACKED RED BLOOD		17548					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		169370					49
49.01 SLEEP LAB		184273					49.01
50 PHYSICAL THERAPY		26672					50
51 OCCUPATIONAL THERAPY		15464					51
52 SPEECH PATHOLOGY		8642					52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		18402					55
56 DRUGS CHARGED TO PATIENTS		156741					56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		19336					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		4699					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		360009					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		94625					62
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		4133575					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4133575					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S240) [ ] SUB IV [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		678342	22415115	38055			.030263	1152 37
38 RECOVERY ROOM		69802	4223201	12			.016528	38
40 ANESTHESIOLOGY		20712	3506767	80637			.005906	476 40
41 RADIOLOGY-DIAGNOSTIC		696984	41378840	43085			.016844	726 41
41.01 MRI		36648	3141625	6481			.011665	76 41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		335471	30268763	496711			.011083	5505 44
46 WHOLE BLOOD & PACKED RED BLOO		15471	3094141	711			.005000	4 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		242941	13782402	40889			.017627	721 49
49.01 SLEEP LAB		88095	2105168	8011			.041847	335 49.01
50 PHYSICAL THERAPY		194124	4190881	6845			.046321	317 50
51 OCCUPATIONAL THERAPY		84780	2267045	1440			.037397	54 51
52 SPEECH PATHOLOGY		22642	609489	856			.037149	32 52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		87	141185				.000616	55
56 DRUGS CHARGED TO PATIENTS		133706	37727633	1011154			.003544	3584 56
57 RENAL DIALYSIS		18520	1913584	4614			.009678	45 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		528	195832				.002696	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		9143	19773				.462398	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		348140	18314569	277793			.019009	5281 61
62 OBSERVATION BEDS (NON-DISTINC		58261	888305				.065587	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3054397	190184318	2017294				18308 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S240) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S240) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22415115			38055		37
38 RECOVERY ROOM		4223201			12		38
40 ANESTHESIOLOGY		3506767			80637		40
41 RADIOLOGY-DIAGNOSTIC		41378840			43085		41
41.01 MRI		3141625			6481		41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		30268763			496711		44
46 WHOLE BLOOD & PACKED RED BLOO		3094141			711		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		13782402			40889		49
49.01 SLEEP LAB		2105168			8011		49.01
50 PHYSICAL THERAPY		4190881			6845		50
51 OCCUPATIONAL THERAPY		2267045			1440		51
52 SPEECH PATHOLOGY		609489			856		52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		141185					55
56 DRUGS CHARGED TO PATIENTS		37727633			1011154		56
57 RENAL DIALYSIS		1913584			4614		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		195832					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		19773					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		18314569			277793		61
62 OBSERVATION BEDS (NON-DISTINC		888305					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		190184318			2017294		5556 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S240)	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S240) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.509590	.509590	.509590			37
40 RECOVERY ROOM	.205488	.205488	.205488			38
41 ANESTHESIOLOGY	.191648	.191648	.191648			40
41 RADIOLOGY-DIAGNOSTIC	.237280	.237280	.237280			41
41.01 MRI	.150328	.150328	.150328			41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	.205347	.205347	.205347			44
46 WHOLE BLOOD & PACKED RED BLOOD	.356802	.356802	.356802			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.205830	.205830	.205830			49
49.01 SLEEP LAB	.314097	.314097	.314097			49.01
50 PHYSICAL THERAPY	.599564	.599564	.599564			50
51 OCCUPATIONAL THERAPY	.530955	.530955	.530955			51
52 SPEECH PATHOLOGY	.577412	.577412	.577412			52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.974119	.974119	.974119			55
56 DRUGS CHARGED TO PATIENTS	.176674	.176674	.176674			56
57 RENAL DIALYSIS	.438594	.438594	.438594			57
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.360595	.360595	.360595			60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	4.158600	4.158600	4.158600			60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	.299717	.299717	.299717			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.887282	.887282	.887282			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.176674	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 [XX] SUB I (14-S240) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
38 OPERATING ROOM								37
40 RECOVERY ROOM								38
41 ANESTHESIOLOGY								40
41.01 RADIOLOGY-DIAGNOSTIC		3131						41
41.02 MRI								41.01
44 OUTPATIENT ONCOLOGY								41.02
46 LABORATORY								44
46.30 WHOLE BLOOD & PACKED RED BLOOD								46
49 BLOOD CLOTTING FACTORS ADMIN C								46.30
49.01 RESPIRATORY THERAPY		2425						49
50 SLEEP LAB								49.01
51 PHYSICAL THERAPY								50
52 OCCUPATIONAL THERAPY								51
52.01 SPEECH PATHOLOGY								52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
60 OUTPATIENT SERVICE COST CENTERS								
60.01 CLINIC								60
60.02 SUBSTANCE ABUSE CENTER								60.01
60.03 OUTPATIENT PSYCHIATRY								60.02
60.04 DIABETES CENTER								60.03
61 PAIN CLINIC								60.04
62 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
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		5556						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		5556						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S240) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		743					41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		499					49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
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		1242					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		1242					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-T240)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		678342	22415115	2160			.030263	65 37
38 RECOVERY ROOM		69802	4223201				.016528	38
40 ANESTHESIOLOGY		20712	3506767				.005906	40
41 RADIOLOGY-DIAGNOSTIC		696984	41378840	33102			.016844	558 41
41.01 MRI		36648	3141625	2867			.011665	33 41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		335471	30268763	336552			.011083	3730 44
46 WHOLE BLOOD & PACKED RED BLOO		15471	3094141	5786			.005000	29 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		242941	13782402	169302			.017627	2984 49
49.01 SLEEP LAB		88095	2105168				.041847	49.01
50 PHYSICAL THERAPY		194124	4190881	948073			.046321	43916 50
51 OCCUPATIONAL THERAPY		84780	2267045	859031			.037397	32125 51
52 SPEECH PATHOLOGY		22642	609489	150914			.037149	5606 52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		87	141185	37			.000616	55
56 DRUGS CHARGED TO PATIENTS		133706	37727633	953303			.003544	3379 56
57 RENAL DIALYSIS		18520	1913584	138816			.009678	1343 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		528	195832				.002696	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		9143	19773	70			.462398	32 60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		348140	18314569				.019009	61
62 OBSERVATION BEDS (NON-DISTINC		58261	888305				.065587	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3054397	190184318	3600013				93800 101

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/26/2008 14:09

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-T240) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T240) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22415115			2160		37
38 RECOVERY ROOM		4223201					38
40 ANESTHESIOLOGY		3506767					40
41 RADIOLOGY-DIAGNOSTIC		41378840			33102		41
41.01 MRI		3141625			2867		41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		30268763			336552		44
46 WHOLE BLOOD & PACKED RED BLOO		3094141			5786		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		13782402			169302		49
49.01 SLEEP LAB		2105168					49.01
50 PHYSICAL THERAPY		4190881			948073		50
51 OCCUPATIONAL THERAPY		2267045			859031		51
52 SPEECH PATHOLOGY		609489			150914		52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		141185			37		55
56 DRUGS CHARGED TO PATIENTS		37727633			953303		56
57 RENAL DIALYSIS		1913584			138816		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		195832					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		19773			70		60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		18314569					61
62 OBSERVATION BEDS (NON-DISTINC		888305					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		190184318			3600013		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-T240)	[ ]	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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1749386		1749386	25
26 INTENSIVE CARE UNIT				236432		236432	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				586640		586640	31
31.01 SUB-PROVIDER II				473168		473168	31.01
33 NURSERY				240154		240154	33
101 TOTAL				3285780		3285780	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	21559	5357			81.14	434667	25
26 INTENSIVE CARE UNIT	2611	461			90.55	41744	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	9394	3866			62.45	241432	31
31.01 SUB-PROVIDER II	3510	390			134.81	52576	31.01
33 NURSERY	2698	991			89.01	88209	33
101 TOTAL	39772	11065				858628	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0240) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		678342	22415115	1410360			.030263	42682 37
38 RECOVERY ROOM		69802	4223201	595889			.016528	9849 38
40 ANESTHESIOLOGY		20712	3506767	384384			.005906	2270 40
41 RADIOLOGY-DIAGNOSTIC		696984	41378840	2577169			.016844	43410 41
41.01 MRI		36648	3141625	116756			.011665	1362 41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		335471	30268763	3985200			.011083	44168 44
46 WHOLE BLOOD & PACKED RED BLOO		15471	3094141	629864			.005000	3149 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		242941	13782402	1767921			.017627	31163 49
49.01 SLEEP LAB		88095	2105168	46731			.041847	1956 49.01
50 PHYSICAL THERAPY		194124	4190881	49425			.046321	2289 50
51 OCCUPATIONAL THERAPY		84780	2267045	27780			.037397	1039 51
52 SPEECH PATHOLOGY		22642	609489	24976			.037149	928 52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		87	141185	78652			.000616	48 55
56 DRUGS CHARGED TO PATIENTS		133706	37727633	7021327			.003544	24884 56
57 RENAL DIALYSIS		18520	1913584	228368			.009678	2210 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		528	195832				.002696	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		9143	19773	210			.462398	97 60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		348140	18314569	1105486			.019009	21014 61
62 OBSERVATION BEDS (NON-DISTINC		58261	888305				.065587	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3054397	190184318	20050498				232518 101

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/26/2008 14:09

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	1	2	3	4	5	6	7	8
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
								COSTS
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					21559		5357	25
26 INTENSIVE CARE UNIT					2611		461	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					9394		3866	31
31.01 SUB-PROVIDER II					3510		390	31.01
33 NURSERY					2698		991	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					39772		11065	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0240) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0240) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22415115			1410360		37
38 RECOVERY ROOM		4223201			595889		38
40 ANESTHESIOLOGY		3506767			384384		40
41 RADIOLOGY-DIAGNOSTIC		41378840			2577169		41
41.01 MRI		3141625			116756		41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		30268763			3985200		44
46 WHOLE BLOOD & PACKED RED BLOO		3094141			629864		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		13782402			1767921		49
49.01 SLEEP LAB		2105168			46731		49.01
50 PHYSICAL THERAPY		4190881			49425		50
51 OCCUPATIONAL THERAPY		2267045			27780		51
52 SPEECH PATHOLOGY		609489			24976		52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		141185			78652		55
56 DRUGS CHARGED TO PATIENTS		37727633			7021327		56
57 RENAL DIALYSIS		1913584			228368		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		195832					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		19773			210		60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		18314569			1105486		61
62 OBSERVATION BEDS (NON-DISTINC		888305					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		190184318			20050498		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0240)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S240) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		678342	22415115				.030263	37
38 RECOVERY ROOM		69802	4223201				.016528	38
40 ANESTHESIOLOGY		20712	3506767				.005906	40
41 RADIOLOGY-DIAGNOSTIC		696984	41378840				.016844	41
41.01 MRI		36648	3141625				.011665	41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		335471	30268763				.011083	44
46 WHOLE BLOOD & PACKED RED BLOO		15471	3094141				.005000	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		242941	13782402				.017627	49
49.01 SLEEP LAB		88095	2105168				.041847	49.01
50 PHYSICAL THERAPY		194124	4190881				.046321	50
51 OCCUPATIONAL THERAPY		84780	2267045				.037397	51
52 SPEECH PATHOLOGY		22642	609489				.037149	52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		87	141185				.000616	55
56 DRUGS CHARGED TO PATIENTS		133706	37727633				.003544	56
57 RENAL DIALYSIS		18520	1913584				.009678	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		528	195832				.002696	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		9143	19773				.462398	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		348140	18314569				.019009	61
62 OBSERVATION BEDS (NON-DISTINC		58261	888305				.065587	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3054397	190184318					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S240) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S240) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22415115					37
38 RECOVERY ROOM		4223201					38
40 ANESTHESIOLOGY		3506767					40
41 RADIOLOGY-DIAGNOSTIC		41378840					41
41.01 MRI		3141625					41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		30268763					44
46 WHOLE BLOOD & PACKED RED BLOO		3094141					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		13782402					49
49.01 SLEEP LAB		2105168					49.01
50 PHYSICAL THERAPY		4190881					50
51 OCCUPATIONAL THERAPY		2267045					51
52 SPEECH PATHOLOGY		609489					52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		141185					55
56 DRUGS CHARGED TO PATIENTS		37727633					56
57 RENAL DIALYSIS		1913584					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		195832					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		19773					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		18314569					61
62 OBSERVATION BEDS (NON-DISTINC		888305					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		190184318					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	SUB I (14-S240)	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		678342	22415115				.030263	37
38 RECOVERY ROOM		69802	4223201				.016528	38
40 ANESTHESIOLOGY		20712	3506767				.005906	40
41 RADIOLOGY-DIAGNOSTIC		696984	41378840				.016844	41
41.01 MRI		36648	3141625				.011665	41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		335471	30268763				.011083	44
46 WHOLE BLOOD & PACKED RED BLOO		15471	3094141				.005000	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		242941	13782402				.017627	49
49.01 SLEEP LAB		88095	2105168				.041847	49.01
50 PHYSICAL THERAPY		194124	4190881				.046321	50
51 OCCUPATIONAL THERAPY		84780	2267045				.037397	51
52 SPEECH PATHOLOGY		22642	609489				.037149	52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		87	141185				.000616	55
56 DRUGS CHARGED TO PATIENTS		133706	37727633				.003544	56
57 RENAL DIALYSIS		18520	1913584				.009678	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		528	195832				.002696	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		9143	19773				.462398	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		348140	18314569				.019009	61
62 OBSERVATION BEDS (NON-DISTINC		58261	888305				.065587	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3054397	190184318					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22415115					37
38 RECOVERY ROOM		4223201					38
40 ANESTHESIOLOGY		3506767					40
41 RADIOLOGY-DIAGNOSTIC		41378840					41
41.01 MRI		3141625					41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		30268763					44
46 WHOLE BLOOD & PACKED RED BLOO		3094141					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		13782402					49
49.01 SLEEP LAB		2105168					49.01
50 PHYSICAL THERAPY		4190881					50
51 OCCUPATIONAL THERAPY		2267045					51
52 SPEECH PATHOLOGY		609489					52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		141185					55
56 DRUGS CHARGED TO PATIENTS		37727633					56
57 RENAL DIALYSIS		1913584					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		195832					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		19773					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		18314569					61
62 OBSERVATION BEDS (NON-DISTINC		888305					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		190184318					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	SUB II (14-T240)	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0240)	SUB I (TEFRA) (14-S240)	SUB II (PPS) (14-T240)	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)	21559	9394	3510				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	21559	9394	3510				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21559	9394	3510				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)	11275	3835	2488				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) (14-0240)	SUB I (TEFRA) (14-S240)	SUB II (PPS) (14-T240)	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	23666113	6190179	3847916				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	23666113	6190179	3847916				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45679150	12755210	4397711				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	456791850	12755210	4397711				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.518094	.485306	.874982				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	21187.99	1357.80	1252.91				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	23666113	6190179	3847916				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) (14-0240)	SUB I (TEFRA) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1097.74	658.95	1096.27		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12377019	2527073	2727520		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12377019	2527073	2727520		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)					42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	4973355	2611	1904.77	1271	2420963 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0240)	SUB I (TEFRA) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	14189474	428520	1456719		48
49	TOTAL PROGRAM INPATIENT COSTS	28987456	2955593	4184239		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1029943	239496	335407		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	776707	18308	93800		51
52	TOTAL PROGRAM EXCLUDABLE COST	1806650	257804	429207		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	27180806	2697789	3755032		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) (14-0240)	SUB I (TEFRA) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES		234			54
55	TARGET AMOUNT PER DISCHARGE		9233.05			55
56	TARGET AMOUNT		2160534			56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		-537255			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		160601			58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT		2578939			59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (TEFRA) (PPS)  
 (14-0240)(14-S240)(14-T240)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	718	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1097.74	84
85 OBSERVATION BED COST	788177	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		23666113		788177		86
87 NEW CAPITAL-RELATED COST	1749386	23666113	.073919	788177	58261	87
88 NON PHYSICIAN ANESTHETIST		23666113		788177		88
89 MEDICAL EDUCATION		23666113		788177		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0240)	(OTHER) (14-S240)	(OTHER) (14-T240)				
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	21559	9394	3510				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	21559	9394	3510				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21559	9394	3510				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)	5357	3866	390				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	2698						15
16 TITLE V OR XIX NURSERY DAYS	991						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	23666113	6190179	3847916				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	23666113	6190179	3847916				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45679150	12755210	4397711				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	456791850	12755210	4397711				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.518094	.485306	.874982				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	21187.99	1357.80	1252.91				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	23666113	6190179	3847916				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	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	1097.74	658.95	1096.27				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5880593	2547501	427545				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5880593	2547501	427545				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)	2859062	2698	1059.70	991	1050163		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	4959440	2611	1899.44	461	875642		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 (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	4773810			1	1		48
49	TOTAL PROGRAM INPATIENT COSTS	12580208	2547501	427545				49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	564620	241432	52576				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	232518						51
52	TOTAL PROGRAM EXCLUDABLE COST	797138	241432	52576				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		417	30			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
11/26/2008 14:09

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
11/26/2008 14:09

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT                       TITLE XVIII-PART A                       TITLE XIX-INPT

HOSPITAL (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	718	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1097.74	84
85 OBSERVATION BED COST	788177	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0240)	<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		22036528		25
26 INTENSIVE CARE UNIT		3465918		26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.509590	4771661	2431591	37
38 RECOVERY ROOM	.205488	583980	120001	38
40 ANESTHESIOLOGY	.191648	555033	106371	40
41 RADIOLOGY-DIAGNOSTIC	.237280	13198785	3131808	41
41.01 MRI	.150328	673567	101256	41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.205347	10619298	2180641	44
46 WHOLE BLOOD & PACKED RED BLOOD	.356802	1272682	454095	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.205830	6512801	1340530	49
49.01 SLEEP LAB	.314097	158118	49664	49.01
50 PHYSICAL THERAPY	.599564	382056	229067	50
51 OCCUPATIONAL THERAPY	.530955	169025	89745	51
52 SPEECH PATHOLOGY	.577412	141267	81569	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.974119	7646	7448	55
56 DRUGS CHARGED TO PATIENTS	.176674	14734074	2603128	56
57 RENAL DIALYSIS	.438594	983766	431474	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.360595			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	4.158600			60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.299717	2772904	831086	61
62 OBSERVATION BEDS (NON-DISTINCT	.887282			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		57536663	14189474	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		57536663		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S240)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		5270233		31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.509590	38055	19392	37
38 RECOVERY ROOM	.205488	12	2	38
40 ANESTHESIOLOGY	.191648	80637	15454	40
41 RADIOLOGY-DIAGNOSTIC	.237280	43085	10223	41
41.01 MRI	.150328	6481	974	41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.205347	496711	101998	44
46 WHOLE BLOOD & PACKED RED BLOOD	.356802	711	254	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.205830	40889	8416	49
49.01 SLEEP LAB	.314097	8011	2516	49.01
50 PHYSICAL THERAPY	.599564	6845	4104	50
51 OCCUPATIONAL THERAPY	.530955	1440	765	51
52 SPEECH PATHOLOGY	.577412	856	494	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.974119			55
56 DRUGS CHARGED TO PATIENTS	.176674	1011154	178645	56
57 RENAL DIALYSIS	.438594	4614	2024	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.360595			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	4.158600			60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.299717	277793	83259	61
62 OBSERVATION BEDS (NON-DISTINCT	.887282			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		2017294	428520	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2017294		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-T240)	<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 SUB-PROVIDER II		3149003		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.509590	2160	1101	37
38 RECOVERY ROOM	.205488			38
40 ANESTHESIOLOGY	.191648			40
41 RADIOLOGY-DIAGNOSTIC	.237280	33102	7854	41
41.01 MRI	.150328	2867	431	41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.205347	336552	69110	44
46 WHOLE BLOOD & PACKED RED BLOOD	.356802	5786	2064	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.205830	169302	34847	49
49.01 SLEEP LAB	.314097			49.01
50 PHYSICAL THERAPY	.599564	948073	568430	50
51 OCCUPATIONAL THERAPY	.530955	859031	456107	51
52 SPEECH PATHOLOGY	.577412	150914	87140	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.974119	37	36	55
56 DRUGS CHARGED TO PATIENTS	.176674	953303	168424	56
57 RENAL DIALYSIS	.438594	138816	60884	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.360595			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	4.158600	70	291	60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.299717			61
62 OBSERVATION BEDS (NON-DISTINCT	.887282			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		3600013	1456719	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3600013		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0240)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		12229844		25
26 INTENSIVE CARE UNIT		1190807		26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.509590	1410360	718705	37
38 RECOVERY ROOM	.205488	595889	122448	38
40 ANESTHESIOLOGY	.191648	384384	73666	40
41 RADIOLOGY-DIAGNOSTIC	.237280	2577169	611511	41
41.01 MRI	.150328	116756	17552	41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.205347	3985200	818349	44
46 WHOLE BLOOD & PACKED RED BLOOD	.356802	629864	224737	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.205830	1767921	363891	49
49.01 SLEEP LAB	.314097	46731	14678	49.01
50 PHYSICAL THERAPY	.599564	49425	29633	50
51 OCCUPATIONAL THERAPY	.530955	27780	14750	51
52 SPEECH PATHOLOGY	.577412	24976	14421	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.974119	78652	76616	55
56 DRUGS CHARGED TO PATIENTS	.176674	7021327	1240486	56
57 RENAL DIALYSIS	.438594	228368	100161	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.360595			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	4.158600	210	873	60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.299717	1105486	331333	61
62 OBSERVATION BEDS (NON-DISTINCT	.887282			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		20050498	4773810	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		20050498		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S240)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
31.01 SUB-PROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.509590		37
38 RECOVERY ROOM	.205488		38
40 ANESTHESIOLOGY	.191648		40
41 RADIOLOGY-DIAGNOSTIC	.237280		41
41.01 MRI	.150328		41.01
41.02 OUTPATIENT ONCOLOGY			41.02
44 LABORATORY	.205347		44
46 WHOLE BLOOD & PACKED RED BLOOD	.356802		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.205830		49
49.01 SLEEP LAB	.314097		49.01
50 PHYSICAL THERAPY	.599564		50
51 OCCUPATIONAL THERAPY	.530955		51
52 SPEECH PATHOLOGY	.577412		52
53.01 INFUSION THERAPY			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.974119		55
56 DRUGS CHARGED TO PATIENTS	.176674		56
57 RENAL DIALYSIS	.438594		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.360595		60
60.01 SUBSTANCE ABUSE CENTER			60.01
60.02 OUTPATIENT PSYCHIATRY			60.02
60.03 DIABETES CENTER	4.158600		60.03
60.04 PAIN CLINIC			60.04
61 EMERGENCY	.299717		61
62 OBSERVATION BEDS (NON-DISTINCT)	.887282		62
OTHER REIMBURSABLE COST CENTERS			
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T240)	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
31.01 SUB-PROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.509590		37
38 RECOVERY ROOM	.205488		38
40 ANESTHESIOLOGY	.191648		40
41 RADIOLOGY-DIAGNOSTIC	.237280		41
41.01 MRI	.150328		41.01
41.02 OUTPATIENT ONCOLOGY			41.02
44 LABORATORY	.205347		44
46 WHOLE BLOOD & PACKED RED BLOOD	.356802		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.205830		49
49.01 SLEEP LAB	.314097		49.01
50 PHYSICAL THERAPY	.599564		50
51 OCCUPATIONAL THERAPY	.530955		51
52 SPEECH PATHOLOGY	.577412		52
53.01 INFUSION THERAPY			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.974119		55
56 DRUGS CHARGED TO PATIENTS	.176674		56
57 RENAL DIALYSIS	.438594		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.360595		60
60.01 SUBSTANCE ABUSE CENTER			60.01
60.02 OUTPATIENT PSYCHIATRY			60.02
60.03 DIABETES CENTER	4.158600		60.03
60.04 PAIN CLINIC			60.04
61 EMERGENCY	.299717		61
62 OBSERVATION BEDS (NON-DISTINCT	.887282		62
OTHER REIMBURSABLE COST CENTERS			
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0240)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	4205794					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4205794					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	8320159					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	5539					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	5539					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	10956					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	316830					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	124.04					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	36.87					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	36.87					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	36.87					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	33.37					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..	30.66					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0240)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.271122				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.255719				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.255719				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	537042				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	549246				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	1086552				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	2172840 0	2172840			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0564				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2968				4.01
4.02	SUM OF 4 AND 4.01	0.3532				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1835				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	3070276				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	22291693				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	22291693				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1800102				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1668639				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	25760434				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	25760434				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1392512				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	276624				20
21	REIMBURSABLE BAD DEBTS	585165				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	409616				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	512576				21.02
22	SUBTOTAL	24500914				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0240)	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	24500914				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	24382944				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	117970				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	339125				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 INSTRUCTIO					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 (14-0240) 1	HOSPITAL (14-0240) 1.01	HOSPITAL (14-0240) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4133575			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2854529			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03	3414333			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	83.60			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	2854529			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0240) 1	HOSPITAL (14-0240) 1.01	HOSPITAL (14-0240) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	606		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	800461		18.01
19 SUBTOTAL	2053462		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	190977		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2244439		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	2244439		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	294321		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	206025		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	261145		27.02
28 SUBTOTAL	2450464		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	2450464		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2054068		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	396396		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S240) 1	SUB I (14-S240) 1.01	SUB I (14-S240) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1242			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	870			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03	1026			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	84.80			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	870			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S240) 1	SUB I (14-S240) 1.01	SUB I (14-S240) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	188		18.01
19 SUBTOTAL	682		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	682		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	682		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	682		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	682		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	685		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-3		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-T240)	SUB II (14-T240)	SUB II (14-T240)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T240) 1	SUB II (14-T240) 1.01	SUB II (14-T240) 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 (14-0240) 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  
(14-0240)  
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  
(14-0240)  
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 (14-0240)

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		24669550		2054068	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					3.01
TO .02					3.02
PROVIDER .03		NONE		NONE	3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50					3.50
PROVIDER .51					3.51
TO .52	01/23/2008	286606		NONE	3.52
PROGRAM .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-286606			3.99
4 TOTAL INTERIM PAYMENTS		24382944		2054068	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
TO .50					5.50
PROVIDER .51		NONE		NONE	5.51
TO .52					5.52
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01		117970		396396	6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		24500914		2450464	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S240)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2365319		685	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		2365319		685	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 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 PROGRAM .02	167646		-3	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2532965		682	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER II (14-T240)

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		3550854		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3550854		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 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 PROGRAM .02	104857		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3655711		7

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-S240) (14-T240)

1	INPATIENT HOSPITAL SERVICES	2578939			1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	644735			1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		3302704		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0641		1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		362637		1.04
1.05	OUTLIER PAYMENTS		13727		1.05
1.06	TOTAL PPS PAYMENTS		3679068		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)	2023821			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS				1.09
1.10	NET IPF PPS ECT PAYMENTS	23926			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)	25.666667			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2047747			1.19
1.20	STOP LESS PAYMENT FLOOR	1805257			1.20
1.21	ADJUSTED NET PAYMENT FLOOR	1353943			1.21
1.22	STOP LOSS ADJUSTMENT				1.22
1.23	TOTAL IPF PPS PAYMENTS	2692482			1.23
	INPATIENT REHABILITATION FACILITY (IRF)				
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)				1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)				1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		9.590164		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	2692482	3679068		4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL	2692482	3679068		6
7	DEDUCTIBLES	135584	13120		7
8	SUBTOTAL	2556898	3665948		8
9	COINSURANCE	130400	33776		9
10	SUBTOTAL	2426498	3632172		10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	152096	33627		11
11.01	REDUCED REIMBURSABLE BAD DEBTS	106467	23539		11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	143912	33627		11.02
12	SUBTOTAL	2532965	3655711		12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				13

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S240)	SUB II (14-T240)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2532965	3655711			17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2365319	3550854			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	167646	104857			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0240) (OTHER)	SUB I (14-S240) (OTHER)	SUB II (14-T240) (OTHER)	SUB III      SUB IV      NF I
	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES			
2	INPATIENT HOSPITAL/SNF/NF SERVICES	12580208	2547501	427545
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL	12580208	2547501	427545
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL	12580208	2547501	427545
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES			
13	ANCILLARY SERVICE CHARGES	20050498		
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18	TOTAL REASONABLE CHARGES	20050498		
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
23	ACCORDANCE WITH 42 CFR 413.13(E)			
24	RATIO OF LINE 17 TO LINE 18			
25	TOTAL CUSTOMARY CHARGES	20050498		
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7470290		
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		2547501	427545
28	COST OF COVERED SERVICES	12580208	2547501	427545
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
36	SUBTOTAL	12580208	2547501	427545
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)			
38	LESSER OF LINES 30 OR 31	12580208	2547501	427545
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0240) (OTHER) 1	SUB I (14-S240) (OTHER) 1	SUB II (14-T240) (OTHER) 1	SUB III 1
				SUB IV 1
				NF I 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35		2547501	427545	34
36	12580208			35
37				36
38				37
38.01				38
38.02				38.01
39				38.02
40	12580208			39
41				40
42				41
43				42
44				43
45				44
46				45
47				46
48				47
49				48
50				49
51				50
52	12580208			51
53				52
54				53
55	12580208			54
56				55
57				56
57.01				57
58	12580208			57.01
59				58
				59

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

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	41.24 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	41.24 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	39.00 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	39.00 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	33.99 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	5.00 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	38.99 3.09
3.10	SEE INSTRUCTIONS	38.99 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	5.00 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	5.11 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	6.25 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	5.45 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	5.45 3.16
3.17	SEE INSTRUCTIONS	99763.41 3.17
3.18	SEE INSTRUCTIONS	543711 3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS		27.25	3.19
3.20	SEE INSTRUCTIONS		27.63	3.20
3.21	SEE INSTRUCTIONS		29.62	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		29.62	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		102516.88	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3036550	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3580261	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		18869	4
5	TOTAL INPATIENT DAYS		36356	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.519006	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1858177	0	1858177	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		17	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		36356	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		1439	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1913584	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	36127288	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	36127288	16
PART B REASONABLE COST			
17	REASONABLE COST	4134817	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	4134817	19
20	TOTAL REASONABLE COST	40262105	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.897303	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.102697	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	1859616	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1668639	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	190977	25

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

WORKSHEET E-3  
PART IV

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3  
PART IV  
(CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00		3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00		3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		10074	4
5	TOTAL INPATIENT DAYS		36356	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.277093	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		36356	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
11/26/2008 14:09

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	620991			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	11585473			4
5	OTHER RECEIVABLES	2675236			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	540968			7
8	PREPAID EXPENSES	115904			8
9	OTHER CURRENT ASSETS	526012			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	16064584			11
FIXED ASSETS					
12	LAND	4204069			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	4250523			13
13.01	ACCUMULATED DEPRECIATION	-4177949			13.01
14	BUILDINGS	69422696			14
14.01	ACCUMULATED DEPRECIATION	-49187680			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	66467648			16
16.01	ACCUMULATED DEPRECIATION	-50712713			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	40266594			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS				26
27	TOTAL ASSETS	56331178			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1346851			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	28277186			35
36	TOTAL CURRENT LIABILITIES	29624037			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	28026185			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	34724000			41
42	TOTAL LONG TERM LIABILITIES	62750185			42
43	TOTAL LIABILITIES	92374222			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	-36043044			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	-36043044			51
52	TOTAL LIABILITIES AND FUND BALANCES	56331178			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	-19555967			1
2 NET INCOME (LOSS)	-17439842			2
3 TOTAL	-36995809			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 EQUITY TRANSFERS	1006435			5
6 MISC	-53670			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	952765			10
11 SUBTOTAL	-36043044			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO AFFILIATE				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-36043044			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	52614669		52614669	1
2 SUBPROVIDER I	12755210		12755210	2
2.01 SUBPROVIDER II	4397711		4397711	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	69767590		69767590	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	6748980		6748980	10
12 CORONARY CARE UNIT				11
13 BURN INTENSIVE CARE UNIT				12
14 SURGICAL INTENSIVE CARE UNIT				13
15 OTHER SPECIAL CARE (SPECIFY)				14
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	6748980		6748980	15
17 TOTAL INPATIENT ROUTINE CARE SERVICES	76516570		76516570	16
18 ANCILLARY SERVICES	115532194	70652124	186184318	17
19 OUTPATIENT SERVICES				18
20 HOME HEALTH AGENCY				19
21 AMBULANCE				20
22 CORF				21
23 ASC				22
24 HOSPICE				23
24.01 POB		3873154	3873154	24
25 PROFESSIONAL FEES	3962002	10985471	14947473	24.01
TOTAL PATIENT REVENUES	196010766	85510749	281521515	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		110366560	26
27 ADD (SPECIFY)			27
28 TAX ASSESSMENT			28
29 BAD DEBTS	11871361		29
30 INTEREST			30
31			31
32			32
33 TOTAL ADDITIONS		11871361	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		122237921	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	281521515	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	179676867	2
3	NET PATIENT REVENUES	101844648	3
4	LESS - TOTAL OPERATING EXPENSES	122237921	4
5	NET INCOME FROM SERVICE TO PATIENTS	-20393273	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	688410	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	INTEREST INCOME	59428	24
24.01	AUXILIARY SERVICES	2202476	24.01
24.02	MISCELLANEOUS REVENUE		24.02
24.03	MEDICAL ASSOCIATE REVENUE		24.03
24.04	AFFIIATE SVS		24.04
24.05	MANAGED CARE REVENUES		24.05
24.06	MEDICAL LIVBRARY		24.06
24.07	GIFT SHOP REVENUE		24.07
24.08	AUXILLIARY		24.08
24.09	EMERGENCY ROOM		24.09
24.10	COMMUNITY RESOURCE CENTER		24.10
24.11	HEALTH SCHOLARSHIP GRANT		24.11
24.12	PT OT		24.12
24.13	RADIOLGOY		24.13
24.14	GAIN ON DISPOSAL	3117	24.14
25	TOTAL OTHER INCOME	2953431	25
26	TOTAL	-17439842	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-17439842	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0240)	SUB I	SUB II (14-T240)	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	1445732			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	16502			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18]	64.08			4
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS 33.63 0.00	33.63			4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	15.96			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	230739			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0564			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2968			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3532			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0741			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	107129			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1800102			6
<b>PART II - HOLD HARMLESS METHOD</b>					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 CASHIERING					6.01
6.07 ADMIN & GENERAL OTHER					6.07
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
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUB-PROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 COMMUNITY EDUCATION					98.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

\*\*\*\*\* 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	52.30		24.85				77.15 25
26 INTENSIVE CARE UNIT	48.68		17.66				66.34 26
33 NURSERY			36.73				36.73 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	21.29	14.16	6.29				41.74 37
38 RECOVERY ROOM	13.83	8.62	14.11				36.56 38
40 ANESTHESIOLOGY	15.83	10.60	10.96				37.39 40
41 RADIOLOGY-DIAGNOSTIC	31.90	11.96	6.23				50.09 41
41.01 MRI	21.44	15.29	3.72				40.45 41.01
44 LABORATORY	35.08	0.77	13.17				49.02 44
46 WHOLE BLOOD & PACKED RED BLOOD	41.13	1.59	20.36				63.08 46
49 RESPIRATORY THERAPY	47.25	5.97	12.83				66.05 49
49.01 SLEEP LAB	7.51	27.87	2.22				37.60 49.01
50 PHYSICAL THERAPY	9.12	1.06	1.18				11.36 50
51 OCCUPATIONAL THERAPY	7.46	1.28	1.23				9.97 51
52 SPEECH PATHOLOGY	23.18	2.46	4.10				29.74 52
55 MEDICAL SUPPLIES CHARGED TO PAT	5.42	13.38	55.71				74.51 55
56 DRUGS CHARGED TO PATIENTS	39.05	2.35	18.61				60.01 56
57 RENAL DIALYSIS	51.41		11.93				63.34 57
60 CLINIC		27.38					27.38 60
60.03 DIABETES CENTER		5.71	1.06				6.77 60.03
61 EMERGENCY	15.14	6.56	6.04				27.74 61
62 OBSERVATION BEDS (NON-DISTINCT		12.01					12.01 62
101 TOTAL CHARGES	21.90	5.10	7.63				34.63 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	40.82		41.15				81.97 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.17						0.17 37
40 ANESTHESIOLOGY	2.30						2.30 40
41 RADIOLOGY-DIAGNOSTIC	0.10	0.01					0.11 41
41.01 MRI	0.21						0.21 41.01
44 LABORATORY	1.64						1.64 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.02						0.02 46
49 RESPIRATORY THERAPY	0.30	0.02					0.32 49
49.01 SLEEP LAB	0.38						0.38 49.01
50 PHYSICAL THERAPY	0.16						0.16 50
51 OCCUPATIONAL THERAPY	0.06						0.06 51
52 SPEECH PATHOLOGY	0.14						0.14 52
56 DRUGS CHARGED TO PATIENTS	2.68						2.68 56
57 RENAL DIALYSIS	0.24						0.24 57
61 EMERGENCY	1.52						1.52 61
101 TOTAL CHARGES	0.77						0.77 101

\*\*\*\*\* 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 SUB-PROVIDER II	70.88		11.11				81.99 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
41 RADIOLOGY-DIAGNOSTIC	0.08						0.08 41
41.01 MRI	0.09						0.09 41.01
44 LABORATORY	1.11						1.11 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.19						0.19 46
49 RESPIRATORY THERAPY	1.23						1.23 49
50 PHYSICAL THERAPY	22.62						22.62 50
51 OCCUPATIONAL THERAPY	37.89						37.89 51
52 SPEECH PATHOLOGY	24.76						24.76 52
55 MEDICAL SUPPLIES CHARGED TO PAT	0.03						0.03 55
56 DRUGS CHARGED TO PATIENTS	2.53						2.53 56
57 RENAL DIALYSIS	7.25						7.25 57
60.03 DIABETES CENTER	0.35						0.35 60.03
101 TOTAL CHARGES	1.37						1.37 101

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	3123583	3.13	-3123583	-5.27			3
4	NEW CAP REL COSTS-MVBLE EQUIP	3314703	3.32	-3314703	-5.59			4
5	EMPLOYEE BENEFITS	6994966	7.00	-6994966	-11.80			5
6.01	CASHIERING	1190541	1.19	-1190541	-2.01			6.01
6.07	ADMIN & GENERAL OTHER	25447915	25.47	-25447915	-42.92			6.07
8	OPERATION OF PLANT	5488205	5.49	-5488205	-9.26			8
9	LAUNDRY & LINEN SERVICE	473236	.47	-473236	-.80			9
10	HOUSEKEEPING	1254801	1.26	-1254801	-2.12			10
11	DIETARY	1656705	1.66	-1656705	-2.79			11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	867644	.87	-867644	-1.46			14
15	CENTRAL SERVICES & SUPPLY	100525	.10	-100525	-.17			15
16	PHARMACY	3997086	4.00	-3997086	-6.74			16
17	MEDICAL RECORDS & LIBRARY	1070340	1.07	-1070340	-1.81			17
18	SOCIAL SERVICE	612846	.61	-612846	-1.03			18
20	NONPHYSICIAN ANESTHETISTS							20
22	I&R SERVICES-SALARY & FRINGES A	2642643	2.65	-2642643	-4.46			22
23	I&R SERVICES-OTHER PRGM COSTS A	1055034	1.06	-1055034	-1.78			23
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	10026863	10.04	17573921	29.64	27600784	27.63	25
26	INTENSIVE CARE UNIT	2504735	2.51	3023212	5.10	5527947	5.53	26
31	SUBPROVIDER I	2345967	2.35	3844212	6.48	6190179	6.20	31
31.01	SUB-PROVIDER II	1323443	1.32	2524473	4.26	3847916	3.85	31.01
33	NURSERY	1303327	1.30	1555735	2.62	2859062	2.86	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	6111814	6.12	5490228	9.26	11602042	11.61	37
38	RECOVERY ROOM	363902	.36	503917	.85	867819	.87	38
40	ANESTHESIOLOGY	411399	.41	260665	.44	672064	.67	40
41	RADIOLOGY-DIAGNOSTIC	4823542	4.83	5129472	8.65	9953014	9.96	41
41.01	MRI	211335	.21	260938	.44	472273	.47	41.01
41.02	OUTPATIENT ONCOLOGY							41.02
44	LABORATORY	3241985	3.25	3153129	5.32	6395114	6.40	44
46	WHOLE BLOOD & PACKED RED BLOOD	730086	.73	373911	.63	1103997	1.11	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	1244644	1.25	2250465	3.80	3495109	3.50	49
49.01	SLEEP LAB	236213	.24	425015	.72	661228	.66	49.01
50	PHYSICAL THERAPY	1234804	1.24	1367664	2.31	2602468	2.61	50
51	OCCUPATIONAL THERAPY	590422	.59	792806	1.34	1383228	1.38	51
52	SPEECH PATHOLOGY	175415	.18	176511	.30	351926	.35	52
53.01	INFUSION THERAPY							53.01
55	MEDICAL SUPPLIES CHARGED TO PAT			137531	.23	137531	.14	55
56	DRUGS CHARGED TO PATIENTS			6665477	11.24	6665477	6.67	56
57	RENAL DIALYSIS	565800	.57	273487	.46	839287	.84	57

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
60	CLINIC	42090	.04	28526	.05	70616	.07	60
60.01	SUBSTANCE ABUSE CENTER							60.01
60.02	OUTPATIENT PSYCHIATRY							60.02
60.03	DIABETES CENTER	34896	.03	47332	.08	82228	.08	60.03
60.04	PAIN CLINIC							60.04
61	EMERGENCY	2609452	2.61	3059266	5.16	5668718	5.67	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
96	GIFT, FLOWER, COFFEE SHOP & CAN	25649	.03	32201	.05	57850	.06	96
98	PHYSICIANS' PRIVATE OFFICES	452080	.45	250914	.42	702994	.70	98
98.01	COMMUNITY EDUCATION			89765	.15	89765	.09	98.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	99900636	100.00	0	.00	99900636	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	678342	22415115	.030263	4771661	144405	37
38 RECOVERY ROOM	69802	4223201	.016528	583980	9652	38
40 ANESTHESIOLOGY	20712	3506767	.005906	555033	3278	40
41 RADIOLOGY-DIAGNOSTIC	696984	41378840	.016844	13198785	222320	41
41.01 MRI	36648	3141625	.011665	673567	7857	41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	335471	30268763	.011083	10619298	117694	44
46 WHOLE BLOOD & PACKED RED BLOOD	15471	3094141	.005000	1272682	6363	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	242941	13782402	.017627	6512801	114801	49
49.01 SLEEP LAB	88095	2105168	.041847	158118	6617	49.01
50 PHYSICAL THERAPY	194124	4190881	.046321	382056	17697	50
51 OCCUPATIONAL THERAPY	84780	2267045	.037397	169025	6321	51
52 SPEECH PATHOLOGY	22642	609489	.037149	141267	5248	52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	87	141185	.000616	7646	5	55
56 DRUGS CHARGED TO PATIENTS	133706	37727633	.003544	14734074	52218	56
57 RENAL DIALYSIS	18520	1913584	.009678	983766	9521	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	528	195832	.002696			60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	9143	19773	.462398			60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	348140	18314569	.019009	2772904	52710	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	58261	888305	.065587			62
101 TOTAL	3054397	190184318		57536663	776707	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	1749386		1749386	21559	81.14	11275	914854 25
26	INTENSIVE CARE UNIT	236432		236432	2611	90.55	1271	115089 26
101	TOTAL	1985818		1985818			12546	1029943 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1029943	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							776707	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1806650	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						2373		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						12546		
PER DISCHARGE CAPITAL COSTS							761.34	
PER DIEM CAPITAL COSTS							144.00	

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)	27180806
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	83039109
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.327

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))	4184239
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	6717243
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.623

COST TO CHARGE RATIO FOR PSYCH 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))	2955593
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	7287527
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.406

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)	1806650
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.022

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4082797
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	13298499
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.307