

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 ALEXIAN BROTHERS MEDICAL CENTER (14-0258) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL	26021	-54663		1
2	SUBPROVIDER I	131401	-37		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	157422	-54700		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 800 BIESTERFIELD ROAD P.O.BOX: 1
 1.01 CITY: ELK GROVE VILLAGE STATE: IL ZIP CODE: 60007 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	ALEXIAN BROTHERS MEDICAL CENTER	14-0258	07/01/1966	N	P	O	2
3	SUBPROVIDER I	REHABILITATION	14-T258	01/01/1980	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	HOME HEALTH AGENCY	14-7583	06/01/1994	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2008 TO: 12/31/2008 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 5 20

OTHER INFORMATION

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

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

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

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

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

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

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. NO 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	149019	40
40.01	NAME: ALEXIAN BROTHERS HOSPITAL N	FI/CONTRACTOR'S NAME: WPS	FI/CONTRACTOR'S NUMBER: 52280	40.01
40.02	STREET: 3040 SALT CREEK LANE		P.O. BOX:	40.02
40.03	CITY: ARLINGTON HEIGHTS, IL		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 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.			YES		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			YES		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			YES		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)			NO		58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	02/28/2009			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		8174	2355	18744	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		8174	2355	18744	12
13	RPCH VISITS					13
14	SUBPROVIDER I		844	70	1372	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
	1	2	3	4	5	6		
1	TOTAL SALARIES	130898202		130898202	4524358.00	28.93		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	80179		80179	556.00	144.21		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	12063536	266559	12330095	369345.00	33.38		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2481744		2481744	34237.00	72.49		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'	477346		477346	5024.00	95.01		9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	16351959		16351959	395318.00	41.36	HOME OFFICE WP	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	29480028		29480028			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2792608		2792608			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	8989		8989			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	92522		92522			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	672283		672283	22412.00	30.00		21
22	ADMINISTRATIVE & GENERAL	11412636	-408832	11003804	343610.00	32.02		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	1497068		1497068	84704.00	17.67		23
24	OPERATION OF PLANT	1462481		1462481	53003.00	27.59		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	2522439		2522439	201103.00	12.54		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1964814	-533200	1431614	121491.00	11.78		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	541201	533200	1074401	91117.00	11.79		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1599951		1599951	34653.00	46.17		30
31	CENTRAL SERVICES AND SUPPLY	1093770		1093770	69723.00	15.69		31
32	PHARMACY	3315704		3315704	93379.00	35.51		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2368080		2368080	109951.00	21.54		33
34	SOCIAL SERVICE	1488107	408832	1896939	44392.00	42.73		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
	1	2	3	4	5		
1	NET SALARIES	130898202		130898202	4524358.00	28.93	1
2	EXCLUDED AREA SALARIES	12063536	266559	12330095	369345.00	33.38	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	118834666	-266559	118568107	4155013.00	28.54	3
4	SUBTOTAL OTHER WAGES & REL COSTS	19311049		19311049	434579.00	44.44	4
5	SUBTOTAL WAGE-RELATED COSTS	29489017		29489017		24.87%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	167634732	-266559	167368173	4589592.00	36.47	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	29938534		29938534	1269538.00	23.58	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7583

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		7436		363	7799	1
2 UNDUPLICATED CENSUS COUNT		2008.00		1024.00	3032.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	20.30		20.30	5
6 DIRECT NURSING SERVICE	8.80		8.80	6
7 NURSING SUPERVISOR	19.30		19.30	7
8 PHYSICAL THERAPY SERVICE	14.20		14.20	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	5.00		5.00	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.20	.20	.40	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.70		.70	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	8.50	.10	8.60	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	2	1	19
20.01		1600	16974	20
		6880		20.01

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7583

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC	SCIC ONLY	TOTAL	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	WITHIN A PEP 5	EPISODES 6		
21 SKILLED NURSING VISITS	22354	234	239	314			23141	21
22 SKILLED NURSING VISIT CHARGES	3800180	39780	40630	53380			3933970	22
23 PHYSICAL THERAPY VISITS	14293	17	28	137			14475	23
24 PHYSICAL THERAPY VISIT CHARGES	2715670	3230	5320	26030			2750250	24
25 OCCUPATIONAL THERAPY VISITS	5292		2	69			5363	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	1005480		380	13110			1018970	26
27 SPEECH PATHOLOGY VISITS	89	8					97	27
28 SPEECH PATHOLOGY VISIT CHARGES	16910	1520					18430	28
29 MEDICAL SOCIAL SERVICE VISITS	639	11	3	4			657	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	134190	2310	630	840			137970	30
31 HOME HEALTH AIDE VISITS	7515	46	2	25			7588	31
32 HOME HEALTH AIDE VISIT CHARGES	901800	5520	240	3000			910560	32
33 TOTAL VISITS	50182	316	274	549			51321	33
34 OTHER CHARGES	169787	590	4319	5512			180208	34
35 TOTAL CHARGES	8744017	52950	51519	101872			8950358	35
36 TOTAL NUMBER OF EPISODES	2439		109	57			2605	36
37 TOTAL NUMBER OF OUTLIER EPISODES		7		1			8	37
38 TOTAL MEDICAL SUPPLY CHARGES	50559	62	3638	1024			55283	38

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	26719767 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	26719767 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.257636 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	89500746 28
29	TOTAL GROSS MEDICAID COST	23058614 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	37147745 30
31	UNCOMPENSATED CARE COST	9570596 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23058614 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		16412217	16412217	-3049330	13362887	4301732	17664619	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7755325	7755325	-19157	7736168	4
5	0500 EMPLOYEE BENEFITS	672283	24184955	24857238		24857238	-31034	24826204	5
6.01	0610 NON PATIENT TELEPHONES	512796	544795	1057591		1057591	-324553	733038	6.01
6.02	0620 DATA PROCESSING						7061959	7061959	6.02
6.03	0630 PURCHASING/STOREROOM	114488	64401	178889		178889	989771	1168660	6.03
6.04	0640 ADMITTING	1641239	216486	1857725		1857725		1857725	6.04
6.05	0650 CASHIERING/ACCTS. RECEIVABLE	948433	117201	1065634		1065634	5985845	7051479	6.05
6.06	0660 ADMINISTRATIVE & GENERAL	8195680	71260928	79456608	-299133	79157475	-28347448	50810027	6.06
7	0700 MAINTENANCE & REPAIRS	1497068	1345159	2842227		2842227	-9943	2832284	7
8	0800 OPERATION OF PLANT	1462481	5790686	7253167		7253167	-79079	7174088	8
9	0900 LAUNDRY & LINEN SERVICE					1466519		1466519	9
10	1000 HOUSEKEEPING	2522439	2750472	5272911	-1466519	3806392		3806392	10
11	1100 DIETARY	1964814	2965866	4930680	-1682189	3248491	-94982	3153509	11
12	1200 CAFETERIA	541201	214546	755747	1682189	2437936	-1357988	1079948	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1599951	301266	1901217		1901217		1901217	14
15	1500 CENTRAL SERVICES & SUPPLY	1093770	1541413	2635183	-711023	1924160	-9936	1914224	15
16	1600 PHARMACY	3315704	17291692	20607396	-16102741	4504655		4504655	16
17	1700 MEDICAL RECORDS & LIBRARY	2368080	1371789	3739869		3739869	-2270	3737599	17
17.01	1950 MEDICAL TRANSCRIPTION								17.01
18	1800 SOCIAL SERVICE	1488107	153611	1641718	572957	2214675		2214675	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-PASTORAL CARE	71743	146683	218426		218426	-9192	209234	24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	31679926	6299528	37979454	-3937030	34042424	-53901	33988523	25
26	2600 INTENSIVE CARE UNIT	7051229	1645822	8697051		8697051		8697051	26
31	3100 SUBPROVIDER I	6034658	5347902	11382560		11382560	214477	11597037	31
33	3300 NURSERY		158442	158442	1701834	1860276	-153699	1706577	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	8329548	11683360	20012908	711023	20723931	-956824	19767107	37
37.01	3950 GAMMA KNIFE	299907	1913901	2213808		2213808		2213808	37.01
37.02	3330 ENDOSCOPY	1520049	1629598	3149647		3149647		3149647	37.02
37.03	3540 IMPLANTS		13859519	13859519		13859519		13859519	37.03
38	3800 RECOVERY ROOM	1477171	204675	1681846		1681846		1681846	38
39	3900 DELIVERY ROOM & LABOR ROOM	2091645	157453	2249098	2257815	4506913		4506913	39
40	4000 ANESTHESIOLOGY		1068267	1068267		1068267		1068267	40
41	4100 RADIOLOGY-DIAGNOSTIC	2166673	892313	3058986		3058986	-73590	2985396	41
41.01	3630 ULTRASOUND	1081643	402832	1484475		1484475		1484475	41.01
41.02	3230 CAT SCANNER	1203377	1260944	2464321		2464321	-26967	2437354	41.02
41.03	3430 MRI	621811	956328	1578139		1578139		1578139	41.03
41.04	4101 PET SCAN	85833	823770	909603		909603		909603	41.04
41.05	3190 RADIATION ONCOLOGY	1055047	668076	1723123		1723123		1723123	41.05
41.06	3440 MAMMOGRAPHY	933480	409073	1342553		1342553		1342553	41.06
43	4300 RADIOISOTOPE	523190	1058234	1581424		1581424		1581424	43
44	4400 LABORATORY	5397134	6307741	11704875		11704875	-117965	11586910	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	538292	2308880	2847172		2847172		2847172	47
48	4800 INTRAVENOUS THERAPY	1466524	781681	2248205		2248205		2248205	48
49	4900 RESPIRATORY THERAPY	2336755	942293	3279048		3279048		3279048	49
50	5000 PHYSICAL THERAPY	2055701	724106	2779807		2779807		2779807	50
50.01	5001 OP PHYSICAL THERAPY	1661019	232507	1893526		1893526		1893526	50.01
50.02	5002 IP PHYSICAL THERAPY	1229386	221993	1451379		1451379		1451379	50.02
53	5300 ELECTROCARDIOLOGY	634688	278855	913543		913543		913543	53
53.01	3140 CATH LAB	3371552	18280794	21652346		21652346	-1411848	20240498	53.01
53.02	3141 CARDIAC REHAB	551805	177707	729512		729512		729512	53.02
54	5400 ELECTROENCEPHALOGRAPHY	87152	18154	105306		105306		105306	54
54.01	3650 NEURO MEG		-29174	-29174	-585351	-614525	695621	81096	54.01
54.02	3953 SLEEP LAB	612480	141161	753641		753641		753641	54.02
56	5600 DRUGS CHARGED TO PATIENTS				16102741	16102741		16102741	56
57	5700 RENAL DIALYSIS	20247	1016031	1036278		1036278		1036278	57
59	3952 PSYCHOLOGY	75493	14366	89859		89859		89859	59
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	953762	255574	1209336		1209336	-4450	1204886	60
60.01	4950 DAY REHABILITATION	627712	166533	794245		794245		794245	60.01
60.02	4951 OUTPATIENT IMAGING CENTERS	967114	3640102	4607216		4607216	-13011	4594205	60.02
60.03	4952 IMMEDIATE CARE CENTERS	712537	403133	1115670		1115670		1115670	60.03
60.04	4953 COUMADIN CLINIC	149012	34903	183915		183915		183915	60.04
60.05	4954 WOUND CLINIC	434055	883719	1317774		1317774	-4604	1313170	60.05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
60.06	4955 ENTEROSTOMAL THERAPY	20091	2528	22619	-22619				60.06
61	6100 EMERGENCY	4873092	2059101	6932193		6932193	-366000	6566193	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	5213849	2014776	7228625		7228625		7228625	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		6804557	6804557	-5046860	1757697	-1757697		88
93	9300 HOSPICE	5991	93410	99401		99401		99401	93
95	SUBTOTALS	130160907	244889634	375050541	-652392	374398149	-15976733	358421416	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	41619	198029	239648		239648		239648	96
96.02	9601 NON ALLOW CLINICS	273726	140767	414493		414493		414493	96.02
97	9700 RESEARCH	82220	40694	122914	585351	708265		708265	97
97.01	9701 EPILEPSY		8575	8575		8575		8575	97.01
98	9800 PHYSICIANS' PRIVATE OFFICES	147261	915914	1063175	67041	1130216		1130216	98
99	9900 NONPAID WORKERS	192469	6262988	6455457		6455457	-3909697	2545760	99
99.01	9901 RETAIL PHARMACY								99.01
101	TOTAL	130898202	252456601	383354803		383354803	-19886430	363468373	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 CHARGEABLE DRUGS	A	DRUGS CHARGED TO PATIENTS	56		16102741
2					2
3 CHARGEABLE SUPPLIES	B	OPERATING ROOM	37		711023
4					3
5 LAUNDRY & LINEN	C	LAUNDRY & LINEN SERVICE	9		1466519
6					4
7 NURSERY & LABOR ROOM	D	NURSERY	33	1132276	569558
8	D	DELIVERY ROOM & LABOR ROOM	39	1842354	415461
9					7
10 MOB	E	PHYSICIANS' PRIVATE OFFICES	98		67041
11	E				10
12					11
13 PASTORAL CARE	F	SOCIAL SERVICE	18	408832	164125
14					12
15 SHARED DIETARY	H	CAFETERIA	12	533200	1148989
16					13
17 DEPRECIATION	I	NEW CAP REL COSTS-MVBLE EQUIP	4		7755325
18					14
19 NEUROMEG RESEARCH	J	RESEARCH	97	266559	318792
20					15
21 INTEREST	K	NEW CAP REL COSTS-BLDG & FIXT	3		4773036
22	K	ADMINISTRATIVE & GENERAL	6.06		273824
23					16
24 ENT THERAPY	L	ADULTS & PEDIATRICS	25	20091	2528
25					17
26					18
27					19
28					20
29					21
30					22
31					23
32					24
33					25
34					26
35					27
36 TOTAL RECLASSIFICATIONS				4203312	33768962

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 CHARGEABLE DRUGS	A	PHARMACY	16		16102741	1
2						2
3 CHARGEABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		711023	3
4						4
5 LAUNDRY & LINEN	C	HOUSEKEEPING	10		1466519	5
6						6
7 NURSERY & LABOR ROOM	D	ADULTS & PEDIATRICS	25	2974630	985019	7
8	D					8
9						9
10 MOB	E	NEW CAP REL COSTS-BLDG & FIXT	3		40158	9 10
11	E	NEW CAP REL COSTS-BLDG & FIXT	3		26883	9 11
12						12
13 PASTORAL CARE	F	ADMINISTRATIVE & GENERAL	6.06	408832	164125	13
14						14
15 SHARED DIETARY	H	DIETARY	11	533200	1148989	15
16						16
17 DEPRECIATION	I	NEW CAP REL COSTS-BLDG & FIXT	3		7755325	9 17
18						18
19 NEUROMEG RESEARCH	J	NEURO MEG	54.01	266559	318792	19
20						20
21 INTEREST	K	INTEREST EXPENSE	88		5046860	10 21
22	K					22
23						23
24 ENT THERAPY	L	ENTEROSTOMAL THERAPY	60.06	20091	2528	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				4203312	33768962	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1404000					1404000		1
2 LAND IMPROVEMENTS	2266000					2266000		2
3 BUILDINGS AND FIXTURES	196824000	8115000		8115000	61000	204878000		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	35630000				1000	35629000		5
6 MOVABLE EQUIPMENT	110087000	455000		455000	1494000	109048000		6
7 SUBTOTAL	346211000	8570000		8570000	1556000	353225000		7
8 RECONCILING ITEMS								8
9 TOTAL	346211000	8570000		8570000	1556000	353225000		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-61011	PURCHASING/STOREROOM	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-20145	NON PATIENT TELEPHONES	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3227741			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	4124155			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1357988	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2270	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			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 PHYSICIAN APPLICATION FEES	B	-54965	CASHIERING/ACCTS. RECEIVABLE	6.05	38
39 ANSWERING SERVICE	A	-304408	NON PATIENT TELEPHONES	6.01	39
40					40
41 DAY CARE CENTER	B	-26034	EMPLOYEE BENEFITS	5	41
42					42
43 REAL ESTATE TAXES	A	-130373	ADMINISTRATIVE & GENERAL	6.06	43
43.01 BAD DEBTS	A	-12955515	ADMINISTRATIVE & GENERAL	6.06	43.01
44 WEIGHT MANAGEMENT	A	-159761	ADMINISTRATIVE & GENERAL	6.06	44
45 MISC INCOME	B	-103725	ADMINISTRATIVE & GENERAL	6.06	45
45.01 MISC INCOME	B	-9943	MAINTENANCE & REPAIRS	7	45.01
45.02 MISC INCOME	B	-94982	DIETARY	11	45.02
45.03 MISC INCOME	B	-31998	OPERATION OF PLANT	8	45.03
45.04 MISC INCOME	B	-27036	ADULTS & PEDIATRICS	25	45.04
45.05 MISC INCOME	B	-9645	RADIOLOGY-DIAGNOSTIC	41	45.05
45.06 MISC INCOME	B	-117965	LABORATORY	44	45.06
45.07 MISC INCOME	B	-4450	CLINIC	60	45.07
45.08 MISC INCOME	B	-9936	CENTRAL SERVICES & SUPPLY	15	45.08
45.09 MISC INCOME	B	-4604	WOUND CLINIC	60.05	45.09
45.10 CAT SCAN	B	-26967	CAT SCANNER	41.02	45.10
45.11 NEUROMEG DEPRECIATION	A	258412	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.11
46 NICOTENE DEPENDENCE	A	-166	ADULTS & PEDIATRICS	25	46
47 DRUG PREVENTION	A	-52177	ADULTS & PEDIATRICS	25	47
47.01 RENTAL INCOME	B	-70676	NEW CAP REL COSTS-BLDG & FIXT	3	9 47.01
47.02 SATELLITE DISH	B	-31630	OPERATION OF PLANT	8	47.02
48 NON ALLOW PAT TRANS	A	-156500	OPERATION OF PLANT	8	48
49 ANSWERING SERVICE CAPITAL COSTS	A	-4481	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49
49.01 ANSWERING SERVICE CAPITAL COSTS	A	-1956	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.01
49.02 ANSWERING SERVICE CAPITAL COSTS	A	-6781	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.02
49.03 PATIENT TELEPHONE CAPITAL COSTS	A	-3833	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.03

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49.04 PATIENT TELEPHONES CAPITAL COST	A	-10843	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.04
49.05 CONTRIBUTIONS	A	-9800	ADMINISTRATIVE & GENERAL	6.06	49.05
49.06 CONTRIBUTIONS	A	-500	ADULTS & PEDIATRICS	25	49.06
49.10 NONALLOW EXPENSES	A	-17702	ADMINISTRATIVE & GENERAL	6.06	49.10
49.11 PHYS GUAR FORGIVENESS	A	-171307	ADMINISTRATIVE & GENERAL	6.06	49.11
49.27 ALCOHOL EXPENSES	A	-5000	EMPLOYEE BENEFITS	5	49.27
49.29 IHHS LOBBYING EXPENSES	A	-75000	ADMINISTRATIVE & GENERAL	6.06	49.29
49.60 PASTORAL CARE	B	-9192	PARAMED ED PRGM-PASTORAL CARE	24	49.60
49.61 ADMIN PART B HBP FEES	A	-1693488	ADMINISTRATIVE & GENERAL	6.06	49.61
49.62 PART B FEES	A	-3909697	NONPAID WORKERS	99	49.62
49.63 NEURO MEG	A	440642	NEURO MEG	54.01	49.63
49.64 NEURO MEG OTHER	A	262552	NEURO MEG	54.01	49.64
50 TOTAL		-19886430			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	ADMINISTRATIVE & GENERAL				
2	3	NEW CAP REL COSTS-BLDG & FIXT	13852502	26883279	-13030777	1
3	6.03	PURCHASING/STOREROOM	3987294		3987294	9 2
4	6.06	ADMINISTRATIVE & GENERAL	1050782		1050782	3
4	6.06	ADMINISTRATIVE & GENERAL	1855779	1855779		4
4.01	6.02	DATA PROCESSING	7061959		7061959	4.01
4.02	25	ADULTS & PEDIATRICS	280819		280819	4.02
4.03	6.05	CASHIERING/ACCTS. RECEIVABLE	6040810		6040810	4.03
4.04	31	SUBPROVIDER I	214477		214477	9 4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	135439		135439	9 4.05
4.06	8	OPERATION OF PLANT	141049		141049	4.06
4.07	5	EMPLOYEE BENEFITS	514647	514647		4.07
4.08	88	INTEREST EXPENSE	5046860	6804557	-1757697	4.08
5		TOTALS	40182417	36058262	4124155	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B ALEXIAN BROS HEALTH	100.00				1
2	C AB REG. CANCER CTR.			100.00	CANCER TREATMENT	2
3						3
4						4
5						5

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

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

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:20

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2			3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	AGGREGATE	254841	254841		163400			
2	54.01	NEURO MEG		20928		20928	163400	170	13355	668
3	61	EMERGENCY	AGGREGATE	366000	366000		155000			
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	63945	63945					
5	60.02	OUTPATIENT IMAGING CENTE	AGGREGATE	13011	13011		163400			
6	33	NURSERY	AGGREGATE	153699	153699					
7	37	OPERATING ROOM	AGGREGATE	956824	956824					
8	53.01	CATH LAB	AGGREGATE	1411848	1411848					
9	31	SUBPROVIDER I		123450		123450	155000	2080	155000	7750
101		TOTAL		3364546	3220168	144378		2250	168355	8418

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:20

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.			12	13	14	15	16	17	18
10	11								
1	25	ADULTS & PEDIATRICS							254841
2	54.01	NEURO MEG					13355	7573	7573
3	61	EMERGENCY							366000
4	41	RADIOLOGY-DIAGNOSTIC							63945
5	60.02	OUTPATIENT IMAGING CENTE							13011
6	33	NURSERY							153699
7	37	OPERATING ROOM							956824
8	53.01	CATH LAB							1411848
9	31	SUBPROVIDER I					155000		
101		TOTAL					168355	7573	3227741

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING STOREROOM 6.03	ADMITTING 6.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	17664619	17664619							3
4 NEW CAP REL COSTS-MVBLE EQUIP	7736168		7736168						4
5 EMPLOYEE BENEFITS	24826204	186361	18317	25030882					5
6.01 NON PATIENT TELEPHONES	733038	75826	68299	98230	975393				6.01
6.02 DATA PROCESSING	7061959	294347	296874			7731048			6.02
6.03 PURCHASING/STOREROOM	1168660	143578	2112	21931	15881	241209	1593371		6.03
6.04 ADMITTING	1857725	126550	6303	314391	28176		1320	2334465	6.04
6.05 CASHIERING/ACCTS. RECEIVABLE	7051479	6243	9267	181679	36885	5875596	442		6.05
6.06 ADMINISTRATIVE & GENERAL	50810027	787508	120727	1491625	140880	1614243	3651		6.06
7 MAINTENANCE & REPAIRS	2832284	103378	192938	286774	32786		1025		7
8 OPERATION OF PLANT	7174088	3349591	283956	280148	3586		1388		8
9 LAUNDRY & LINEN SERVICE	1466519								9
10 HOUSEKEEPING	3806392	132401	27372	483191	9221		8384		10
11 DIETARY	3153509	398346	26518	274236	24077		4841		11
12 CAFETERIA	1079948	229274	19110	205809			6566		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1901217		222723	306482	9733		880		14
15 CENTRAL SERVICES & SUPPLY	1914224	382364	168982	209519	6147		11116		15
16 PHARMACY	4504655	106679	10343	635146	16905				16
17 MEDICAL RECORDS & LIBRARY	3737599	136519	19920	453622	41495		1868		17
17.01 MEDICAL TRANSCRIPTION									17.01
18 SOCIAL SERVICE	2214675		1839	363372	6147		126		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-PASTORAL CARE	209234			13743	8197		42		24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	33988523	2905003	700807	5503339	91187		56904	178048	25
26 INTENSIVE CARE UNIT	8697051	434363	292232	1350712	30225		23659	31862	26
31 SUBPROVIDER I	11597037	1275439	283977	1155981	25614		10532	36663	31
33 NURSERY	1706577	89945	21169	216895	10246		5900	13087	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	19767107	1155523	1137574	1595583	30225		248893	261398	37
37.01 GAMMA KNIFE	2213808		76080	57449	512		160	19306	37.01
37.02 ENDOSCOPY	3149647	227640	87452	291176	2561		23301	67475	37.02
37.03 IMPLANTS	13859519						403512	46788	37.03
38 RECOVERY ROOM	1681846	82951	46855	282962	6660		2317	31130	38
39 DELIVERY ROOM & LABOR ROOM	4506913	533917	37043	753585	12295		10391	22723	39
40 ANESTHESIOLOGY	1068267		97387		1025		30089	47050	40
41 RADIOLOGY-DIAGNOSTIC	2985396	484990	514369	415041	55839		3131	50734	41
41.01 ULTRASOUND	1484475	92658	109603	207196	1025		726	33404	41.01
41.02 CAT SCANNER	2437354	44907	63125	230515	1025		10645	177877	41.02
41.03 MRI	1578139	97397	67554	119112	9221		5362	63570	41.03
41.04 PET SCAN	909603	45659	20869	16442			4661	8701	41.04
41.05 RADIATION ONCOLOGY	1723123	323697	397221	202102			1044	29468	41.05
41.06 MAMMOGRAPHY	1342553	136846	127218	178815			5688	12340	41.06
43 RADIOISOTOPE	1581424	85794	106723	100221	6660		24225	31144	43
44 LABORATORY	11586910	512803	216459	1033859	44569		115856	332294	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	2847172	28467	3411	103114	2561		4514	16196	47
48 INTRAVENOUS THERAPY	2248205	27912	18201	280923			19383	5531	48
49 RESPIRATORY THERAPY	3279048	45365	88989	447622	8197		9706	79592	49
50 PHYSICAL THERAPY	2779807	104783	6378	393784	7684		776	31316	50
50.01 OP PHYSICAL THERAPY	1893526	35102	2373	318180	7684		1118	16979	50.01
50.02 IP PHYSICAL THERAPY	1451379	27814	1968	235497	5635		165	14475	50.02
53 ELECTROCARDIOLOGY	913543	76479	74404	121579	8197		1402	60329	53
53.01 CATH LAB	20240498	272874	469303	645844	10246		429436	173247	53.01
53.02 CARDIAC REHAB	729512		13515	105702	3586		1163	2390	53.02
54 ELECTROENCEPHALOGRAPHY	105306	60334	6280	16695	7684		310	3442	54
54.01 NEURO MEG	81096	15034	86476	33347	512			1132	54.01
54.02 SLEEP LAB	753641	193290	89492	117325	512		2740	11567	54.02
56 DRUGS CHARGED TO PATIENTS	16102741							240228	56
57 RENAL DIALYSIS	1036278		6571	3878			347	8570	57
59 PSYCHOLOGY	89859			14461			4	148	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1204886	125701	37300	182700	10246		5229	10694	60
60.01 DAY REHABILITATION	794245		4575	120243	512		72	6130	60.01
60.02 OUTPATIENT IMAGING CENTERS	4594205		283336	185257	5123		5006	62361	60.02
60.03 IMMEDIATE CARE CENTERS	1115670			136491	5123		2843	3968	60.03
60.04 COUMADIN CLINIC	183915			28544	512		591	725	60.04
60.05 WOUND CLINIC	1313170	72557	8710	83146	1537		4390	9668	60.05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING STOREROOM 6.03	ADMITTING 6.04	
60.06 ENTEROSTOMAL THERAPY									60.06
61 EMERGENCY	6566193	420309	135017	933475	50716		26815	80715	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	7228625		19536	998749	50204		15825		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	99401			1148			657		93
95 SUBTOTALS	358421416	16494518	7255152	24838587	973344	7731048	1561137	2334465	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	239648	64256		7972	2049		14		96
96.02 NON ALLOW CLINICS	414493		7846	52434			179		96.02
97 RESEARCH	708265	61380	166986	66811			84		97
97.01 EPILEPSY	8575		1561						97.01
98 PHYSICIANS' PRIVATE OFFICES	1130216	322030	285595	28209			215		98
99 NONPAID WORKERS	2545760	72002	12576	36869					99
99.01 RETAIL PHARMACY		650433	6452				31742		99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	363468373	17664619	7736168	25030882	975393	7731048	1593371	2334465	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON PATIENT TELEPHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING/STOREROOM									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCTS. RECEIVABLE	13161591								6.05
6.06 ADMINISTRATIVE & GENERAL		54968661	54968661						6.06
7 MAINTENANCE & REPAIRS		3449185	614579	4063764					7
8 OPERATION OF PLANT		11092757	1976519	853909	13923185				8
9 LAUNDRY & LINEN SERVICE		1466519	261306			1727825			9
10 HOUSEKEEPING		4466961	795928	33753	146407		5443049		10
11 DIETARY		3881527	691614	101550	440485		174030	5289206	11
12 CAFETERIA		1540707	274525	58448	253528		100166		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2441035	434946						14
15 CENTRAL SERVICES & SUPPLY		2692352	479726	97475	422812	3337	167048		15
16 PHARMACY		5273728	939678	27195	117964		46606		16
17 MEDICAL RECORDS & LIBRARY		4391023	782397	34802	150960		59643		17
17.01 MEDICAL TRANSCRIPTION									17.01
18 SOCIAL SERVICE		2586159	460804						18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-PASTORAL CARE		231216	41198						24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1003661	44427472	7916002	740567	3212301	646326	1269148	3840783	25
26 INTENSIVE CARE UNIT	179607	11039711	1967067	110731	480312	177401	189766	459886	26
31 SUBPROVIDER I	206671	14591914	2600002	325145	1410360	109425	557217	988537	31
33 NURSERY	73770	2137589	380878	22929	99460	36	39295		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1473508	25669811	4573873	294575	1277759	278577	504828		37
37.01 GAMMA KNIFE		108830	2476145	441202					37.01
37.02 ENDOSCOPY		380356	4229608	753636	58032	251721	99452		37.02
37.03 IMPLANTS		263747	14573566	2596733					37.03
38 RECOVERY ROOM		175479	2310200	411634	21146	91725	45676	36240	38
39 DELIVERY ROOM & LABOR ROOM		128093	6004960	1069970	136110	590397	60866	233259	39
40 ANESTHESIOLOGY		265220	1509038	268882					40
41 RADIOLOGY-DIAGNOSTIC		285990	4795490	854465	123637	536294	51779	211884	41
41.01 ULTRASOUND		188301	2117388	377278	23621	102459	49132	40480	41.01
41.02 CAT SCANNER		1002700	3968148	707049	11448	49658		19619	41.02
41.03 MRI		358349	2298704	409585	24829	107700		42551	41.03
41.04 PET SCAN		49048	1054983	187978	11640	50489		19948	41.04
41.05 RADIATION ONCOLOGY		166115	2842770	506528	82519	357939		141418	41.05
41.06 MAMMOGRAPHY		69561	1873021	333737	34886	151322		59785	41.06
43 RADIOISOTOPE		175559	2111750	376274	21871	94870		37482	43
44 LABORATORY		1875289	15718039	2800656	130728	567050		224035	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	91298	3096733	551779	7257	31479		12437		47
48 INTRAVENOUS THERAPY	31181	2631336	468854	7115	30864		12194		48
49 RESPIRATORY THERAPY	448663	4407182	785276	11565	50163		19819		49
50 PHYSICAL THERAPY	176527	3501055	623821	26712	115868	37648	45778		50
50.01 OP PHYSICAL THERAPY	95711	2370673	422409	8948	38815		15335		50.01
50.02 IP PHYSICAL THERAPY	81597	1818530	324027	7090	30756		12151		50.02
53 ELECTROCARDIOLOGY	340079	1596012	284379	19497	84570		33412		53
53.01 CATH LAB	976598	23218046	4137015	69563	301740	33339	119214		53.01
53.02 CARDIAC REHAB	13472	869340	154900						53.02
54 ELECTROENCEPHALOGRAPHY	19402	219453	39102	15381	66716	27312	26359		54
54.01 NEURO MEG	6383	223980	39909	3833	16625		6568		54.01
54.02 SLEEP LAB	65202	1233769	219834	49275	213737		84445		54.02
56 DRUGS CHARGED TO PATIENTS	1354174	17697143	3153295						56
57 RENAL DIALYSIS	48311	1103955	196704						57
59 PSYCHOLOGY	832	105304	18763						59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	60281	1637037	291689	32045	138998	71535	54916		60
60.01 DAY REHABILITATION	34553	960330	171113						60.01
60.02 OUTPATIENT IMAGING CENTERS	351531	5486819	977647						60.02
60.03 IMMEDIATE CARE CENTERS	22365	1286460	229223						60.03
60.04 COUMADIN CLINIC	4084	218371	38910						60.04
60.05 WOUND CLINIC	54502	1547680	275767	18497	80233		31699		60.05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY	454991	8668231	1544514	107149	464771	135436	183626	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		8312939	1481208					71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		101206	18033					93
95 SUBTOTALS	13161591	356543721	53734820	3765473	12629307	1727825	4931853	5289206
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		313939	55938	16381	71053		28072	96
96.02 NON ALLOW CLINICS		474952	84627					96.02
97 RESEARCH		1003526	178809	15647	67872		26816	97
97.01 EPILEPSY		10136	1806					97.01
98 PHYSICIANS' PRIVATE OFFICES		1766265	314715	82094	356096		140689	98
99 NONPAID WORKERS		2667207	475246	18355	79618		31456	99
99.01 RETAIL PHARMACY		688627	122700	165814	719239		284163	99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	13161591	363468373	54968661	4063764	13923185	1727825	5443049	5289206

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PASTORAL CARE 24	SUBTOTAL 25
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 NON PATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING/STOREROOM								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCTS. RECEIVABLE								6.05
6.06 ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	2227374							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	22239	2898220						14
15 CENTRAL SERVICES & SUPPLY	44744	89570	3997064					15
16 PHARMACY	59922	113369		6578462				16
17 MEDICAL RECORDS & LIBRARY	70560				5489385			17
17.01 MEDICAL TRANSCRIPTION								17.01
18 SOCIAL SERVICE	28486					3075449		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-PASTORAL CARE	1201						273615	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	640583	1238723	23851	13615	3986144	2233253	244356	70433124 25
26 INTENSIVE CARE UNIT	129561	250538	3486	3264	477291	267404	29259	15585677 26
31 SUBPROVIDER I	133392	257946	1750	1106	1025950	574792		22577536 31
33 NURSERY	34372	66468						2781027 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	168298	325446	430727	19228				33543122 37
37.01 GAMMA KNIFE		3711	7176					2928347 37.01
37.02 ENDOSCOPY	32450	62751	43812	853				5532315 37.02
37.03 IMPLANTS			1740903					18911202 37.03
38 RECOVERY ROOM	26110	50490	121	168				2993510 38
39 DELIVERY ROOM & LABOR ROOM	60148	116312						8272022 39
40 ANESTHESIOLOGY			2931	76343				1857194 40
41 RADIOLOGY-DIAGNOSTIC	50804		110	421				6624884 41
41.01 ULTRASOUND	15578			133				2726069 41.01
41.02 CAT SCANNER	22199		2534	2083				4782738 41.02
41.03 MRI	12094			162				2895625 41.03
41.04 PET SCAN	1468			79				1326585 41.04
41.05 RADIATION ONCOLOGY	16245		20	3520				3950959 41.05
41.06 MAMMOGRAPHY	18821		6207	513				2478292 41.06
43 RADIOISOTOPE	8089		1	768				2651105 43
44 LABORATORY	145445		1	12				19585966 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
47 BLOOD STORING, PROCESSING & TRA	11373							3711058 47
48 INTRAVENOUS THERAPY	23520		5275	8139				3187297 48
49 RESPIRATORY THERAPY	51619			80				5325704 49
50 PHYSICAL THERAPY	42689		265					4393836 50
50.01 OP PHYSICAL THERAPY	33598			131				2889909 50.01
50.02 IP PHYSICAL THERAPY	23160							2215714 50.02
53 ELECTROCARDIOLOGY	13549			174				2031593 53
53.01 CATH LAB	52967		1722207	1200				29655291 53.01
53.02 CARDIAC REHAB	10679			68				1034987 53.02
54 ELECTROENCEPHALOGRAPHY	2510							396833 54
54.01 NEURO MEG								290915 54.01
54.02 SLEEP LAB	15324							1816384 54.02
56 DRUGS CHARGED TO PATIENTS				5925646				26776084 56
57 RENAL DIALYSIS	280	542		80				1301561 57
59 PSYCHOLOGY	1322	2555						127944 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	18594	35957	468	3914				2285153 60
60.01 DAY REHABILITATION	12775	24703						1168921 60.01
60.02 OUTPATIENT IMAGING CENTERS	19662			59				6484187 60.02
60.03 IMMEDIATE CARE CENTERS	19275	37273	4	249				1572484 60.03
60.04 COUMADIN CLINIC	2923	5653						265857 60.04
60.05 WOUND CLINIC	8997	17398	1073	2274				1983618 60.05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	PARAMED ED	SUBTOTAL
	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS + LIBRARY 17	SERVICE 18	PASTORAL CARE 24	
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY	101022	195350	5471	8015				11413585
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			1082	128692				9923921
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE								119239
95 SUBTOTALS	2212358	2898220	3992299	6201102	5489385	3075449	273615	352809374
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1121							486504
96.02 NON ALLOW CLINICS	4151			907				564637
97 RESEARCH								1292670
97.01 EPILEPSY	1548							13490
98 PHYSICIANS' PRIVATE OFFICES	4699							2664558
99 NONPAID WORKERS	3497							3275379
99.01 RETAIL PHARMACY			4765	376453				2361761
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2227374	2898220	3997064	6578462	5489385	3075449	273615	363468373

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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 NON PATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING/STOREROOM			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCTS. RECEIVABLE			6.05
6.06 ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
17.01 MEDICAL TRANSCRIPTION			17.01
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-PASTORAL CARE			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	70433124		25
26 INTENSIVE CARE UNIT	15585677		26
31 SUBPROVIDER I	22577536		31
33 NURSERY	2781027		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	33543122		37
37.01 GAMMA KNIFE	2928347		37.01
37.02 ENDOSCOPY	5532315		37.02
37.03 IMPLANTS	18911202		37.03
38 RECOVERY ROOM	2993510		38
39 DELIVERY ROOM & LABOR ROOM	8272022		39
40 ANESTHESIOLOGY	1857194		40
41 RADIOLOGY-DIAGNOSTIC	6624884		41
41.01 ULTRASOUND	2726069		41.01
41.02 CAT SCANNER	4782738		41.02
41.03 MRI	2895625		41.03
41.04 PET SCAN	1326585		41.04
41.05 RADIATION ONCOLOGY	3950959		41.05
41.06 MAMMOGRAPHY	2478292		41.06
43 RADIOISOTOPE	2651105		43
44 LABORATORY	19585966		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	3711058		47
48 INTRAVENOUS THERAPY	3187297		48
49 RESPIRATORY THERAPY	5325704		49
50 PHYSICAL THERAPY	4393836		50
50.01 OP PHYSICAL THERAPY	2889909		50.01
50.02 IP PHYSICAL THERAPY	2215714		50.02
53 ELECTROCARDIOLOGY	2031593		53
53.01 CATH LAB	29655291		53.01
53.02 CARDIAC REHAB	1034987		53.02
54 ELECTROENCEPHALOGRAPHY	396833		54
54.01 NEURO MEG	290915		54.01
54.02 SLEEP LAB	1816384		54.02
56 DRUGS CHARGED TO PATIENTS	26776084		56
57 RENAL DIALYSIS	1301561		57
59 PSYCHOLOGY	127944		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	2285153		60
60.01 DAY REHABILITATION	1168921		60.01
60.02 OUTPATIENT IMAGING CENTERS	6484187		60.02
60.03 IMMEDIATE CARE CENTERS	1572484		60.03
60.04 COUMADIN CLINIC	265857		60.04
60.05 WOUND CLINIC	1983618		60.05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY		11413585	61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY		9923921	71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE		119239	93
95 SUBTOTALS		352809374	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		486504	96
96.02 NON ALLOW CLINICS		564637	96.02
97 RESEARCH		1292670	97
97.01 EPILEPSY		13490	97.01
98 PHYSICIANS' PRIVATE OFFICES		2664558	98
99 NONPAID WORKERS		3275379	99
99.01 RETAIL PHARMACY		2361761	99.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		363468373	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&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING STOREROOM 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		186361	18317	204678	204678				5
6.01 NON PATIENT TELEPHONES		75826	68299	144125	803	144928			6.01
6.02 DATA PROCESSING		294347	296874	591221		11570	602791		6.02
6.03 PURCHASING/STOREROOM		143578	2112	145690	179	2360	18807	167036	6.03
6.04 ADMITTING		126550	6303	132853	2570	4186		138	6.04
6.05 CASHIERING/ACCTS. RECEIVABLE		6243	9267	15510	1485	5480	458121	46	6.05
6.06 ADMINISTRATIVE & GENERAL		787508	120727	908235	12194	20932	125863	383	6.06
7 MAINTENANCE & REPAIRS		103378	192938	296316	2344	4872		107	7
8 OPERATION OF PLANT		3349591	283956	3633547	2290	533		145	8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING		132401	27372	159773	3950	1370		879	10
11 DIETARY		398346	26518	424864	2242	3578		507	11
12 CAFETERIA		229274	19110	248384	1683			688	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			222723	222723	2506	1446		92	14
15 CENTRAL SERVICES & SUPPLY		382364	168982	551346	1713	913		1165	15
16 PHARMACY		106679	10343	117022	5192	2512			16
17 MEDICAL RECORDS & LIBRARY		136519	19920	156439	3708	6166		196	17
17.01 MEDICAL TRANSCRIPTION									17.01
18 SOCIAL SERVICE			1839	1839	2971	913		13	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-PASTORAL CARE					112	1218		4	24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		2905003	700807	3605810	45041	13549		5965	25
26 INTENSIVE CARE UNIT		434363	292232	726595	11042	4491		2480	26
31 SUBPROVIDER I		1275439	283977	1559416	9450	3806		1104	31
33 NURSERY		89945	21169	111114	1773	1522		618	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1155523	1137574	2293097	13044	4491		26091	37
37.01 GAMMA KNIFE			76080	76080	470	76		17	37.01
37.02 ENDOSCOPY		227640	87452	315092	2380	381		2443	37.02
37.03 IMPLANTS								42299	37.03
38 RECOVERY ROOM		82951	46855	129806	2313	990		243	38
39 DELIVERY ROOM & LABOR ROOM		533917	37043	570960	6161	1827		1089	39
40 ANESTHESIOLOGY			97387	97387		152		3154	40
41 RADIOLOGY-DIAGNOSTIC		484990	514369	999359	3393	8297		328	41
41.01 ULTRASOUND		92658	109603	202261	1694	152		76	41.01
41.02 CAT SCANNER		44907	63125	108032	1884	152		1116	41.02
41.03 MRI		97397	67554	164951	974	1370		562	41.03
41.04 PET SCAN		45659	20869	66528	134			489	41.04
41.05 RADIATION ONCOLOGY		323697	397221	720918	1652			109	41.05
41.06 MAMMOGRAPHY		136846	127218	264064	1462			596	41.06
43 RADIOISOTOPE		85794	106723	192517	819	990		2539	43
44 LABORATORY		512803	216459	729262	8452	6622		12145	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		28467	3411	31878	843	381		473	47
48 INTRAVENOUS THERAPY		27912	18201	46113	2297			2032	48
49 RESPIRATORY THERAPY		45365	88989	134354	3659	1218		1017	49
50 PHYSICAL THERAPY		104783	6378	111161	3219	1142		81	50
50.01 OP PHYSICAL THERAPY		35102	2373	37475	2601	1142		117	50.01
50.02 IP PHYSICAL THERAPY		27814	1968	29782	1925	837		17	50.02
53 ELECTROCARDIOLOGY		76479	74404	150883	994	1218		147	53
53.01 CATH LAB		272874	469303	742177	5280	1522		45029	53.01
53.02 CARDIAC REHAB			13515	13515	864	533		122	53.02
54 ELECTROENCEPHALOGRAPHY		60334	6280	66614	136	1142		32	54
54.01 NEURO MEG		15034	86476	101510	273	76			54.01
54.02 SLEEP LAB		193290	89492	282782	959	76		287	54.02
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS			6571	6571	32			36	57
59 PSYCHOLOGY					118				59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		125701	37300	163001	1494	1522		548	60
60.01 DAY REHABILITATION			4575	4575	983	76		8	60.01
60.02 OUTPATIENT IMAGING CENTERS			283336	283336	1515	761		525	60.02
60.03 IMMEDIATE CARE CENTERS					1116	761		298	60.03
60.04 COUMADIN CLINIC					233	76		62	60.04
60.05 WOUND CLINIC		72557	8710	81267	680	228		460	60.05

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING STOREROOM 6.03	
60.06 ENTEROSTOMAL THERAPY									60.06
61 EMERGENCY		420309	135017	555326	7631	7536		2811	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY			19536	19536	8165	7460		1659	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE					9			69	93
95 SUBTOTALS		16494518	7255152	23749670	203106	144624	602791	163656	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		64256		64256	65	304		2	96
96.02 NON ALLOW CLINICS			7846	7846	429			19	96.02
97 RESEARCH		61380	166986	228366	546			9	97
97.01 EPILEPSY			1561	1561					97.01
98 PHYSICIANS' PRIVATE OFFICES		322030	285595	607625	231			23	98
99 NONPAID WORKERS		72002	12576	84578	301				99
99.01 RETAIL PHARMACY		650433	6452	656885				3327	99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		17664619	7736168	25400787	204678	144928	602791	167036	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	ADMINI- STRATIVE & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON PATIENT TELEPHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING/STOREROOM									6.03
6.04 ADMITTING	139747								6.04
6.05 CASHIERING/ACCTS. RECEIVABLE		480642							6.05
6.06 ADMINISTRATIVE & GENERAL			1067607						6.06
7 MAINTENANCE & REPAIRS			11938	315577					7
8 OPERATION OF PLANT			38392	66310	3741217				8
9 LAUNDRY & LINEN SERVICE			5076			5076			9
10 HOUSEKEEPING			15460	2621	39340		223393		10
11 DIETARY			13434	7886	118360		7143	578014	11
12 CAFETERIA			5332	4539	68124		4111		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			8448						14
15 CENTRAL SERVICES & SUPPLY			9318	7570	113611	10	6856		15
16 PHARMACY			18252	2112	31697		1913		16
17 MEDICAL RECORDS & LIBRARY			15197	2703	40564		2448		17
17.01 MEDICAL TRANSCRIPTION									17.01
18 SOCIAL SERVICE			8951						18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-PASTORAL CARE			800						24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10652	36624	153652	57510	863161	1900	52089	419728	25
26 INTENSIVE CARE UNIT	1906	6554	38208	8599	129062	521	7788	50257	26
31 SUBPROVIDER I	2194	7542	50503	25250	378970	321	22869	108029	31
33 NURSERY	783	2692	7398	1781	26725		1613		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	15639	53769	88843	22876	343339	818	20719		37
37.01 GAMMA KNIFE	1155	3971	8570						37.01
37.02 ENDOSCOPY	4037	13879	14639	4507	67638		4082		37.02
37.03 IMPLANTS	2799	9624	50439						37.03
38 RECOVERY ROOM	1862	6403	7996	1642	24647	134	1487		38
39 DELIVERY ROOM & LABOR ROOM	1360	4674	20783	10570	158642	179	9573		39
40 ANESTHESIOLOGY	2815	9678	5223						40
41 RADIOLOGY-DIAGNOSTIC	3035	10436	16597	9601	144104	152	8696		41
41.01 ULTRASOUND	1999	6871	7328	1834	27531	144	1661		41.01
41.02 CAT SCANNER	10642	36589	13734	889	13343		805		41.02
41.03 MRI	3803	13076	7956	1928	28939		1746		41.03
41.04 PET SCAN	521	1790	3651	904	13567		819		41.04
41.05 RADIATION ONCOLOGY	1763	6062	9839	6408	96180		5804		41.05
41.06 MAMMOGRAPHY	738	2538	6483	2709	40661		2454		41.06
43 RADIOISOTOPE	1863	6406	7309	1698	25492		1538		43
44 LABORATORY	19960	68798	54400	10152	152369		9195		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	969	3331	10718	564	8458		510		47
48 INTRAVENOUS THERAPY	331	1138	9107	553	8293		500		48
49 RESPIRATORY THERAPY	4762	16372	15253	898	13479		813		49
50 PHYSICAL THERAPY	1874	6442	12117	2074	31134	111	1879		50
50.01 OP PHYSICAL THERAPY	1016	3493	8205	695	10430		629		50.01
50.02 IP PHYSICAL THERAPY	866	2978	6294	551	8264		499		50.02
53 ELECTROCARDIOLOGY	3609	12410	5524	1514	22724		1371		53
53.01 CATH LAB	10365	35637	80358	5402	81079	98	4893		53.01
53.02 CARDIAC REHAB	143	492	3009						53.02
54 ELECTROENCEPHALOGRAPHY	206	708	760	1194	17927	80	1082		54
54.01 NEURO MEG	68	233	775	298	4467		270		54.01
54.02 SLEEP LAB	692	2379	4270	3827	57432		3466		54.02
56 DRUGS CHARGED TO PATIENTS	14373	49414	61250						56
57 RENAL DIALYSIS	513	1763	3821						57
59 PSYCHOLOGY	9	30	364						59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	640	2200	5666	2488	37349	210	2254		60
60.01 DAY REHABILITATION	367	1261	3324						60.01
60.02 OUTPATIENT IMAGING CENTERS	3731	12828	18990						60.02
60.03 IMMEDIATE CARE CENTERS	237	816	4452						60.03
60.04 COUMADIN CLINIC	43	149	756						60.04
60.05 WOUND CLINIC	578	1989	5357	1436	21559		1301		60.05

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE & 6.05	ADMINI- STRATIVE & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
60.06 ENTEROSTOMAL THERAPY									60.06
61 EMERGENCY	4829	16603	30001	8321	124886	398	7536		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY			28771						71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE			350						93
95 SUBTOTALS	139747	480642	1043641	292414	3393547	5076	202412	578014	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			1087	1272	19092		1152		96
96.02 NON ALLOW CLINICS			1644						96.02
97 RESEARCH			3473	1215	18238		1101		97
97.01 EPILEPSY			35						97.01
98 PHYSICIANS' PRIVATE OFFICES			6113	6375	95684		5774		98
99 NONPAID WORKERS			9231	1425	21394		1291		99
99.01 RETAIL PHARMACY			2383	12876	193262		11663		99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	139747	480642	1067607	315577	3741217	5076	223393	578014	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PASTORAL CARE 24	SUBTOTAL 25
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 NON PATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING/STOREROOM								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCTS. RECEIVABLE								6.05
6.06 ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	332861							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3323	238538						14
15 CENTRAL SERVICES & SUPPLY	6687	7372	706561					15
16 PHARMACY	8955	9331		196986				16
17 MEDICAL RECORDS & LIBRARY	10545				237966			17
17.01 MEDICAL TRANSCRIPTION								17.01
18 SOCIAL SERVICE	4257					18944		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-PASTORAL CARE	180						2314	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	95726	101952	4216	408	172800	13756		5654539 25
26 INTENSIVE CARE UNIT	19362	20621	616	98	20691	1647		1050538 26
31 SUBPROVIDER I	19934	21230	309	33	44475	3541		2258976 31
33 NURSERY	5137	5471						166627 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	25151	26786	76139	576				3011378 37
37.01 GAMMA KNIFE	555	591		3				91488 37.01
37.02 ENDOSCOPY	4849	5165	7745	26				446863 37.02
37.03 IMPLANTS			307742					412903 37.03
38 RECOVERY ROOM	3902	4156	21	5				185607 38
39 DELIVERY ROOM & LABOR ROOM	8989	9573						804380 39
40 ANESTHESIOLOGY			518	2286				121213 40
41 RADIOLOGY-DIAGNOSTIC	7592		19	13				1211622 41
41.01 ULTRASOUND	2328			4				253883 41.01
41.02 CAT SCANNER	3317		448	62				191013 41.02
41.03 MRI	1807			5				227117 41.03
41.04 PET SCAN	219			2				88624 41.04
41.05 RADIATION ONCOLOGY	2428		4	105				851272 41.05
41.06 MAMMOGRAPHY	2813		1097	15				325630 41.06
43 RADIOISOTOPE	1209			23				242403 43
44 LABORATORY	21736							1093091 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	1700							59825 47
48 INTRAVENOUS THERAPY	3515		932	244				75055 48
49 RESPIRATORY THERAPY	7714			2				199541 49
50 PHYSICAL THERAPY	6379		47					177660 50
50.01 OP PHYSICAL THERAPY	5021			4				70828 50.01
50.02 IP PHYSICAL THERAPY	3461							55474 50.02
53 ELECTROCARDIOLOGY	2025			5				202424 53
53.01 CATH LAB	7915		304434	36				1324225 53.01
53.02 CARDIAC REHAB	1596			2				20276 53.02
54 ELECTROENCEPHALOGRAPHY	375							90256 54
54.01 NEURO MEG								107970 54.01
54.02 SLEEP LAB	2290							358460 54.02
56 DRUGS CHARGED TO PATIENTS				177441				302478 56
57 RENAL DIALYSIS	42	45		2				12825 57
59 PSYCHOLOGY	197	210						928 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2779	2959	83	117				223310 60
60.01 DAY REHABILITATION	1909	2033						14536 60.01
60.02 OUTPATIENT IMAGING CENTERS	2938			2				324626 60.02
60.03 IMMEDIATE CARE CENTERS	2881	3068	1	7				13637 60.03
60.04 COUMADIN CLINIC	437	465						2221 60.04
60.05 WOUND CLINIC	1345	1432	190	68				117890 60.05

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	PARAMED ED	SUBTOTAL
	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS + LIBRARY 17	SERVICE 18	PASTORAL CARE 24	
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY	15097	16078	967	240				798260
62 OBSERVATION BEDS (NON-DISTINCT)								61
63.50 RHC								62
63.60 FQHC								63.50
OTHER REIMBURSABLE COST CENTERS								63.60
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			191	3853				69635
SPECIAL PURPOSE COST CENTERS								71
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE							428	93
95 SUBTOTALS	330617	238538	705719	185687	237966	18944	23311935	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	168							87398
96.02 NON ALLOW CLINICS	620			27				10585
97 RESEARCH								252948
97.01 EPILEPSY	231							1827
98 PHYSICIANS' PRIVATE OFFICES	702							722527
99 NONPAID WORKERS	523							118743
99.01 RETAIL PHARMACY			842	11272				892510
101 CROSS FOOT ADJUSTMENTS							2314	2314
102 NEGATIVE COST CENTER								101
103 TOTAL	332861	238538	706561	196986	237966	18944	2314	25400787

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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 NON PATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING/STOREROOM			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCTS. RECEIVABLE			6.05
6.06 ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
17.01 MEDICAL TRANSCRIPTION			17.01
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-PASTORAL CARE			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	5654539		25
26 INTENSIVE CARE UNIT	1050538		26
31 SUBPROVIDER I	2258976		31
33 NURSERY	166627		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	3011378		37
37.01 GAMMA KNIFE	91488		37.01
37.02 ENDOSCOPY	446863		37.02
37.03 IMPLANTS	412903		37.03
38 RECOVERY ROOM	185607		38
39 DELIVERY ROOM & LABOR ROOM	804380		39
40 ANESTHESIOLOGY	121213		40
41 RADIOLOGY-DIAGNOSTIC	1211622		41
41.01 ULTRASOUND	253883		41.01
41.02 CAT SCANNER	191013		41.02
41.03 MRI	227117		41.03
41.04 PET SCAN	88624		41.04
41.05 RADIATION ONCOLOGY	851272		41.05
41.06 MAMMOGRAPHY	325630		41.06
43 RADIOISOTOPE	242403		43
44 LABORATORY	1093091		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	59825		47
48 INTRAVENOUS THERAPY	75055		48
49 RESPIRATORY THERAPY	199541		49
50 PHYSICAL THERAPY	177660		50
50.01 OP PHYSICAL THERAPY	70828		50.01
50.02 IP PHYSICAL THERAPY	55474		50.02
53 ELECTROCARDIOLOGY	202424		53
53.01 CATH LAB	1324225		53.01
53.02 CARDIAC REHAB	20276		53.02
54 ELECTROENCEPHALOGRAPHY	90256		54
54.01 NEURO MEG	107970		54.01
54.02 SLEEP LAB	358460		54.02
56 DRUGS CHARGED TO PATIENTS	302478		56
57 RENAL DIALYSIS	12825		57
59 PSYCHOLOGY	928		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	223310		60
60.01 DAY REHABILITATION	14536		60.01
60.02 OUTPATIENT IMAGING CENTERS	324626		60.02
60.03 IMMEDIATE CARE CENTERS	13637		60.03
60.04 COUMADIN CLINIC	2221		60.04
60.05 WOUND CLINIC	117890		60.05

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY		798260	61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY		69635	71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE		428	93
95 SUBTOTALS		23311935	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		87398	96
96.02 NON ALLOW CLINICS		10585	96.02
97 RESEARCH		252948	97
97.01 EPILEPSY		1827	97.01
98 PHYSICIANS' PRIVATE OFFICES		722527	98
99 NONPAID WORKERS		118743	99
99.01 RETAIL PHARMACY		892510	99.01
101 CROSS FOOT ADJUSTMENTS		2314	101
102 NEGATIVE COST CENTER			102
103 TOTAL		25400787	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS	OLD CAP- REL COSTS	NEW CAP- REL COSTS	NEW CAP- REL COSTS	EMPLOYEE BENEFITS	NON PATIENT	DATA PROCESSING
	BLDG&FIXT (SQUARE FEET)	MOV EQUIP (DOLLAR VALUE)	BLDG&FIXT SQUARE FEET	MOV EQUIP (DOLLAR VALUE)	GROSS SALARIES	TELEPHONES NUMBER OF PHONES	TIME SPENT
	1	2	3	4	5	6.01	6.02
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	540476						1
2 OLD CAP REL COSTS-MVBLE EQUIP		8013612					2
3 NEW CAP REL COSTS-BLDG & FIXT			540476				3
4 NEW CAP REL COSTS-MVBLE EQUIP				8013612			4
5 EMPLOYEE BENEFITS	5702	18974	5702	18974	130670561		5
6.01 NON PATIENT TELEPHONES	2320	70748	2320	70748	512796	1904	6.01
6.02 DATA PROCESSING	9006	307521	9006	307521		152	10000 6.02
6.03 PURCHASING/STOREROOM	4393	2188	4393	2188	114488	31	312 6.03
6.04 ADMITTING	3872	6529	3872	6529	1641239	55	6.04
6.05 CASHIERING/ACCTS. RECEIVABLE	191	9599	191	9599	948433	72	7600 6.05
6.06 ADMINISTRATIVE & GENERAL	24095	125057	24095	125057	7786848	275	2088 6.06
7 MAINTENANCE & REPAIRS	3163	199857	3163	199857	1497068	64	7
8 OPERATION OF PLANT	102486	294140	102486	294140	1462481	7	8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING	4051	28354	4051	28354	2522439	18	10
11 DIETARY	12188	27469	12188	27469	1431614	47	11
12 CAFETERIA	7015	19795	7015	19795	1074401		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION		230711		230711	1599951	19	14
15 CENTRAL SERVICES & SUPPLY	11699	175042	11699	175042	1093770	12	15
16 PHARMACY	3264	10714	3264	10714	3315704	33	16
17 MEDICAL RECORDS & LIBRARY	4177	20634	4177	20634	2368080	81	17
17.01 MEDICAL TRANSCRIPTION							17.01
18 SOCIAL SERVICE		1905		1905	1896939	12	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-PASTORAL CARE					71743	16	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	88883	725940	88883	725940	28729387	178	25
26 INTENSIVE CARE UNIT	13290	302712	13290	302712	7051229	59	26
31 SUBPROVIDER I	39024	294161	39024	294161	6034658	50	31
33 NURSERY	2752	21928	2752	21928	1132276	20	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	35355	1178371	35355	1178371	8329548	59	37
37.01 GAMMA KNIFE		78809		78809	299907	1	37.01
37.02 ENDOSCOPY	6965	90588	6965	90588	1520049	5	37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM	2538	48535	2538	48535	1477171	13	38
39 DELIVERY ROOM & LABOR ROOM	16336	38372	16336	38372	3933999	24	39
40 ANESTHESIOLOGY		100880		100880		2	40
41 RADIOLOGY-DIAGNOSTIC	14839	532816	14839	532816	2166673	109	41
41.01 ULTRASOUND	2835	113534	2835	113534	1081643	2	41.01
41.02 CAT SCANNER	1374	65389	1374	65389	1203377	2	41.02
41.03 MRI	2980	69977	2980	69977	621811	18	41.03
41.04 PET SCAN	1397	21617	1397	21617	85833		41.04
41.05 RADIATION ONCOLOGY	9904	411467	9904	411467	1055047		41.05
41.06 MAMMOGRAPHY	4187	131781	4187	131781	933480		41.06
43 RADIOISOTOPE	2625	110550	2625	110550	523190	13	43
44 LABORATORY	15690	224222	15690	224222	5397134	87	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	871	3533	871	3533	538292	5	47
48 INTRAVENOUS THERAPY	854	18854	854	18854	1466524		48
49 RESPIRATORY THERAPY	1388	92180	1388	92180	2336755	16	49
50 PHYSICAL THERAPY	3206	6607	3206	6607	2055701	15	50
50.01 OP PHYSICAL THERAPY	1074	2458	1074	2458	1661019	15	50.01
50.02 IP PHYSICAL THERAPY	851	2039	851	2039	1229386	11	50.02
53 ELECTROCARDIOLOGY	2340	77072	2340	77072	634688	16	53
53.01 CATH LAB	8349	486134	8349	486134	3371552	20	53.01
53.02 CARDIAC REHAB		14000		14000	551805	7	53.02
54 ELECTROENCEPHALOGRAPHY	1846	6505	1846	6505	87152	15	54
54.01 NEURO MEG	460	89577	460	89577	174083	1	54.01
54.02 SLEEP LAB	5914	92702	5914	92702	612480	1	54.02
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS		6807		6807	20247		57
59 PSYCHOLOGY					75493		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	3846	38638	3846	38638	953762	20	60
60.01 DAY REHABILITATION		4739		4739	627712	1	60.01
60.02 OUTPATIENT IMAGING CENTERS		293497		293497	967114	10	60.02
60.03 IMMEDIATE CARE CENTERS					712537	10	60.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS	OLD CAP- REL COSTS	NEW CAP- REL COSTS	NEW CAP- REL COSTS	EMPLOYEE BENEFITS	NON PATIENT	DATA PROCESSING	
	BLDG&FIXT (SQUARE FEET)	MOV EQUIP (DOLLAR VALUE)	BLDG&FIXT SQUARE FEET	MOV EQUIP (DOLLAR VALUE)	GROSS SALARIES	TELEPHONES NUMBER OF PHONES	TIME SPENT	
	1	2	3	4	5	6.01	6.02	
60.04 COUMADIN CLINIC					149012	1		60.04
60.05 WOUND CLINIC	2220	9022	2220	9022	434055	3		60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY	12860	139859	12860	139859	4873092	99		61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		20237		20237	5213849	98		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE					5991			93
95 SUBTOTALS	504675	7515346	504675	7515346	129666707	1900	10000	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1966		1966		41619	4		96
96.02 NON ALLOW CLINICS		8127		8127	273726			96.02
97 RESEARCH	1878	172975	1878	172975	348779			97
97.01 EPILEPSY		1617		1617				97.01
98 PHYSICIANS' PRIVATE OFFICES	9853	295837	9853	295837	147261			98
99 NONPAID WORKERS	2203	13027	2203	13027	192469			99
99.01 RETAIL PHARMACY	19901	6683	19901	6683				99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I			17664619	7736168	25030882	975393	7731048	103
104 UNIT COST MULT-WS B PT I				.965378		512.286239		104
104 UNIT COST MULT-WS B PT I			32.683448		.191557		773.104800	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					204678	144928	602791	107
108 UNIT COST MULT-WS B PT III						76.117647		108
108 UNIT COST MULT-WS B PT III					.001566		60.279100	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING	ADMINI-	MAINTEN-	OPERATION	LAUNDRY	
	STOREROOM		ACCOUNTS	STRATIVE	ANCE AND	OF	AND LINEN	
	SUPPLY	GROSS	RECEIVABLE	RECON-	REPAIRS	PLANT	SERVICE	
	EXPENSE	REVENUE	GROSS	CILATION & GENERAL	SQUARE	SQUARE	(POUNDS OF	
	6.03	6.04	6.05	6A.06	6.06	7	8	9
			REVENUE	COST	FEET	FEET	LAUNDRY)	
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 NON PATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING/STOREROOM	54674045							6.03
6.04 ADMITTING	45278	1330428042						6.04
6.05 CASHIERING/ACCTS. RECEIVABLE	15171		1330428042					6.05
6.06 ADMINISTRATIVE & GENERAL	125290			-54968661	308499712			6.06
7 MAINTENANCE & REPAIRS	35160				3449185	487734		7
8 OPERATION OF PLANT	47626				11092757	102486	385248	8
9 LAUNDRY & LINEN SERVICE					1466519			9
10 HOUSEKEEPING	287674				4466961	4051	4051	10
11 DIETARY	166117				3881527	12188	12188	11
12 CAFETERIA	225319				1540707	7015	7015	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	30203				2441035			14
15 CENTRAL SERVICES & SUPPLY	381446				2692352	11699	11699	15
16 PHARMACY					5273728	3264	3264	16
17 MEDICAL RECORDS & LIBRARY	64105				4391023	4177	4177	17
17.01 MEDICAL TRANSCRIPTION								17.01
18 SOCIAL SERVICE	4318				2586159			18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-PASTORAL CARE	1448				231216			24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1952585	101451640	101451640		44427472	88883	88883	25
26 INTENSIVE CARE UNIT	811832	18154965	18154965		11039711	13290	13290	26
31 SUBPROVIDER I	361382	20890665	20890665		14591914	39024	39024	31
33 NURSERY	202442	7456754	7456754		2137589	2752	2752	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8540420	148944528	148944528		25669811	35355	35355	37
37.01 GAMMA KNIFE	5489	11000741	11000741		2476145			37.01
37.02 ENDOSCOPY	799526	38447031	38447031		4229608	6965	6965	37.02
37.03 IMPLANTS	13845922	26659958	26659958		14573566			37.03
38 RECOVERY ROOM	79498	17737651	17737651		2310200	2538	2538	38
39 DELIVERY ROOM & LABOR ROOM	356555	12947860	12947860		6004960	16336	16336	39
40 ANESTHESIOLOGY	1032459	26808859	26808859		1509038			40
41 RADIOLOGY-DIAGNOSTIC	107440	28908342	28908342		4795490	14839	14839	41
41.01 ULTRASOUND	24917	19033781	19033781		2117388	2835	2835	41.01
41.02 CAT SCANNER	365261	101354500	101354500		3968148	1374	1374	41.02
41.03 MRI	183986	36222458	36222458		2298704	2980	2980	41.03
41.04 PET SCAN	159927	4957864	4957864		1054983	1397	1397	41.04
41.05 RADIATION ONCOLOGY	35835	16791159	16791159		2842770	9904	9904	41.05
41.06 MAMMOGRAPHY	195164	7031333	7031333		1873021	4187	4187	41.06
43 RADIOISOTOPE	831240	17745743	17745743		2111750	2625	2625	43
44 LABORATORY	3975420	189590716	189590716		15718039	15690	15690	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	154899	9228499	9228499		3096733	871	871	47
48 INTRAVENOUS THERAPY	665086	3151776	3151776		2631336	854	854	48
49 RESPIRATORY THERAPY	333047	45351600	45351600		4407182	1388	1388	49
50 PHYSICAL THERAPY	26633	17843658	17843658		3501055	3206	3206	50
50.01 OP PHYSICAL THERAPY	38373	9674631	9674631		2370673	1074	1074	50.01
50.02 IP PHYSICAL THERAPY	5667	8248001	8248001		1818530	851	851	50.02
53 ELECTROCARDIOLOGY	48108	34375759	34375759		1596012	2340	2340	53
53.01 CATH LAB	14735304	98716110	98716110		23218046	8349	8349	53.01
53.02 CARDIAC REHAB	39894	1361794	1361794		869340			53.02
54 ELECTROENCEPHALOGRAPHY	10627	1961143	1961143		219453	1846	1846	54
54.01 NEURO MEG		645174	645174		223980	460	460	54.01
54.02 SLEEP LAB	94025	6590707	6590707		1233769	5914	5914	54.02
56 DRUGS CHARGED TO PATIENTS		136882081	136882081		17697143			56
57 RENAL DIALYSIS	11914	4883329	4883329		1103955			57
59 PSYCHOLOGY	121	84107	84107		105304			59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	179433	6093326	6093326		1637037	3846	3846	60
60.01 DAY REHABILITATION	2458	3492643	3492643		960330			60.01
60.02 OUTPATIENT IMAGING CENTERS	171776	35533295	35533295		5486819			60.02
60.03 IMMEDIATE CARE CENTERS	97544	2260687	2260687		1286460			60.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING	RECON-	ADMINI-	MAINTEN-	OPERATION	LAUNDRY	
	STOREROOM		ACCOUNTS		STRATIVE	ANCE AND	OF	AND LINEN	
	SUPPLY	GROSS	RECEIVABLE	CILATION	& GENERAL	REPAIRS	PLANT	SERVICE	
	EXPENSE	REVENUE	GROSS	6A.06	ACCUM	SQUARE	SQUARE	(POUNDS OF	
	6.03	6.04	REVENUE		COST	FEET	FEET	LAUNDRY)	
			6.05		6.06	7	8	9	
60.04 COUMADIN CLINIC	20285	412850	412850		218371				60.04
60.05 WOUND CLINIC	150651	5509102	5509102		1547680	2220	2220		60.05
60.06 ENTEROSTOMAL THERAPY									60.06
61 EMERGENCY	920117	45991222	45991222		8668231	12860	12860	161026	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	543000				8312939				71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	22533				101206				93
95 SUBTOTALS	53567950	1330428042	1330428042	-54968661	301575060	451933	349447	2054295	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	497				313939	1966	1966		96
96.02 NON ALLOW CLINICS	6155				474952				96.02
97 RESEARCH	2889				1003526	1878	1878		97
97.01 EPILEPSY					10136				97.01
98 PHYSICIANS' PRIVATE OFFICES	7375				1766265	9853	9853		98
99 NONPAID WORKERS					2667207	2203	2203		99
99.01 RETAIL PHARMACY	1089179				688627	19901	19901		99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1593371	2334465	13161591		54968661	4063764	13923185	1727825	103
104 UNIT COST MULT-WS B PT I	.029143		.009893		.178181		36.140837		104
104 UNIT COST MULT-WS B PT I		.001755				8.331927		.841079	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	167036	139747	480642		1067607	315577	3741217	5076	107
108 UNIT COST MULT-WS B PT III	.003055		.000361		.003461		9.711191		108
108 UNIT COST MULT-WS B PT III		.000105				.647027		.002471	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	MEDICAL TRANSCRIPTION		
	SQUARE FEET	PATIENT DAYS	(FULL TIME EQUIV'S)		SUPPLY EXPENSE	(COSTED REQUIS)	PATIENT DAYS	PATIENT DAYS		
	10	11	12	14	15	16	17	17.01		
GENERAL SERVICE COST CENTERS										
1								1		
2								2		
3								3		
4								4		
5								5		
6.01								6.01		
6.02								6.02		
6.03								6.03		
6.04								6.04		
6.05								6.05		
6.06								6.06		
7								7		
8								8		
9								9		
10	HOUSEKEEPING	381197						10		
11	DIETARY	12188	101992					11		
12	CAFETERIA	7015		166863				12		
13	MAINTENANCE OF PERSONNEL							13		
14	NURSING ADMINISTRATION			1666	112279			14		
15	CENTRAL SERVICES & SUPPLY	11699		3352	3470	30723916		15		
16	PHARMACY	3264		4489	4392		18094930	16		
17	MEDICAL RECORDS & LIBRARY	4177		5286				17		
17.01	MEDICAL TRANSCRIPTION						101992	17.01		
18	SOCIAL SERVICE			2134				18		
20	NONPHYSICIAN ANESTHETISTS							20		
21	NURSING SCHOOL							21		
22	I&R SERVICES-SALARY & FRINGES							22		
23	I&R SERVICES-OTHER PRGM COSTS							23		
24	PARAMED ED PRGM-PASTORAL CARE			90				24		
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	88883	74062	47989	47989	183335	37449	74062	74062	25
26	INTENSIVE CARE UNIT	13290	8868	9706	9706	26796	8977	8868	8868	26
31	SUBPROVIDER I	39024	19062	9993	9993	13452	3041	19062	19062	31
33	NURSERY	2752		2575	2575					33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	35355		12608	12608	3310843	52890			37
37.01	GAMMA KNIFE			278	278		310			37.01
37.02	ENDOSCOPY	6965		2431	2431	336769	2346			37.02
37.03	IMPLANTS					13381631				37.03
38	RECOVERY ROOM	2538		1956	1956	929	463			38
39	DELIVERY ROOM & LABOR ROOM	16336		4506	4506					39
40	ANESTHESIOLOGY					22528	209991			40
41	RADIOLOGY-DIAGNOSTIC	14839		3806		847	1159			41
41.01	ULTRASOUND	2835		1167			367			41.01
41.02	CAT SCANNER	1374		1663		19480	5729			41.02
41.03	MRI	2980		906			445			41.03
41.04	PET SCAN	1397		110			218			41.04
41.05	RADIATION ONCOLOGY	9904		1217		157	9681			41.05
41.06	MAMMOGRAPHY	4187		1410		47713	1410			41.06
43	RADIOISOTOPE	2625		606		7	2113			43
44	LABORATORY	15690		10896		9	32			44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	871		852						47
48	INTRAVENOUS THERAPY	854		1762		40547	22388			48
49	RESPIRATORY THERAPY	1388		3867			219			49
50	PHYSICAL THERAPY	3206		3198		2035				50
50.01	OP PHYSICAL THERAPY	1074		2517			360			50.01
50.02	IP PHYSICAL THERAPY	851		1735						50.02
53	ELECTROCARDIOLOGY	2340		1015			478			53
53.01	CATH LAB	8349		3968		13237969	3300			53.01
53.02	CARDIAC REHAB			800			187			53.02
54	ELECTROENCEPHALOGRAPHY	1846		188						54
54.01	NEURO MEG	460								54.01
54.02	SLEEP LAB	5914		1148						54.02
56	DRUGS CHARGED TO PATIENTS						16299275			56
57	RENAL DIALYSIS			21	21		221			57
59	PSYCHOLOGY			99	99					59
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC	3846		1393	1393	3599	10767			60
60.01	DAY REHABILITATION			957	957					60.01
60.02	OUTPATIENT IMAGING CENTERS			1473			162			60.02
60.03	IMMEDIATE CARE CENTERS			1444	1444	27	686			60.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINI-STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	MEDICAL TRANSCRIP-TION	
	SQUARE FEET	PATIENT DAYS	(FULL TIME EQUIV'S)		SUPPLY EXPENSE	(COSTED REQUIS)	PATIENT DAYS	PATIENT DAYS	
	10	11	12	14	15	16	17	17.01	
60.04 COUMADIN CLINIC				219	219				60.04
60.05 WOUND CLINIC	2220			674	674	8248	6255		60.05
60.06 ENTEROSTOMAL THERAPY									60.06
61 EMERGENCY	12860		7568	7568	42051	22047			61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY						8317	353985		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE									93
95 SUBTOTALS	345396	101992	165738	112279	30687289	17056951	101992	101992	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	1966		84						96
96.02 NON ALLOW CLINICS			311			2495			96.02
97 RESEARCH	1878								97
97.01 EPILEPSY			116						97.01
98 PHYSICIANS' PRIVATE OFFICES	9853		352						98
99 NONPAID WORKERS	2203		262						99
99.01 RETAIL PHARMACY	19901				36627	1035484			99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	5443049	5289206	2227374	2898220	3997064	6578462	5489385		103
104 UNIT COST MULT-WS B PT I	14.278835		13.348519		.130096		53.821721		104
104 UNIT COST MULT-WS B PT I		51.859028		25.812663		.363553			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	223393	578014	332861	238538	706561	196986	237966		107
108 UNIT COST MULT-WS B PT III	.586030		1.994816		.022997		2.333183		108
108 UNIT COST MULT-WS B PT III		5.667248		2.124511		.010886			108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED ED PASTORAL CARE	
	PATIENT DAYS	PATIENT DAYS	
	18	24	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 NON PATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING/STOREROOM			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCTS. RECEIVABLE			6.05
6.06 ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
17.01 MEDICAL TRANSCRIPTION			17.01
18 SOCIAL SERVICE	101992		18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES			22
23 I&R SERVICES-OTHER PRGM COSTS			23
24 PARAMED ED PRGM-PASTORAL CARE		82930	24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	74062	74062	25
26 INTENSIVE CARE UNIT	8868	8868	26
31 SUBPROVIDER I	19062		31
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM			37
37.01 GAMMA KNIFE			37.01
37.02 ENDOSCOPY			37.02
37.03 IMPLANTS			37.03
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC			41
41.01 ULTRASOUND			41.01
41.02 CAT SCANNER			41.02
41.03 MRI			41.03
41.04 PET SCAN			41.04
41.05 RADIATION ONCOLOGY			41.05
41.06 MAMMOGRAPHY			41.06
43 RADIOISOTOPE			43
44 LABORATORY			44
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
47 BLOOD STORING, PROCESSING & T			47
48 INTRAVENOUS THERAPY			48
49 RESPIRATORY THERAPY			49
50 PHYSICAL THERAPY			50
50.01 OP PHYSICAL THERAPY			50.01
50.02 IP PHYSICAL THERAPY			50.02
53 ELECTROCARDIOLOGY			53
53.01 CATH LAB			53.01
53.02 CARDIAC REHAB			53.02
54 ELECTROENCEPHALOGRAPHY			54
54.01 NEURO MEG			54.01
54.02 SLEEP LAB			54.02
56 DRUGS CHARGED TO PATIENTS			56
57 RENAL DIALYSIS			57
59 PSYCHOLOGY			59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
60.01 DAY REHABILITATION			60.01
60.02 OUTPATIENT IMAGING CENTERS			60.02
60.03 IMMEDIATE CARE CENTERS			60.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED ED PASTORAL CARE	
	PATIENT DAYS	PATIENT DAYS	
	18	24	
60.04 COUMADIN CLINIC			60.04
60.05 WOUND CLINIC			60.05
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY			61
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE			93
95 SUBTOTALS	101992	82930	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
96.02 NON ALLOW CLINICS			96.02
97 RESEARCH			97
97.01 EPILEPSY			97.01
98 PHYSICIANS' PRIVATE OFFICES			98
99 NONPAID WORKERS			99
99.01 RETAIL PHARMACY			99.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	3075449	273615	103
104 UNIT COST MULT-WS B PT I	30.153826		104
104 UNIT COST MULT-WS B PT I		3.299349	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	18944	2314	107
108 UNIT COST MULT-WS B PT III	.185740		108
108 UNIT COST MULT-WS B PT III		.027903	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	70433124		70433124		70433124	25
26 INTENSIVE CARE UNIT	15585677		15585677		15585677	26
31 SUBPROVIDER I	22577536		22577536		22577536	31
33 NURSERY	2781027		2781027		2781027	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	33543122		33543122		33543122	37
37.01 GAMMA KNIFE	2928347		2928347		2928347	37.01
37.02 ENDOSCOPY	5532315		5532315		5532315	37.02
37.03 IMPLANTS	18911202		18911202		18911202	37.03
38 RECOVERY ROOM	2993510		2993510		2993510	38
39 DELIVERY ROOM & LABOR ROOM	8272022		8272022		8272022	39
40 ANESTHESIOLOGY	1857194		1857194		1857194	40
41 RADIOLOGY-DIAGNOSTIC	6624884		6624884		6624884	41
41.01 ULTRASOUND	2726069		2726069		2726069	41.01
41.02 CAT SCANNER	4782738		4782738		4782738	41.02
41.03 MRI	2895625		2895625		2895625	41.03
41.04 PET SCAN	1326585		1326585		1326585	41.04
41.05 RADIATION ONCOLOGY	3950959		3950959		3950959	41.05
41.06 MAMMOGRAPHY	2478292		2478292		2478292	41.06
43 RADIOISOTOPE	2651105		2651105		2651105	43
44 LABORATORY	19585966		19585966		19585966	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3711058		3711058		3711058	47
48 INTRAVENOUS THERAPY	3187297		3187297		3187297	48
49 RESPIRATORY THERAPY	5325704		5325704		5325704	49
50 PHYSICAL THERAPY	4393836		4393836		4393836	50
50.01 OP PHYSICAL THERAPY	2889909		2889909		2889909	50.01
50.02 IP PHYSICAL THERAPY	2215714		2215714		2215714	50.02
53 ELECTROCARDIOLOGY	2031593		2031593		2031593	53
53.01 CATH LAB	29655291		29655291		29655291	53.01
53.02 CARDIAC REHAB	1034987		1034987		1034987	53.02
54 ELECTROENCEPHALOGRAPHY	396833		396833		396833	54
54.01 NEURO MEG	290915		290915	7573	298488	54.01
54.02 SLEEP LAB	1816384		1816384		1816384	54.02
56 DRUGS CHARGED TO PATIENTS	26776084		26776084		26776084	56
57 RENAL DIALYSIS	1301561		1301561		1301561	57
59 PSYCHOLOGY	127944		127944		127944	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2285153		2285153		2285153	60
60.01 DAY REHABILITATION	1168921		1168921		1168921	60.01
60.02 OUTPATIENT IMAGING CENTERS	6484187		6484187		6484187	60.02
60.03 IMMEDIATE CARE CENTERS	1572484		1572484		1572484	60.03
60.04 COUMADIN CLINIC	265857		265857		265857	60.04
60.05 WOUND CLINIC	1983618		1983618		1983618	60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	11413585		11413585		11413585	61
62 OBSERVATION BEDS (NON-DISTI	3544825		3544825		3544825	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	346311039		346311039	7573	346318612	101
102 LESS OBSERVATION BEDS	3544825		3544825		3544825	102
103 TOTAL	342766214		342766214	7573	342773787	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	97431725		97431725			25
26 INTENSIVE CARE UNIT	18154965		18154965			26
31 SUBPROVIDER I	20890665		20890665			31
33 NURSERY	7456754		7456754			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	82472633	66471895	148944528	.225205	.225205	.225205 37
37.01 GAMMA KNIFE	278110	10722631	11000741	.266195	.266195	.266195 37.01
37.02 ENDOSCOPY	8370557	30076474	38447031	.143894	.143894	.143894 37.02
37.03 IMPLANTS	18243342	8416616	26659958	.709349	.709349	.709349 37.03
38 RECOVERY ROOM	9481542	8256109	17737651	.168766	.168766	.168766 38
39 DELIVERY ROOM & LABOR ROOM	11885841	1062019	12947860	.638872	.638872	.638872 39
40 ANESTHESIOLOGY	13186466	13622393	26808859	.069275	.069275	.069275 40
41 RADIOLOGY-DIAGNOSTIC	12599667	16308675	28908342	.229169	.229169	.229169 41
41.01 ULTRASOUND	7600514	11433267	19033781	.143223	.143223	.143223 41.01
41.02 CAT SCANNER	40225346	61129154	101354500	.047188	.047188	.047188 41.02
41.03 MRI	14967036	21255422	36222458	.079940	.079940	.079940 41.03
41.04 PET SCAN	38618	4919246	4957864	.267572	.267572	.267572 41.04
41.05 RADIATION ONCOLOGY	1244946	15546213	16791159	.235300	.235300	.235300 41.05
41.06 MAMMOGRAPHY	22649	7008684	7031333	.352464	.352464	.352464 41.06
43 RADIOISOTOPE	7525844	10219899	17745743	.149394	.149394	.149394 43
44 LABORATORY	93749894	95840822	189590716	.103307	.103307	.103307 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	7667978	1560521	9228499	.402130	.402130	.402130 47
48 INTRAVENOUS THERAPY	3087865	63911	3151776	1.011270	1.011270	1.011270 48
49 RESPIRATORY THERAPY	43670631	1680969	45351600	.117431	.117431	.117431 49
50 PHYSICAL THERAPY	17843658		17843658	.246241	.246241	.246241 50
50.01 OP PHYSICAL THERAPY	530	9674101	9674631	.298710	.298710	.298710 50.01
50.02 IP PHYSICAL THERAPY	8072716	175285	8248001	.268636	.268636	.268636 50.02
53 ELECTROCARDIOLOGY	19226730	15149029	34375759	.059100	.059100	.059100 53
53.01 CATH LAB	80689647	18026463	98716110	.300410	.300410	.300410 53.01
53.02 CARDIAC REHAB	165280	1196514	1361794	.760017	.760017	.760017 53.02
54 ELECTROENCEPHALOGRAPHY	826644	1134499	1961143	.202348	.202348	.202348 54
54.01 NEURO MEG	30740	614434	645174	.450909	.450909	.462647 54.01
54.02 SLEEP LAB	12535	6578172	6590707	.275598	.275598	.275598 54.02
56 DRUGS CHARGED TO PATIENTS	100104222	36777859	136882081	.195614	.195614	.195614 56
57 RENAL DIALYSIS	4511355	371974	4883329	.266531	.266531	.266531 57
59 PSYCHOLOGY		84107	84107	1.521205	1.521205	1.521205 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	224474	5868852	6093326	.375026	.375026	.375026 60
60.01 DAY REHABILITATION	1950	3490693	3492643	.334681	.334681	.334681 60.01
60.02 OUTPATIENT IMAGING CENTERS	340444	35192851	35533295	.182482	.182482	.182482 60.02
60.03 IMMEDIATE CARE CENTERS	28572	2232115	2260687	.695578	.695578	.695578 60.03
60.04 COUMADIN CLINIC	780	412070	412850	.643955	.643955	.643955 60.04
60.05 WOUND CLINIC	7908	5501194	5509102	.360062	.360062	.360062 60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	17972811	28018411	45991222	.248169	.248169	.248169 61
62 OBSERVATION BEDS (NON-DISTI		4019915	4019915	.881816	.881816	.881816 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	770314584	560113458	1330428042			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	770314584	560113458	1330428042			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				5654539		5654539
26 INTENSIVE CARE UNIT				1050538		1050538
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				2258976		2258976
33 NURSERY				166627		166627
101 TOTAL				9130680		9130680

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	77987	41787			72.51	3029975
26 INTENSIVE CARE UNIT	8868	5034			118.46	596328
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	19062	11868			118.51	1406477
33 NURSERY	7426				22.44	
101 TOTAL	113343	58689				5032780

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3011378	148944528	35826848			.020218	724347 37
37.01 GAMMA KNIFE		91488	11000741	85062			.008317	707 37.01
37.02 ENDOSCOPY		446863	38447031	5083253			.011623	59083 37.02
37.03 IMPLANTS		412903	26659958	7872251			.015488	121925 37.03
38 RECOVERY ROOM		185607	17737651	4178183			.010464	43721 38
39 DELIVERY ROOM & LABOR ROOM		804380	12947860				.062125	39
40 ANESTHESIOLOGY		121213	26808859	5595630			.004521	25298 40
41 RADIOLOGY-DIAGNOSTIC		1211622	28908342	7884413			.041913	330459 41
41.01 ULTRASOUND		253883	19033781	4453874			.013339	59410 41.01
41.02 CAT SCANNER		191013	101354500	24198019			.001885	45613 41.02
41.03 MRI		227117	36222458	7840409			.006270	49159 41.03
41.04 PET SCAN		88624	4957864	37844			.017875	676 41.04
41.05 RADIATION ONCOLOGY		851272	16791159	780376			.050698	39564 41.05
41.06 MAMMOGRAPHY		325630	7031333	4562			.046311	211 41.06
43 RADIOISOTOPE		242403	17745743	4884181			.013660	66718 43
44 LABORATORY		1093091	189590716	50903486			.005766	293510 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		59825	9228499	3840839			.006483	24900 47
48 INTRAVENOUS THERAPY		75055	3151776	1876866			.023814	44696 48
49 RESPIRATORY THERAPY		199541	45351600	27255081			.004400	119922 49
50 PHYSICAL THERAPY		177660	17843658				.009956	50
50.01 OP PHYSICAL THERAPY		70828	9674631				.007321	50.01
50.02 IP PHYSICAL THERAPY		55474	8248001	5554695			.006726	37361 50.02
53 ELECTROCARDIOLOGY		202424	34375759	11828391			.005889	69657 53
53.01 CATH LAB		1324225	98716110	46790412			.013414	627647 53.01
53.02 CARDIAC REHAB		20276	1361794	76951			.014889	1146 53.02
54 ELECTROENCEPHALOGRAPHY		90256	1961143	486019			.046022	22368 54
54.01 NEURO MEG		107970	645174	12556			.167350	2101 54.01
54.02 SLEEP LAB		358460	6590707	10231			.054389	556 54.02
56 DRUGS CHARGED TO PATIENTS		302478	136882081	51922921			.002210	114750 56
57 RENAL DIALYSIS		12825	4883329	2939172			.002626	7718 57
59 PSYCHOLOGY		928	84107				.011034	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		223310	6093326	123552			.036648	4528 60
60.01 DAY REHABILITATION		14536	3492643				.004162	60.01
60.02 OUTPATIENT IMAGING CENTERS		324626	35533295	147332			.009136	1346 60.02
60.03 IMMEDIATE CARE CENTERS		13637	2260687	9275			.006032	56 60.03
60.04 COUMADIN CLINIC		2221	412850				.005380	60.04
60.05 WOUND CLINIC		117890	5509102	7386			.021399	158 60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY		798260	45991222	8784525			.017357	152473 61
62 OBSERVATION BEDS (NON-DISTINC		284586	4019915				.070794	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		14395778	1186493933	321294595				3091784 101

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			244356			244356	25
26 INTENSIVE CARE UNIT			29259			29259	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			273615			273615	101

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:20

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	77987	3.13	41787	130793	25
26 INTENSIVE CARE UNIT	8868	3.30	5034	16612	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	19062		11868		31
33 NURSERY	7426				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	113343		58689	147405	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCANNER							41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				12297			12297
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				12297			12297 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		148944528			35826848		10335537
37.01 GAMMA KNIFE		11000741			85062		3808363
37.02 ENDOSCOPY		38447031			5083253		9854314
37.03 IMPLANTS		26659958			7872251		2333690
38 RECOVERY ROOM		17737651			4178183		1442447
39 DELIVERY ROOM & LABOR ROOM		12947860					
40 ANESTHESIOLOGY		26808859			5595630		2160481
41 RADIOLOGY-DIAGNOSTIC		28908342			7884413		3982797
41.01 ULTRASOUND		19033781			4453874		2436821
41.02 CAT SCANNER		101354500			24198019		15755222
41.03 MRI		36222458			7840409		5103720
41.04 PET SCAN		4957864			37844		2104971
41.05 RADIATION ONCOLOGY		16791159			780376		6519069
41.06 MAMMOGRAPHY		7031333			4562		750334
43 RADIOISOTOPE		17745743			4884181		3399303
44 LABORATORY		189590716			50903486		2347463
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		9228499			3840839		459064
48 INTRAVENOUS THERAPY		3151776			1876866		23166
49 RESPIRATORY THERAPY		45351600			27255081		390521
50 PHYSICAL THERAPY		17843658					
50.01 OP PHYSICAL THERAPY		9674631					86
50.02 IP PHYSICAL THERAPY		8248001			5554695		
53 ELECTROCARDIOLOGY		34375759			11828391		3816829
53.01 CATH LAB		98716110			46790412		8411811
53.02 CARDIAC REHAB		1361794			76951		484812
54 ELECTROENCEPHALOGRAPHY		1961143			486019		315795
54.01 NEURO MEG		645174			12556		52724
54.02 SLEEP LAB		6590707			10231		1361248
56 DRUGS CHARGED TO PATIENTS		136882081			51922921		12364121
57 RENAL DIALYSIS		4883329			2939172		188603
59 PSYCHOLOGY		84107					
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6093326			123552		2402787
60.01 DAY REHABILITATION		3492643					
60.02 OUTPATIENT IMAGING CENTERS		35533295			147332		9231594
60.03 IMMEDIATE CARE CENTERS		2260687			9275		188105
60.04 COUMADIN CLINIC		412850					251757
60.05 WOUND CLINIC		5509102			7386		2774460
60.06 ENTEROSTOMAL THERAPY							
61 EMERGENCY		45991222			8784525		4601001
62 OBSERVATION BEDS (NON-DISTINC	12297	4019915	.003059	.003059			958285
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	12297	1186493933			321294595		120611301

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC			2931		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			2931		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0258) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.225205	.225205	.225205			37
37.01 GAMMA KNIFE	.266195	.266195	.266195			37.01
37.02 ENDOSCOPY	.143894	.143894	.143894			37.02
37.03 IMPLANTS	.709349	.709349	.709349			37.03
38 RECOVERY ROOM	.168766	.168766	.168766			38
39 DELIVERY ROOM & LABOR ROOM	.638872	.638872	.638872			39
40 ANESTHESIOLOGY	.069275	.069275	.069275			40
41 RADIOLOGY-DIAGNOSTIC	.229169	.229169	.229169			41
41.01 ULTRASOUND	.143223	.143223	.143223			41.01
41.02 CAT SCANNER	.047188	.047188	.047188			41.02
41.03 MRI	.079940	.079940	.079940			41.03
41.04 PET SCAN	.267572	.267572	.267572			41.04
41.05 RADIATION ONCOLOGY	.235300	.235300	.235300			41.05
41.06 MAMMOGRAPHY	.352464	.352464	.352464			41.06
43 RADIOISOTOPE	.149394	.149394	.149394			43
44 LABORATORY	.103307	.103307	.103307			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.402130	.402130	.402130			47
48 INTRAVENOUS THERAPY	1.011270	1.011270	1.011270			48
49 RESPIRATORY THERAPY	.117431	.117431	.117431			49
50 PHYSICAL THERAPY	.246241	.246241	.246241			50
50.01 OP PHYSICAL THERAPY	.298710	.298710	.298710			50.01
50.02 IP PHYSICAL THERAPY	.268636	.268636	.268636			50.02
53 ELECTROCARDIOLOGY	.059100	.059100	.059100			53
53.01 CATH LAB	.300410	.300410	.300410			53.01
53.02 CARDIAC REHAB	.760017	.760017	.760017			53.02
54 ELECTROENCEPHALOGRAPHY	.202348	.202348	.202348			54
54.01 NEURO MEG	.450909	.450909	.450909			54.01
54.02 SLEEP LAB	.275598	.275598	.275598			54.02
56 DRUGS CHARGED TO PATIENTS	.195614	.195614	.195614			56
57 RENAL DIALYSIS	.266531	.266531	.266531			57
59 PSYCHOLOGY	1.521205	1.521205	1.521205			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.375026	.375026	.375026			60
60.01 DAY REHABILITATION	.334681	.334681	.334681			60.01
60.02 OUTPATIENT IMAGING CENTERS	.182482	.182482	.182482			60.02
60.03 IMMEDIATE CARE CENTERS	.695578	.695578	.695578			60.03
60.04 COUMADIN CLINIC	.643955	.643955	.643955			60.04
60.05 WOUND CLINIC	.360062	.360062	.360062			60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	.248169	.248169	.248169			61
62 OBSERVATION BEDS (NON-DISTINCT	.881816	.881816	.881816			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.195614	1
2 PROGRAM VACCINE CHARGES		2	31929	2
2.01 PROGRAM VACCINE CHARGES		2.01		2.01
3 PROGRAM COSTS		3	6246	3
3.01 PROGRAM COSTS		3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0258) [] 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 CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		10335537						37
37.01 GAMMA KNIFE		3808363						37.01
37.02 ENDOSCOPY		9854314						37.02
37.03 IMPLANTS		2333690						37.03
38 RECOVERY ROOM		1442447						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		2160481						40
41 RADIOLOGY-DIAGNOSTIC		3982797						41
41.01 ULTRASOUND		2436821						41.01
41.02 CAT SCANNER		15755222						41.02
41.03 MRI		5103720						41.03
41.04 PET SCAN		2104971						41.04
41.05 RADIATION ONCOLOGY		6519069						41.05
41.06 MAMMOGRAPHY		750334						41.06
43 RADIOISOTOPE		3399303						43
44 LABORATORY		2347463						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		459064						47
48 INTRAVENOUS THERAPY		23166						48
49 RESPIRATORY THERAPY		390521						49
50 PHYSICAL THERAPY								50
50.01 OP PHYSICAL THERAPY		86						50.01
50.02 IP PHYSICAL THERAPY								50.02
53 ELECTROCARDIOLOGY		3816829						53
53.01 CATH LAB		8411811						53.01
53.02 CARDIAC REHAB		484812						53.02
54 ELECTROENCEPHALOGRAPHY		315795						54
54.01 NEURO MEG		52724						54.01
54.02 SLEEP LAB		1361248						54.02
56 DRUGS CHARGED TO PATIENTS		12364121						56
57 RENAL DIALYSIS		188603						57
59 PSYCHOLOGY								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2402787						60
60.01 DAY REHABILITATION								60.01
60.02 OUTPATIENT IMAGING CENTERS		9231594						60.02
60.03 IMMEDIATE CARE CENTERS		188105						60.03
60.04 COUMADIN CLINIC		251757						60.04
60.05 WOUND CLINIC		2774460						60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY		4601001						61
62 OBSERVATION BEDS (NON-DISTINCT		958285						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		120611301						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		120611301						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0258) [] 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		2327615					37
37.01 GAMMA KNIFE		1013767					37.01
37.02 ENDOSCOPY		1417977					37.02
37.03 IMPLANTS		1655401					37.03
38 RECOVERY ROOM		243436					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		149667					40
41 RADIOLOGY-DIAGNOSTIC		912734					41
41.01 ULTRASOUND		349009					41.01
41.02 CAT SCANNER		743457					41.02
41.03 MRI		407991					41.03
41.04 PET SCAN		563231					41.04
41.05 RADIATION ONCOLOGY		1533937					41.05
41.06 MAMMOGRAPHY		264466					41.06
43 RADIOISOTOPE		507835					43
44 LABORATORY		242509					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		184603					47
48 INTRAVENOUS THERAPY		23427					48
49 RESPIRATORY THERAPY		45859					49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY		26					50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY		225575					53
53.01 CATH LAB		2526992					53.01
53.02 CARDIAC REHAB		368465					53.02
54 ELECTROENCEPHALOGRAPHY		63900					54
54.01 NEURO MEG		23774					54.01
54.02 SLEEP LAB		375157					54.02
56 DRUGS CHARGED TO PATIENTS		2418595					56
57 RENAL DIALYSIS		50269					57
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		901108					60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS		1684600					60.02
60.03 IMMEDIATE CARE CENTERS		130842					60.03
60.04 COUMADIN CLINIC		162120					60.04
60.05 WOUND CLINIC		998978					60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		1141826					61
62 OBSERVATION BEDS (NON-DISTINCT		845031					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		24504179					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		24504179					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T258) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3011378	148944528	160034			.020218	3236 37
37.01 GAMMA KNIFE		91488	11000741				.008317	37.01
37.02 ENDOSCOPY		446863	38447031	22979			.011623	267 37.02
37.03 IMPLANTS		412903	26659958	2190			.015488	34 37.03
38 RECOVERY ROOM		185607	17737651	10793			.010464	113 38
39 DELIVERY ROOM & LABOR ROOM		804380	12947860				.062125	39
40 ANESTHESIOLOGY		121213	26808859	10175			.004521	46 40
41 RADIOLOGY-DIAGNOSTIC		1211622	28908342	285739			.041913	11976 41
41.01 ULTRASOUND		253883	19033781	218561			.013339	2915 41.01
41.02 CAT SCANNER		191013	101354500	453850			.001885	856 41.02
41.03 MRI		227117	36222458	153788			.006270	964 41.03
41.04 PET SCAN		88624	4957864				.017875	41.04
41.05 RADIATION ONCOLOGY		851272	16791159	68817			.050698	3489 41.05
41.06 MAMMOGRAPHY		325630	7031333	533			.046311	25 41.06
43 RADIOISOTOPE		242403	17745743	71465			.013660	976 43
44 LABORATORY		1093091	189590716	3817739			.005766	22013 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		59825	9228499	46430			.006483	301 47
48 INTRAVENOUS THERAPY		75055	3151776	37606			.023814	896 48
49 RESPIRATORY THERAPY		199541	45351600	813984			.004400	3582 49
50 PHYSICAL THERAPY		177660	17843658	11198377			.009956	111491 50
50.01 OP PHYSICAL THERAPY		70828	9674631				.007321	50.01
50.02 IP PHYSICAL THERAPY		55474	8248001				.006726	50.02
53 ELECTROCARDIOLOGY		202424	34375759	119243			.005889	702 53
53.01 CATH LAB		1324225	98716110	117076			.013414	1570 53.01
53.02 CARDIAC REHAB		20276	1361794	317			.014889	5 53.02
54 ELECTROENCEPHALOGRAPHY		90256	1961143	12119			.046022	558 54
54.01 NEURO MEG		107970	645174				.167350	54.01
54.02 SLEEP LAB		358460	6590707				.054389	54.02
56 DRUGS CHARGED TO PATIENTS		302478	136882081	4209372			.002210	9303 56
57 RENAL DIALYSIS		12825	4883329	454520			.002626	1194 57
59 PSYCHOLOGY		928	84107				.011034	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		223310	6093326	6141			.036648	225 60
60.01 DAY REHABILITATION		14536	3492643				.004162	60.01
60.02 OUTPATIENT IMAGING CENTERS		324626	35533295				.009136	60.02
60.03 IMMEDIATE CARE CENTERS		13637	2260687				.006032	60.03
60.04 COUMADIN CLINIC		2221	412850				.005380	60.04
60.05 WOUND CLINIC		117890	5509102				.021399	60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY		798260	45991222	27653			.017357	480 61
62 OBSERVATION BEDS (NON-DISTINC		284586	4019915				.070794	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		14395778	1186493933	22319501				177217 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-T258) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCANNER							41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				12297			12297
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				12297			12297 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-T258) [] 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			PROGRAM	PROGRAM	PROGRAM	
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		148944528			160034		37
37.01 GAMMA KNIFE		11000741					37.01
37.02 ENDOSCOPY		38447031			22979		37.02
37.03 IMPLANTS		26659958			2190		37.03
38 RECOVERY ROOM		17737651			10793		38
39 DELIVERY ROOM & LABOR ROOM		12947860					39
40 ANESTHESIOLOGY		26808859			10175		40
41 RADIOLOGY-DIAGNOSTIC		28908342			285739		41
41.01 ULTRASOUND		19033781			218561		41.01
41.02 CAT SCANNER		101354500			453850	13863	41.02
41.03 MRI		36222458			153788		41.03
41.04 PET SCAN		4957864					41.04
41.05 RADIATION ONCOLOGY		16791159			68817		41.05
41.06 MAMMOGRAPHY		7031333			533		41.06
43 RADIOISOTOPE		17745743			71465		43
44 LABORATORY		189590716			3817739		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		9228499			46430		47
48 INTRAVENOUS THERAPY		3151776			37606		48
49 RESPIRATORY THERAPY		45351600			813984		49
50 PHYSICAL THERAPY		17843658			11198377		50
50.01 OP PHYSICAL THERAPY		9674631					50.01
50.02 IP PHYSICAL THERAPY		8248001					50.02
53 ELECTROCARDIOLOGY		34375759			119243		53
53.01 CATH LAB		98716110			117076		53.01
53.02 CARDIAC REHAB		1361794			317		53.02
54 ELECTROENCEPHALOGRAPHY		1961143			12119		54
54.01 NEURO MEG		645174				950	54.01
54.02 SLEEP LAB		6590707					54.02
56 DRUGS CHARGED TO PATIENTS		136882081			4209372		56
57 RENAL DIALYSIS		4883329			454520		57
59 PSYCHOLOGY		84107					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6093326			6141		60
60.01 DAY REHABILITATION		3492643					60.01
60.02 OUTPATIENT IMAGING CENTERS		3553295					60.02
60.03 IMMEDIATE CARE CENTERS		2260687					60.03
60.04 COUMADIN CLINIC		412850					60.04
60.05 WOUND CLINIC		5509102					60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		45991222			27653		61
62 OBSERVATION BEDS (NON-DISTINC	12297	4019915	.003059	.003059			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	12297	1186493933			22319501		60788 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-T258) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T258) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.225205	.225205	.225205			37
37.01 GAMMA KNIFE	.266195	.266195	.266195			37.01
37.02 ENDOSCOPY	.143894	.143894	.143894			37.02
37.03 IMPLANTS	.709349	.709349	.709349			37.03
38 RECOVERY ROOM	.168766	.168766	.168766			38
39 DELIVERY ROOM & LABOR ROOM	.638872	.638872	.638872			39
40 ANESTHESIOLOGY	.069275	.069275	.069275			40
41 RADIOLOGY-DIAGNOSTIC	.229169	.229169	.229169			41
41.01 ULTRASOUND	.143223	.143223	.143223			41.01
41.02 CAT SCANNER	.047188	.047188	.047188			41.02
41.03 MRI	.079940	.079940	.079940			41.03
41.04 PET SCAN	.267572	.267572	.267572			41.04
41.05 RADIATION ONCOLOGY	.235300	.235300	.235300			41.05
41.06 MAMMOGRAPHY	.352464	.352464	.352464			41.06
43 RADIOISOTOPE	.149394	.149394	.149394			43
44 LABORATORY	.103307	.103307	.103307			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.402130	.402130	.402130			47
48 INTRAVENOUS THERAPY	1.011270	1.011270	1.011270			48
49 RESPIRATORY THERAPY	.117431	.117431	.117431			49
50 PHYSICAL THERAPY	.246241	.246241	.246241			50
50.01 OP PHYSICAL THERAPY	.298710	.298710	.298710			50.01
50.02 IP PHYSICAL THERAPY	.268636	.268636	.268636			50.02
53 ELECTROCARDIOLOGY	.059100	.059100	.059100			53
53.01 CATH LAB	.300410	.300410	.300410			53.01
53.02 CARDIAC REHAB	.760017	.760017	.760017			53.02
54 ELECTROENCEPHALOGRAPHY	.202348	.202348	.202348			54
54.01 NEURO MEG	.450909	.450909	.450909			54.01
54.02 SLEEP LAB	.275598	.275598	.275598			54.02
56 DRUGS CHARGED TO PATIENTS	.195614	.195614	.195614			56
57 RENAL DIALYSIS	.266531	.266531	.266531			57
59 PSYCHOLOGY	1.521205	1.521205	1.521205			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.375026	.375026	.375026			60
60.01 DAY REHABILITATION	.334681	.334681	.334681			60.01
60.02 OUTPATIENT IMAGING CENTERS	.182482	.182482	.182482			60.02
60.03 IMMEDIATE CARE CENTERS	.695578	.695578	.695578			60.03
60.04 COUMADIN CLINIC	.643955	.643955	.643955			60.04
60.05 WOUND CLINIC	.360062	.360062	.360062			60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	.248169	.248169	.248169			61
62 OBSERVATION BEDS (NON-DISTINCT	.881816	.881816	.881816			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.195614	1
2 PROGRAM VACCINE CHARGES	1498	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	293	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-T258) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	6	7	8
37								
37.01								
37.02								
37.03								
38								
39								
40								
41		9644						
41.01		8871						
41.02		13863						
41.03								
41.04								
41.05		5980						
41.06								
43								
44		1074						
46.30								
47								
48								
49		2929						
50								
50.01								
50.02								
53		7187						
53.01								
53.02								
54		950						
54.01								
54.02								
56		10290						
57								
59								
60								
60.01								
60.02								
60.03								
60.04								
60.05								
60.06								
61								
62								
63.50								
63.60								
65.01								
65.02								
65.03								
101		60788						
102								
103								
104		60788						

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-T258) [] 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
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		2210					41
41.01 ULTRASOUND		1271					41.01
41.02 CAT SCANNER		654					41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY		1407					41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY		111					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY		344					49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY		425					53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		192					54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
56 DRUGS CHARGED TO PATIENTS		2013					56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		8627					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8627					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				5654539		5654539
26 INTENSIVE CARE UNIT				1050538		1050538
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				2258976		2258976
33 NURSERY				166627		166627
101 TOTAL				9130680		9130680

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	77987	6921			72.51	501842
26 INTENSIVE CARE UNIT	8868	403			118.46	47739
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	19062	1044			118.51	123724
33 NURSERY	7426	3263			22.44	73222
101 TOTAL	113343	11631				746527

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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		3011378	148944528				.020218	37
37.01 GAMMA KNIFE		91488	11000741				.008317	37.01
37.02 ENDOSCOPY		446863	38447031				.011623	37.02
37.03 IMPLANTS		412903	26659958				.015488	37.03
38 RECOVERY ROOM		185607	17737651				.010464	38
39 DELIVERY ROOM & LABOR ROOM		804380	12947860				.062125	39
40 ANESTHESIOLOGY		121213	26808859				.004521	40
41 RADIOLOGY-DIAGNOSTIC		1211622	28908342				.041913	41
41.01 ULTRASOUND		253883	19033781				.013339	41.01
41.02 CAT SCANNER		191013	101354500				.001885	41.02
41.03 MRI		227117	36222458				.006270	41.03
41.04 PET SCAN		88624	4957864				.017875	41.04
41.05 RADIATION ONCOLOGY		851272	16791159				.050698	41.05
41.06 MAMMOGRAPHY		325630	7031333				.046311	41.06
43 RADIOISOTOPE		242403	17745743				.013660	43
44 LABORATORY		1093091	189590716				.005766	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		59825	9228499				.006483	47
48 INTRAVENOUS THERAPY		75055	3151776				.023814	48
49 RESPIRATORY THERAPY		199541	45351600				.004400	49
50 PHYSICAL THERAPY		177660	17843658				.009956	50
50.01 OP PHYSICAL THERAPY		70828	9674631				.007321	50.01
50.02 IP PHYSICAL THERAPY		55474	8248001				.006726	50.02
53 ELECTROCARDIOLOGY		202424	34375759				.005889	53
53.01 CATH LAB		1324225	98716110				.013414	53.01
53.02 CARDIAC REHAB		20276	1361794				.014889	53.02
54 ELECTROENCEPHALOGRAPHY		90256	1961143				.046022	54
54.01 NEURO MEG		107970	645174				.167350	54.01
54.02 SLEEP LAB		358460	6590707				.054389	54.02
56 DRUGS CHARGED TO PATIENTS		302478	136882081				.002210	56
57 RENAL DIALYSIS		12825	4883329				.002626	57
59 PSYCHOLOGY		928	84107				.011034	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		223310	6093326				.036648	60
60.01 DAY REHABILITATION		14536	3492643				.004162	60.01
60.02 OUTPATIENT IMAGING CENTERS		324626	35533295				.009136	60.02
60.03 IMMEDIATE CARE CENTERS		13637	2260687				.006032	60.03
60.04 COUMADIN CLINIC		2221	412850				.005380	60.04
60.05 WOUND CLINIC		117890	5509102				.021399	60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY		798260	45991222				.017357	61
62 OBSERVATION BEDS (NON-DISTINC		284586	4019915				.070794	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		14395778	1186493933					101

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER		TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL	SWING-BED		
	COST	COST	HEALTH	EDUCATION	ADJUSTMENT	COSTS	
	1	2	COSTS	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS			2.01	2.02	3		
25 ADULTS & PEDIATRICS			244356			244356	25
26 INTENSIVE CARE UNIT			29259			29259	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			273615			273615	101

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	77987	3.13	6921	21663	25
26 INTENSIVE CARE UNIT	8868	3.30	403	1330	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	19062		1044		31
33 NURSERY	7426		3263		33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	113343		11631	22993	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCANNER							41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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		148944528					37
37.01 GAMMA KNIFE		11000741					37.01
37.02 ENDOSCOPY		38447031					37.02
37.03 IMPLANTS		26659958					37.03
38 RECOVERY ROOM		17737651					38
39 DELIVERY ROOM & LABOR ROOM		12947860					39
40 ANESTHESIOLOGY		26808859					40
41 RADIOLOGY-DIAGNOSTIC		28908342					41
41.01 ULTRASOUND		19033781					41.01
41.02 CAT SCANNER		101354500					41.02
41.03 MRI		36222458					41.03
41.04 PET SCAN		4957864					41.04
41.05 RADIATION ONCOLOGY		16791159					41.05
41.06 MAMMOGRAPHY		7031333					41.06
43 RADIOISOTOPE		17745743					43
44 LABORATORY		189590716					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		9228499					47
48 INTRAVENOUS THERAPY		3151776					48
49 RESPIRATORY THERAPY		45351600					49
50 PHYSICAL THERAPY		17843658					50
50.01 OP PHYSICAL THERAPY		9674631					50.01
50.02 IP PHYSICAL THERAPY		8248001					50.02
53 ELECTROCARDIOLOGY		34375759					53
53.01 CATH LAB		98716110					53.01
53.02 CARDIAC REHAB		1361794					53.02
54 ELECTROENCEPHALOGRAPHY		1961143					54
54.01 NEURO MEG		645174					54.01
54.02 SLEEP LAB		6590707					54.02
56 DRUGS CHARGED TO PATIENTS		136882081					56
57 RENAL DIALYSIS		4883329					57
59 PSYCHOLOGY		84107					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6093326					60
60.01 DAY REHABILITATION		3492643					60.01
60.02 OUTPATIENT IMAGING CENTERS		35533295					60.02
60.03 IMMEDIATE CARE CENTERS		2260687					60.03
60.04 COUMADIN CLINIC		412850					60.04
60.05 WOUND CLINIC		5509102					60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		45991222					61
62 OBSERVATION BEDS (NON-DISTINC		4019915					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1186493933					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T258) [] 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		3011378	148944528				.020218	37
37.01 GAMMA KNIFE		91488	11000741				.008317	37.01
37.02 ENDOSCOPY		446863	38447031				.011623	37.02
37.03 IMPLANTS		412903	26659958				.015488	37.03
38 RECOVERY ROOM		185607	17737651				.010464	38
39 DELIVERY ROOM & LABOR ROOM		804380	12947860				.062125	39
40 ANESTHESIOLOGY		121213	26808859				.004521	40
41 RADIOLOGY-DIAGNOSTIC		1211622	28908342				.041913	41
41.01 ULTRASOUND		253883	19033781				.013339	41.01
41.02 CAT SCANNER		191013	101354500				.001885	41.02
41.03 MRI		227117	36222458				.006270	41.03
41.04 PET SCAN		88624	4957864				.017875	41.04
41.05 RADIATION ONCOLOGY		851272	16791159				.050698	41.05
41.06 MAMMOGRAPHY		325630	7031333				.046311	41.06
43 RADIOISOTOPE		242403	17745743				.013660	43
44 LABORATORY		1093091	189590716				.005766	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		59825	9228499				.006483	47
48 INTRAVENOUS THERAPY		75055	3151776				.023814	48
49 RESPIRATORY THERAPY		199541	45351600				.004400	49
50 PHYSICAL THERAPY		177660	17843658				.009956	50
50.01 OP PHYSICAL THERAPY		70828	9674631				.007321	50.01
50.02 IP PHYSICAL THERAPY		55474	8248001				.006726	50.02
53 ELECTROCARDIOLOGY		202424	34375759				.005889	53
53.01 CATH LAB		1324225	98716110				.013414	53.01
53.02 CARDIAC REHAB		20276	1361794				.014889	53.02
54 ELECTROENCEPHALOGRAPHY		90256	1961143				.046022	54
54.01 NEURO MEG		107970	645174				.167350	54.01
54.02 SLEEP LAB		358460	6590707				.054389	54.02
56 DRUGS CHARGED TO PATIENTS		302478	136882081				.002210	56
57 RENAL DIALYSIS		12825	4883329				.002626	57
59 PSYCHOLOGY		928	84107				.011034	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		223310	6093326				.036648	60
60.01 DAY REHABILITATION		14536	3492643				.004162	60.01
60.02 OUTPATIENT IMAGING CENTERS		324626	35533295				.009136	60.02
60.03 IMMEDIATE CARE CENTERS		13637	2260687				.006032	60.03
60.04 COUMADIN CLINIC		2221	412850				.005380	60.04
60.05 WOUND CLINIC		117890	5509102				.021399	60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY		798260	45991222				.017357	61
62 OBSERVATION BEDS (NON-DISTINC		284586	4019915				.070794	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		14395778	1186493933					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-T258) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCANNER							41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T258) [] 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		148944528					37
37.01 GAMMA KNIFE		11000741					37.01
37.02 ENDOSCOPY		38447031					37.02
37.03 IMPLANTS		26659958					37.03
38 RECOVERY ROOM		17737651					38
39 DELIVERY ROOM & LABOR ROOM		12947860					39
40 ANESTHESIOLOGY		26808859					40
41 RADIOLOGY-DIAGNOSTIC		28908342					41
41.01 ULTRASOUND		19033781					41.01
41.02 CAT SCANNER		101354500					41.02
41.03 MRI		36222458					41.03
41.04 PET SCAN		4957864					41.04
41.05 RADIATION ONCOLOGY		16791159					41.05
41.06 MAMMOGRAPHY		7031333					41.06
43 RADIOISOTOPE		17745743					43
44 LABORATORY		189590716					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		9228499					47
48 INTRAVENOUS THERAPY		3151776					48
49 RESPIRATORY THERAPY		45351600					49
50 PHYSICAL THERAPY		17843658					50
50.01 OP PHYSICAL THERAPY		9674631					50.01
50.02 IP PHYSICAL THERAPY		8248001					50.02
53 ELECTROCARDIOLOGY		34375759					53
53.01 CATH LAB		98716110					53.01
53.02 CARDIAC REHAB		1361794					53.02
54 ELECTROENCEPHALOGRAPHY		1961143					54
54.01 NEURO MEG		645174					54.01
54.02 SLEEP LAB		6590707					54.02
56 DRUGS CHARGED TO PATIENTS		136882081					56
57 RENAL DIALYSIS		4883329					57
59 PSYCHOLOGY		84107					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6093326					60
60.01 DAY REHABILITATION		3492643					60.01
60.02 OUTPATIENT IMAGING CENTERS		35533295					60.02
60.03 IMMEDIATE CARE CENTERS		2260687					60.03
60.04 COUMADIN CLINIC		412850					60.04
60.05 WOUND CLINIC		5509102					60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		45991222					61
62 OBSERVATION BEDS (NON-DISTINC		4019915					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1186493933					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-T258) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	77987	19062					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	77987	19062					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	77987	19062					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)	41787	11868					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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	70433124	22577536					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	70433124	22577536					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	25062522	13644580					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25062522	13644580					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.810297	1.654689					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	321.37	715.80					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	70433124	22577536					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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	903.14	1184.43				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	37739511	14056815				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	37739511	14056815				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	15585677	8868	1757.52	5034	8847356	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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	62155258	4503799				48
49 TOTAL PROGRAM INPATIENT COSTS	108742125	18560614				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3773708	1406477				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3091784	177217				51
52 TOTAL PROGRAM EXCLUDABLE COST	6865492	1583694				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	101876633	16976920				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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0258)(14-T258)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3925	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	903.14	84
85 OBSERVATION BED COST	3544825	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		70433124		3544825		86
87 NEW CAPITAL-RELATED COST	5654539	70433124	.080282	3544825	284586	87
88 NON PHYSICIAN ANESTHETIST		70433124		3544825		88
89 NURSING SCHOOL		70433124		3544825		89
89.01 ALLIED HEALTH	244356	70433124	.003469	3544825	12297	89.01
89.02 ALL OTHER		70433124		3544825		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	77987	19062				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	77987	19062				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	77987	19062				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)	6921	1044				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	7426					15
16 TITLE V OR XIX NURSERY DAYS	3263					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) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	70433124	22577536					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	70433124	22577536					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	25062522	13644580					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	25062522	13644580					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	2.810297	1.654689					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	321.37	715.80					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	70433124	22577536					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	903.14	1184.43					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6250632	1236545					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6250632	1236545					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)	2781027	7426	374.50	3263	1221994		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	15585677	8868	1757.52	403	708281		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) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST			1	1	1		48
49	TOTAL PROGRAM INPATIENT COSTS	8180907	1236545					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	645796	123724					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	645796	123724					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) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		70				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:20

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. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2008 TO 12/31/2008

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06/01/2009 11:20

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3925	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	903.14	84
85 OBSERVATION BED COST	3544825	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0258)	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		57618459		25
26 INTENSIVE CARE UNIT		10310525		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.225205	35826848	8068385	37
37.01 GAMMA KNIFE	.266195	85062	22643	37.01
37.02 ENDOSCOPY	.143894	5083253	731450	37.02
37.03 IMPLANTS	.709349	7872251	5584173	37.03
38 RECOVERY ROOM	.168766	4178183	705135	38
39 DELIVERY ROOM & LABOR ROOM	.638872			39
40 ANESTHESIOLOGY	.069275	5595630	387637	40
41 RADIOLOGY-DIAGNOSTIC	.229169	7884413	1806863	41
41.01 ULTRASOUND	.143223	4453874	637897	41.01
41.02 CAT SCANNER	.047188	24198019	1141856	41.02
41.03 MRI	.079940	7840409	626762	41.03
41.04 PET SCAN	.267572	37844	10126	41.04
41.05 RADIATION ONCOLOGY	.235300	780376	183622	41.05
41.06 MAMMOGRAPHY	.352464	4562	1608	41.06
43 RADIOISOTOPE	.149394	4884181	729667	43
44 LABORATORY	.103307	50903486	5258686	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.402130	3840839	1544517	47
48 INTRAVENOUS THERAPY	1.011270	1876866	1898018	48
49 RESPIRATORY THERAPY	.117431	27255081	3200591	49
50 PHYSICAL THERAPY	.246241			50
50.01 OP PHYSICAL THERAPY	.298710			50.01
50.02 IP PHYSICAL THERAPY	.268636	5554695	1492191	50.02
53 ELECTROCARDIOLOGY	.059100	11828391	699058	53
53.01 CATH LAB	.300410	46790412	14056308	53.01
53.02 CARDIAC REHAB	.760017	76951	58484	53.02
54 ELECTROENCEPHALOGRAPHY	.202348	486019	98345	54
54.01 NEURO MEG	.462647	12556	5809	54.01
54.02 SLEEP LAB	.275598	10231	2820	54.02
56 DRUGS CHARGED TO PATIENTS	.195614	51922921	10156850	56
57 RENAL DIALYSIS	.266531	2939172	783380	57
59 PSYCHOLOGY	1.521205			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.375026	123552	46335	60
60.01 DAY REHABILITATION	.334681			60.01
60.02 OUTPATIENT IMAGING CENTERS	.182482	147332	26885	60.02
60.03 IMMEDIATE CARE CENTERS	.695578	9275	6451	60.03
60.04 COUMADIN CLINIC	.643955			60.04
60.05 WOUND CLINIC	.360062	7386	2659	60.05
60.06 ENTEROSTOMAL THERAPY				60.06
61 EMERGENCY	.248169	8784525	2180047	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.881816			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		321294595	62155258	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		321294595		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (14-T258)	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		13055034		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.225205	160034	36040	37
37.01 GAMMA KNIFE	.266195			37.01
37.02 ENDOSCOPY	.143894	22979	3307	37.02
37.03 IMPLANTS	.709349	2190	1553	37.03
38 RECOVERY ROOM	.168766	10793	1821	38
39 DELIVERY ROOM & LABOR ROOM	.638872			39
40 ANESTHESIOLOGY	.069275	10175	705	40
41 RADIOLOGY-DIAGNOSTIC	.229169	285739	65483	41
41.01 ULTRASOUND	.143223	218561	31303	41.01
41.02 CAT SCANNER	.047188	453850	21416	41.02
41.03 MRI	.079940	153788	12294	41.03
41.04 PET SCAN	.267572			41.04
41.05 RADIATION ONCOLOGY	.235300	68817	16193	41.05
41.06 MAMMOGRAPHY	.352464	533	188	41.06
43 RADIOISOTOPE	.149394	71465	10676	43
44 LABORATORY	.103307	3817739	394399	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.402130	46430	18671	47
48 INTRAVENOUS THERAPY	1.011270	37606	38030	48
49 RESPIRATORY THERAPY	.117431	813984	95587	49
50 PHYSICAL THERAPY	.246241	11198377	2757500	50
50.01 OP PHYSICAL THERAPY	.298710			50.01
50.02 IP PHYSICAL THERAPY	.268636			50.02
53 ELECTROCARDIOLOGY	.059100	119243	7047	53
53.01 CATH LAB	.300410	117076	35171	53.01
53.02 CARDIAC REHAB	.760017	317	241	53.02
54 ELECTROENCEPHALOGRAPHY	.202348	12119	2452	54
54.01 NEURO MEG	.462647			54.01
54.02 SLEEP LAB	.275598			54.02
56 DRUGS CHARGED TO PATIENTS	.195614	4209372	823412	56
57 RENAL DIALYSIS	.266531	454520	121144	57
59 PSYCHOLOGY	1.521205			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.375026	6141	2303	60
60.01 DAY REHABILITATION	.334681			60.01
60.02 OUTPATIENT IMAGING CENTERS	.182482			60.02
60.03 IMMEDIATE CARE CENTERS	.695578			60.03
60.04 COUMADIN CLINIC	.643955			60.04
60.05 WOUND CLINIC	.360062			60.05
60.06 ENTEROSTOMAL THERAPY				60.06
61 EMERGENCY	.248169	27653	6863	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.881816			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		22319501	4503799	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		22319501		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0258)	[] SNF	[] PPS
[] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.225205		37
37.01 GAMMA KNIFE	.266195		37.01
37.02 ENDOSCOPY	.143894		37.02
37.03 IMPLANTS	.709349		37.03
38 RECOVERY ROOM	.168766		38
39 DELIVERY ROOM & LABOR ROOM	.638872		39
40 ANESTHESIOLOGY	.069275		40
41 RADIOLOGY-DIAGNOSTIC	.229169		41
41.01 ULTRASOUND	.143223		41.01
41.02 CAT SCANNER	.047188		41.02
41.03 MRI	.079940		41.03
41.04 PET SCAN	.267572		41.04
41.05 RADIATION ONCOLOGY	.235300		41.05
41.06 MAMMOGRAPHY	.352464		41.06
43 RADIOISOTOPE	.149394		43
44 LABORATORY	.103307		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.402130		47
48 INTRAVENOUS THERAPY	1.011270		48
49 RESPIRATORY THERAPY	.117431		49
50 PHYSICAL THERAPY	.246241		50
50.01 OP PHYSICAL THERAPY	.298710		50.01
50.02 IP PHYSICAL THERAPY	.268636		50.02
53 ELECTROCARDIOLOGY	.059100		53
53.01 CATH LAB	.300410		53.01
53.02 CARDIAC REHAB	.760017		53.02
54 ELECTROENCEPHALOGRAPHY	.202348		54
54.01 NEURO MEG	.450909		54.01
54.02 SLEEP LAB	.275598		54.02
56 DRUGS CHARGED TO PATIENTS	.195614		56
57 RENAL DIALYSIS	.266531		57
59 PSYCHOLOGY	1.521205		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.375026		60
60.01 DAY REHABILITATION	.334681		60.01
60.02 OUTPATIENT IMAGING CENTERS	.182482		60.02
60.03 IMMEDIATE CARE CENTERS	.695578		60.03
60.04 COUMADIN CLINIC	.643955		60.04
60.05 WOUND CLINIC	.360062		60.05
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY	.248169		61
62 OBSERVATION BEDS (NON-DISTINCT	.881816		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-T258)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.225205		37
37.01 GAMMA KNIFE	.266195		37.01
37.02 ENDOSCOPY	.143894		37.02
37.03 IMPLANTS	.709349		37.03
38 RECOVERY ROOM	.168766		38
39 DELIVERY ROOM & LABOR ROOM	.638872		39
40 ANESTHESIOLOGY	.069275		40
41 RADIOLOGY-DIAGNOSTIC	.229169		41
41.01 ULTRASOUND	.143223		41.01
41.02 CAT SCANNER	.047188		41.02
41.03 MRI	.079940		41.03
41.04 PET SCAN	.267572		41.04
41.05 RADIATION ONCOLOGY	.235300		41.05
41.06 MAMMOGRAPHY	.352464		41.06
43 RADIOISOTOPE	.149394		43
44 LABORATORY	.103307		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.402130		47
48 INTRAVENOUS THERAPY	1.011270		48
49 RESPIRATORY THERAPY	.117431		49
50 PHYSICAL THERAPY	.246241		50
50.01 OP PHYSICAL THERAPY	.298710		50.01
50.02 IP PHYSICAL THERAPY	.268636		50.02
53 ELECTROCARDIOLOGY	.059100		53
53.01 CATH LAB	.300410		53.01
53.02 CARDIAC REHAB	.760017		53.02
54 ELECTROENCEPHALOGRAPHY	.202348		54
54.01 NEURO MEG	.450909		54.01
54.02 SLEEP LAB	.275598		54.02
56 DRUGS CHARGED TO PATIENTS	.195614		56
57 RENAL DIALYSIS	.266531		57
59 PSYCHOLOGY	1.521205		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.375026		60
60.01 DAY REHABILITATION	.334681		60.01
60.02 OUTPATIENT IMAGING CENTERS	.182482		60.02
60.03 IMMEDIATE CARE CENTERS	.695578		60.03
60.04 COUMADIN CLINIC	.643955		60.04
60.05 WOUND CLINIC	.360062		60.05
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY	.248169		61
62 OBSERVATION BEDS (NON-DISTINCT	.881816		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
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 (14-0258)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	52850718					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	17616905					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	6214057					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	295.28					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0258)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	76681680					6
7						7
7.01						7.01
8	76681680					8
9	6370773					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	147405					14
15						15
16	83199858					16
17	132242					17
18	83067616					18
19	5628047					19
20	563320					20
21	662802					21
21.01	463961					21.01
21.02	518342					21.02
22	77340210					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0258)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	77340210					26
27						27
28	77314189					28
28.01						28.01
29	26021					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0258) 1	HOSPITAL (14-0258) 1.01	HOSPITAL (14-0258) 1.02	
1 MEDICAL AND OTHER SERVICES	6246			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	24501248			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	21951791			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	2931			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	6246			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	31929			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	31929			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	31929			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	25683			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	6246			17
17.01 TOTAL PPS PAYMENTS	21954722			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0258) 1	HOSPITAL (14-0258) 1.01	HOSPITAL (14-0258) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	5423400		18.01
19 SUBTOTAL	16537568		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	16537568		23
24 PRIMARY PAYER PAYMENTS	46342		24
25 SUBTOTAL	16491226		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	710548		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	497384		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	617719		27.02
28 SUBTOTAL	16988610		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	16988610		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	17043273		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-54663		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-T258) 1	SUB I (14-T258) 1.01	SUB I (14-T258) 1.02	
1 MEDICAL AND OTHER SERVICES	293			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8627			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7277			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	293			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1498			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	1498			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	1498			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1205			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	293			17
17.01 TOTAL PPS PAYMENTS	7277			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T258) 1	SUB I (14-T258) 1.01	SUB I (14-T258) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2128		18.01
19 SUBTOTAL	5442		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	5442		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	5442		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	5442		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	5442		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5479		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-37		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0258)
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
(14-0258)
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
(14-0258)
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 (14-0258)

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		76678989		16489073	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.		496100		491500	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 .51 TO .52 PROGRAM .53 .54	07/23/2008 07/01/2000	139100 NONE	07/23/2008 07/01/2000 NONE	62700 NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	139100		62700	3.99	
4 TOTAL INTERIM PAYMENTS		77314189		17043273	4	
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52	
SUBTOTAL	.99				5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		26021	-54663	6.01 6.02	
7 TOTAL MEDICARE PROGRAM LIABILITY		77340210		16988610	7	

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T258)

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		16110293		5479	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
PROVIDER .04					3.04
TO .05					3.05
PROGRAM .50	07/13/1998				3.50
PROVIDER .51					3.51
TO .52		NONE		NONE	3.52
PROGRAM .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99					3.99
4 TOTAL INTERIM PAYMENTS		16110293		5479	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51		NONE		NONE	5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01		131401			6.01
PROVIDER TO .02				-37	6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		16241694		5442	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			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-T258)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	13371815				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0093				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	527384				1.04
1.05	OUTLIER PAYMENTS	2686293				1.05
1.06	TOTAL PPS PAYMENTS	16585492				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	52.081967				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	16585492				4
5	PRIMARY PAYER PAYMENTS	12438				5
6	SUBTOTAL	16573054				6
7	DEDUCTIBLES	29664				7
8	SUBTOTAL	16543390				8
9	COINSURANCE	301696				9
10	SUBTOTAL	16241694				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	16241694				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T258)	SUB II	SUB III	SUB IV	
13.01						13.01
14						14
15						15
16						16
17						17
18						18
19						19
19.01						19.01
20						20
21						21
50						50
51						51
52						52
53						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 (14-0258) (OTHER)	SUB I (14-T258) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	8180907	1236545				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	8180907	1236545				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	8180907	1236545				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	8180907	1236545				22
23	COST OF COVERED SERVICES	8180907	1236545				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	8180907	1236545				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	8180907	1236545				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0258) (OTHER)	SUB I (14-T258) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	8180907	1236545				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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	9496000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	52059000			4
5	OTHER RECEIVABLES	2980000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	6950000			7
8	PREPAID EXPENSES	1941000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	73426000			11
FIXED ASSETS					
12	LAND	1404000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2266000			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	204878000			14
14.01	ACCUMULATED DEPRECIATION	-148276000			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	35629000			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	109048000			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	204949000			21
OTHER ASSETS					
22	INVESTMENTS	34188000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	13235000			25
26	TOTAL OTHER ASSETS	47423000			26
27	TOTAL ASSETS	325798000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	7034000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	31241000			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	27397000			35
36	TOTAL CURRENT LIABILITIES	65672000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	30061000			41
42	TOTAL LONG TERM LIABILITIES	30061000			42
43	TOTAL LIABILITIES	95733000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	230065000			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	230065000			51
52	TOTAL LIABILITIES AND FUND BALANCES	325798000			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	178983000			1
2 NET INCOME (LOSS)	7960000			2
3 TOTAL	186943000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED	210000			5
6 TRANSFERS FROM AFFILIATES	42912000			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	43122000			10
11 SUBTOTAL	230065000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	230065000			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	116717000		116717000	1
4 SUBPROVIDER I	20891000		20891000	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	137608000		137608000	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	18155000		18155000	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	18155000		18155000	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	155763000		155763000	16
19 ANCILLARY SERVICES	604742000		604742000	17
20 OUTPATIENT SERVICES		575514000	575514000	18
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY		12123000	12123000	19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 TOTAL PATIENT REVENUES	760505000	587637000	1348142000	24

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		383354803	26
27 ADD (SPECIFY)			27
28 NEUROMEG	1034000		28
29 WORKPLACE SOLUTIONS	2025000		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3059000	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING	-23803		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-23803		39
40 TOTAL OPERATING EXPENSES		386390000	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1348142000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	962873000	2
3	NET PATIENT REVENUES	385269000	3
4	LESS - TOTAL OPERATING EXPENSES	386390000	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1121000	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	476000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	61000	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	1358000	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	262000	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CAPITATION REVENUE	2928000	24
24.01	REHAB OTHER INCOME	466000	24.01
24.02	ANSWERING SERVICE	318000	24.02
24.03	DAY CARE CENTER REVENUE	26000	24.03
24.04	EMERGENCY OTHER INCOME	272000	24.04
24.05	RESTRICTED FUNDS UTILIZATION	553000	24.05
24.06	FOUNDATION INCOME		24.06
24.07	INFUSION INCOME	1206000	24.07
24.08	OTHER OPERATING	1468000	24.08
24.09	PHYSICIAN APPLICATION FEES	58000	24.09
24.10	RISK MANAGEMENT	129000	24.10
24.11	PHYSICIAN OFFICE RENTAL	1794000	24.11
24.12	REFERENCE LAB	114000	24.12
25	TOTAL OTHER INCOME	11489000	25
26	TOTAL	10368000	26
27	INVESTMENT LOSSES	2408000	27
28			28
29			29
30	TOTAL OTHER EXPENSES	2408000	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	7960000	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1804167	370694			606973	2781834 5
6 SKILLED NURSING CARE	1606137		235577	399821		2241535 6
7 PHYSICAL THERAPY	1142790					1142790 7
8 OCCUPATIONAL THERAPY	404357					404357 8
9 SPEECH PATHOLOGY	9761					9761 9
10 MEDICAL SOCIAL SERVICES	61908					61908 10
11 HOME HEALTH AIDE	184729					184729 11
12 SUPPLIES					47726	47726 12
13 DRUGS				353985		353985 13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	5213849	370694	235577	753806	654699	7228625 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		2781834		2781834	5
6 SKILLED NURSING CARE		2241535		2241535	6
7 PHYSICAL THERAPY		1142790		1142790	7
8 OCCUPATIONAL THERAPY		404357		404357	8
9 SPEECH PATHOLOGY		9761		9761	9
10 MEDICAL SOCIAL SERVICES		61908		61908	10
11 HOME HEALTH AIDE		184729		184729	11
12 SUPPLIES		47726		47726	12
13 DRUGS		353985		353985	13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL		7228625		7228625	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7583

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	2781834					2781834	2781834	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2241535					2241535	1402265	3643800 6
7 PHYSICAL THERAPY	1142790					1142790	714909	1857699 7
8 OCCUPATIONAL THERAPY	404357					404357	252958	657315 8
9 SPEECH PATHOLOGY	9761					9761	6106	15867 9
10 MEDICAL SOCIAL SERVICES	61908					61908	38729	100637 10
11 HOME HEALTH AIDE	184729					184729	115563	300292 11
12 SUPPLIES	47726					47726	29857	77583 12
13 DRUGS	353985					353985	221447	575432 13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	7228625					7228625		7228625 24

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.01
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-2781834	4446791	5
6 SKILLED NURSING CARE						2241535	6
7 PHYSICAL THERAPY						1142790	7
8 OCCUPATIONAL THERAPY						404357	8
9 SPEECH PATHOLOGY						9761	9
10 MEDICAL SOCIAL SERVICES						61908	10
11 HOME HEALTH AIDE						184729	11
12 SUPPLIES						47726	12
13 DRUGS						353985	13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-2781834	4446791	24
25 COST TO BE ALLOC (PER W/S H)						2781834	25
26 UNIT COST MULTIPLIER						.625582	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7583

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED		
			HHA A & G	TOTAL HHA COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		507992			1
2 SKILLED NURSING CARE		4655544	251169	4906713	2
3 PHYSICAL THERAPY		2446620	131995	2578615	3
4 OCCUPATIONAL THERAPY		865694	46704	912398	4
5 SPEECH PATHOLOGY		20897	1127	22024	5
6 MEDICAL SOCIAL SERVICES		132541	7151	139692	6
7 HOME HEALTH AIDE		395489	21337	416826	7
8 SUPPLIES		92489	4990	97479	8
9 DRUGS		806655	43519	850174	9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS		9923921	507992	9923921	20
21 UNIT COST MULTIPLIER			.053950		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT TELEPHONES NUMBER OF PHONES	DATA PROCESSING TIME SPENT	PURCHASING STOREROOM SUPPLY EXPENSE	
	1	2	3	4	5	6.01	6.02	6.03	
1 ADMINISTRATIVE AND GENERAL		20237		20237	1804167	98		543000	1
2 SKILLED NURSING CARE					1606137				2
3 PHYSICAL THERAPY					1142790				3
4 OCCUPATIONAL THERAPY					404357				4
5 SPEECH PATHOLOGY					9761				5
6 MEDICAL SOCIAL SERVICES					61908				6
7 HOME HEALTH AIDE					184729				7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS		20237		20237	5213849	98		543000	20
21 TOTAL COST TO BE ALLOCATED				19536	998749	50204		15825	21
22 UNIT COST MULTIPLIER					.191557				22
22 UNIT COST MULTIPLIER				.965360		512.285714		.029144	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING GROSS REVENUE 6.04	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 6.05	RECON- CILIATION 6A.06	ADMINI- STRATIVE & GENERAL ACCUM COST 6.06	MAINTEN- ANCE AND REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING SQUARE FEET 10	
1 ADMINISTRATIVE AND GENERAL				431166					1
2 SKILLED NURSING CARE				3951467					2
3 PHYSICAL THERAPY				2076608					3
4 OCCUPATIONAL THERAPY				734772					4
5 SPEECH PATHOLOGY				17737					5
6 MEDICAL SOCIAL SERVICES				112496					6
7 HOME HEALTH AIDE				335678					7
8 SUPPLIES				77583					8
9 DRUGS				575432					9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS				8312939					20
21 TOTAL COST TO BE ALLOCATED				1481208					21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER				.178181					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-5
 PART II

HHA COST CENTER	DIETARY PATIENT DAYS	CAFETERIA (FULL TIME EQUIV'S)	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY SUPPLY EXPENSE	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY PATIENT DAYS	MEDICAL TRANSCRIP- TION PATIENT DAYS	
	11	12	13	14	15	16	17	17.01	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS					8317				9
9.20 COST OF ADMINISTERING VACC							353985		9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS					8317		353985		20
21 TOTAL COST TO BE ALLOCATED					1082		128692		21
22 UNIT COST MULTIPLIER					.130095				22
22 UNIT COST MULTIPLIER							.363552		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-5
 PART II

HHA COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED ED PASTORAL CARE	
	PATIENT DAYS	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	PATIENT DAYS	
	18	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL							1
2 SKILLED NURSING CARE							2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES							6
7 HOME HEALTH AIDE							7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS							20
21 TOTAL COST TO BE ALLOCATED							21
22 UNIT COST MULTIPLIER							22
22 UNIT COST MULTIPLIER							22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7583

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	4906713		4906713	34291	143.09	1
2	PHYSICAL THERAPY	3	2578615		2578615	20606	125.14	2
3	OCCUPATIONAL THERAPY	4	912398		912398	6852	133.16	3
4	SPEECH PATHOLOGY	5	22024		22024	117	188.24	4
5	MEDICAL SOCIAL SERV	6	139692		139692	885	157.84	5
6	HOME HEALTH AIDE SERV	7	416826		416826	8236	50.61	6
7	TOTAL		8976268		8976268	70987		7

LIMITATION COST COMPUTATION		MSA				PROGRAM		
PATIENT SERVICES		NO.				COST LIMITS		
			1	2	3	4	5	
8	SKILLED NURSING CARE		1600					8
8.01	SKILLED NURSING CARE		6880					8.01
9	PHYSICAL THERAPY		1600					9
9.01	PHYSICAL THERAPY		6880					9.01
10	OCCUPATIONAL THERAPY		1600					10
10.01	OCCUPATIONAL THERAPY		6880					10.01
11	SPEECH PATHOLOGY		1600					11
11.01	SPEECH PATHOLOGY		6880					11.01
12	MEDICAL SOCIAL SERV		1600					12
12.01	MEDICAL SOCIAL SERV		6880					12.01
13	HOME HEALTH AIDE SERV		1600					13
13.01	HOME HEALTH AIDE SERV		6880					13.01
14	TOTAL							14

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7583

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR
 THE AGGREGATE OF THE PROGRAM LIMITATION

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	97479		97479	325000	.299935	15
16	COST OF DRUGS	9	850174		850174			16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					6880		17.01
18	PER BENEFICIARY COST LIMITATION					1600		18
18.01	PER BENEFICIARY COST LIMITATION					6880		18.01
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7583

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT 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(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	4757333	2222877	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	125870	51412	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	52704	34458	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	27667	14369	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	21236	8044	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	301		10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	4985111	2331160	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	4985111	2331160	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	4985111	2331160	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	4985111	2331160	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	4985111	2331160	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	4985111	2331160	24
25 TOTAL INTERIM PAYMENTS	4985111	2331160	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7583

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4985111		2331160	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	.05				3.50
	.50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		4985111		2331160	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		4985111		2331160	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0258)	HOSPITAL (14-0258)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	5965834				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18] [E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.01					4.01
					NO. OF INTERNS & RESIDENTS 0.00 0.00
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	6370773				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6.01	NON PATIENT TELEPHONES				6.01
6.02	DATA PROCESSING				6.02
6.03	PURCHASING/STOREROOM				6.03
6.04	ADMITTING				6.04
6.05	CASHIERING/ACCTS. RECEIVABLE				6.05
6.06	ADMINISTRATIVE & GENERAL				6.06
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
17.01	MEDICAL TRANSCRIPTION				17.01
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM-PASTORAL CARE				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
31	SUBPROVIDER I				31
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
37.01	GAMMA KNIFE				37.01
37.02	ENDOSCOPY				37.02
37.03	IMPLANTS				37.03
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	ULTRASOUND				41.01
41.02	CAT SCANNER				41.02
41.03	MRI				41.03
41.04	PET SCAN				41.04
41.05	RADIATION ONCOLOGY				41.05
41.06	MAMMOGRAPHY				41.06
43	RADIOISOTOPE				43
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA				47
48	INTRAVENOUS THERAPY				48
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
50.01	OP PHYSICAL THERAPY				50.01
50.02	IP PHYSICAL THERAPY				50.02
53	ELECTROCARDIOLOGY				53
53.01	CATH LAB				53.01
53.02	CARDIAC REHAB				53.02
54	ELECTROENCEPHALOGRAPHY				54
54.01	NEURO MEG				54.01
54.02	SLEEP LAB				54.02
56	DRUGS CHARGED TO PATIENTS				56
57	RENAL DIALYSIS				57
59	PSYCHOLOGY				59
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.01	DAY REHABILITATION				60.01
60.02	OUTPATIENT IMAGING CENTERS				60.02
60.03	IMMEDIATE CARE CENTERS				60.03
60.04	COUMADIN CLINIC				60.04
60.05	WOUND CLINIC				60.05

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
60.06 ENTEROSTOMAL THERAPY					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.02 NON ALLOW CLINICS					96.02
97 RESEARCH					97
97.01 EPILEPSY					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
99.01 RETAIL PHARMACY					99.01
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	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	53.58		8.87				62.45	25
26 INTENSIVE CARE UNIT	56.77		4.54				61.31	26
33 NURSERY			43.94				43.94	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	24.05	6.94					30.99	37
37.01 GAMMA KNIFE	0.77	34.62					35.39	37.01
37.02 ENDOSCOPY	13.22	25.63					38.85	37.02
37.03 IMPLANTS	29.53	8.75					38.28	37.03
38 RECOVERY ROOM	23.56	8.13					31.69	38
40 ANESTHESIOLOGY	20.87	8.06					28.93	40
41 RADIOLOGY-DIAGNOSTIC	27.27	13.78					41.05	41
41.01 ULTRASOUND	23.40	12.80					36.20	41.01
41.02 CAT SCANNER	23.87	15.54					39.41	41.02
41.03 MRI	21.65	14.09					35.74	41.03
41.04 PET SCAN	0.76	42.46					43.22	41.04
41.05 RADIATION ONCOLOGY	4.65	38.82					43.47	41.05
41.06 MAMMOGRAPHY	0.06	10.67					10.73	41.06
43 RADIOISOTOPE	27.52	19.16					46.68	43
44 LABORATORY	26.85	1.24					28.09	44
47 BLOOD STORING, PROCESSING & TRA	41.62	4.97					46.59	47
48 INTRAVENOUS THERAPY	59.55	0.74					60.29	48
49 RESPIRATORY THERAPY	60.10	0.86					60.96	49
50.02 IP PHYSICAL THERAPY	67.35						67.35	50.02
53 ELECTROCARDIOLOGY	34.41	11.10					45.51	53
53.01 CATH LAB	47.40	8.52					55.92	53.01
53.02 CARDIAC REHAB	5.65	35.60					41.25	53.02
54 ELECTROENCEPHALOGRAPHY	24.78	16.10					40.88	54
54.01 NEURO MEG	1.95	8.17					10.12	54.01
54.02 SLEEP LAB	0.16	20.65					20.81	54.02
56 DRUGS CHARGED TO PATIENTS	37.93	9.03					46.96	56
57 RENAL DIALYSIS	60.19	3.86					64.05	57
60 CLINIC	2.03	39.43					41.46	60
60.02 OUTPATIENT IMAGING CENTERS	0.41	25.98					26.39	60.02
60.03 IMMEDIATE CARE CENTERS	0.41	8.32					8.73	60.03
60.04 COUMADIN CLINIC		60.98					60.98	60.04
60.05 WOUND CLINIC	0.13	50.36					50.49	60.05
61 EMERGENCY	19.10	10.00					29.10	61
62 OBSERVATION BEDS (NON-DISTINCT)		23.84					23.84	62
101 TOTAL CHARGES	24.15	9.07					33.22	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	62.26		5.48				67.74 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.11						0.11 37
37.02 ENDOSCOPY	0.06						0.06 37.02
37.03 IMPLANTS	0.01						0.01 37.03
38 RECOVERY ROOM	0.06						0.06 38
40 ANESTHESIOLOGY	0.04						0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.99	0.03					1.02 41
41.01 ULTRASOUND	1.15	0.05					1.20 41.01
41.02 CAT SCANNER	0.45	0.01					0.46 41.02
41.03 MRI	0.42						0.42 41.03
41.05 RADIATION ONCOLOGY	0.41	0.04					0.45 41.05
41.06 MAMMOGRAPHY	0.01						0.01 41.06
43 RADIOISOTOPE	0.40						0.40 43
44 LABORATORY	2.01						2.01 44
47 BLOOD STORING, PROCESSING & TRA	0.50						0.50 47
48 INTRAVENOUS THERAPY	1.19						1.19 48
49 RESPIRATORY THERAPY	1.79	0.01					1.80 49
50 PHYSICAL THERAPY	62.76						62.76 50
53 ELECTROCARDIOLOGY	0.35	0.02					0.37 53
53.01 CATH LAB	0.12						0.12 53.01
53.02 CARDIAC REHAB	0.02						0.02 53.02
54 ELECTROENCEPHALOGRAPHY	0.62	0.05					0.67 54
56 DRUGS CHARGED TO PATIENTS	3.08	0.01					3.09 56
57 RENAL DIALYSIS	9.31						9.31 57
60 CLINIC	0.10						0.10 60
61 EMERGENCY	0.06						0.06 61
101 TOTAL CHARGES	1.68						1.68 101

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	17664619	4.86	-17664619	-11.55		3
4	NEW CAP REL COSTS-MVBLE EQUIP	7736168	2.13	-7736168	-5.06		4
5	EMPLOYEE BENEFITS	24826204	6.83	-24826204	-16.24		5
6.01	NON PATIENT TELEPHONES	733038	.20	-733038	-.48		6.01
6.02	DATA PROCESSING	7061959	1.94	-7061959	-4.62		6.02
6.03	PURCHASING/STOREROOM	1168660	.32	-1168660	-.76		6.03
6.04	ADMITTING	1857725	.51	-1857725	-1.21		6.04
6.05	CASHIERING/ACCTS. RECEIVABLE	7051479	1.94	-7051479	-4.61		6.05
6.06	ADMINISTRATIVE & GENERAL	50810027	13.98	-50810027	-33.23		6.06
7	MAINTENANCE & REPAIRS	2832284	.78	-2832284	-1.85		7
8	OPERATION OF PLANT	7174088	1.97	-7174088	-4.69		8
9	LAUNDRY & LINEN SERVICE	1466519	.40	-1466519	-.96		9
10	HOUSEKEEPING	3806392	1.05	-3806392	-2.49		10
11	DIETARY	3153509	.87	-3153509	-2.06		11
12	CAFETERIA	1079948	.30	-1079948	-.71		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1901217	.52	-1901217	-1.24		14
15	CENTRAL SERVICES & SUPPLY	1914224	.53	-1914224	-1.25		15
16	PHARMACY	4504655	1.24	-4504655	-2.95		16
17	MEDICAL RECORDS & LIBRARY	3737599	1.03	-3737599	-2.44		17
17.01	MEDICAL TRANSCRIPTION						17.01
18	SOCIAL SERVICE	2214675	.61	-2214675	-1.45		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-PASTORAL CARE	209234	.06	-209234	-.14		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	33988523	9.35	36444601	23.83	70433124	19.38
26	INTENSIVE CARE UNIT	8697051	2.39	6888626	4.51	15585677	4.29
31	SUBPROVIDER I	11597037	3.19	10980499	7.18	22577536	6.21
33	NURSERY	1706577	.47	1074450	.70	2781027	.77
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	19767107	5.44	13776015	9.01	33543122	9.23
37.01	GAMMA KNIFE	2213808	.61	714539	.47	2928347	.81
37.02	ENDOSCOPY	3149647	.87	2382668	1.56	5532315	1.52
37.03	IMPLANTS	13859519	3.81	5051683	3.30	18911202	5.20
38	RECOVERY ROOM	1681846	.46	1311664	.86	2993510	.82
39	DELIVERY ROOM & LABOR ROOM	4506913	1.24	3765109	2.46	8272022	2.28
40	ANESTHESIOLOGY	1068267	.29	788927	.52	1857194	.51
41	RADIOLOGY-DIAGNOSTIC	2985396	.82	3639488	2.38	6624884	1.82
41.01	ULTRASOUND	1484475	.41	1241594	.81	2726069	.75
41.02	CAT SCANNER	2437354	.67	2345384	1.53	4782738	1.32
41.03	MRI	1578139	.43	1317486	.86	2895625	.80

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
41.04 PET SCAN	909603	.25	416982	.27	1326585	.36	41.04
41.05 RADIATION ONCOLOGY	1723123	.47	2227836	1.46	3950959	1.09	41.05
41.06 MAMMOGRAPHY	1342553	.37	1135739	.74	2478292	.68	41.06
43 RADIOISOTOPE	1581424	.44	1069681	.70	2651105	.73	43
44 LABORATORY	11586910	3.19	7999056	5.23	19585966	5.39	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	2847172	.78	863886	.56	3711058	1.02	47
48 INTRAVENOUS THERAPY	2248205	.62	939092	.61	3187297	.88	48
49 RESPIRATORY THERAPY	3279048	.90	2046656	1.34	5325704	1.47	49
50 PHYSICAL THERAPY	2779807	.76	1614029	1.06	4393836	1.21	50
50.01 OP PHYSICAL THERAPY	1893526	.52	996383	.65	2889909	.80	50.01
50.02 IP PHYSICAL THERAPY	1451379	.40	764335	.50	2215714	.61	50.02
53 ELECTROCARDIOLOGY	913543	.25	1118050	.73	2031593	.56	53
53.01 CATH LAB	20240498	5.57	9414793	6.16	29655291	8.16	53.01
53.02 CARDIAC REHAB	729512	.20	305475	.20	1034987	.28	53.02
54 ELECTROENCEPHALOGRAPHY	105306	.03	291527	.19	396833	.11	54
54.01 NEURO MEG	81096	.02	209819	.14	290915	.08	54.01
54.02 SLEEP LAB	753641	.21	1062743	.70	1816384	.50	54.02
56 DRUGS CHARGED TO PATIENTS	16102741	4.43	10673343	6.98	26776084	7.37	56
57 RENAL DIALYSIS	1036278	.29	265283	.17	1301561	.36	57
59 PSYCHOLOGY	89859	.02	38085	.02	127944	.04	59
60 CLINIC	1204886	.33	1080267	.71	2285153	.63	60
60.01 DAY REHABILITATION	794245	.22	374676	.25	1168921	.32	60.01
60.02 OUTPATIENT IMAGING CENTERS	4594205	1.26	1889982	1.24	6484187	1.78	60.02
60.03 IMMEDIATE CARE CENTERS	1115670	.31	456814	.30	1572484	.43	60.03
60.04 COUMADIN CLINIC	183915	.05	81942	.05	265857	.07	60.04
60.05 WOUND CLINIC	1313170	.36	670448	.44	1983618	.55	60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY	6566193	1.81	4847392	3.17	11413585	3.14	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	7228625	1.99	2695296	1.76	9923921	2.73	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	99401	.03	19838	.01	119239	.03	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	239648	.07	246856	.16	486504	.13	96
96.02 NON ALLOW CLINICS	414493	.11	150144	.10	564637	.16	96.02

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
97	RESEARCH	708265	.19	584405	.38	1292670	.36	97
97.01	EPILEPSY	8575		4915		13490		97.01
98	PHYSICIANS' PRIVATE OFFICES	1130216	.31	1534342	1.00	2664558	.73	98
99	NONPAID WORKERS	2545760	.70	729619	.48	3275379	.90	99
99.01	RETAIL PHARMACY			2361761	1.54	2361761	.65	99.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	363468373	100.00	0	.00	363468373	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	3011378	148944528	.020218	35826848	724347	37
37.01 GAMMA KNIFE	91488	11000741	.008317	85062	707	37.01
37.02 ENDOSCOPY	446863	38447031	.011623	5083253	59083	37.02
37.03 IMPLANTS	412903	26659958	.015488	7872251	121925	37.03
38 RECOVERY ROOM	185607	17737651	.010464	4178183	43721	38
39 DELIVERY ROOM & LABOR ROOM	804380	12947860	.062125			39
40 ANESTHESIOLOGY	121213	26808859	.004521	5595630	25298	40
41 RADIOLOGY-DIAGNOSTIC	1211622	28908342	.041913	7884413	330459	41
41.01 ULTRASOUND	253883	19033781	.013339	4453874	59410	41.01
41.02 CAT SCANNER	191013	101354500	.001885	24198019	45613	41.02
41.03 MRI	227117	36222458	.006270	7840409	49159	41.03
41.04 PET SCAN	88624	4957864	.017875	37844	676	41.04
41.05 RADIATION ONCOLOGY	851272	16791159	.050698	780376	39564	41.05
41.06 MAMMOGRAPHY	325630	7031333	.046311	4562	211	41.06
43 RADIOISOTOPE	242403	17745743	.013660	4884181	66718	43
44 LABORATORY	1093091	189590716	.005766	50903486	293510	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	59825	9228499	.006483	3840839	24900	47
48 INTRAVENOUS THERAPY	75055	3151776	.023814	1876866	44696	48
49 RESPIRATORY THERAPY	199541	45351600	.004400	27255081	119922	49
50 PHYSICAL THERAPY	177660	17843658	.009956			50
50.01 OP PHYSICAL THERAPY	70828	9674631	.007321			50.01
50.02 IP PHYSICAL THERAPY	55474	8248001	.006726	5554695	37361	50.02
53 ELECTROCARDIOLOGY	202424	34375759	.005889	11828391	69657	53
53.01 CATH LAB	1324225	98716110	.013414	46790412	627647	53.01
53.02 CARDIAC REHAB	20276	1361794	.014889	76951	1146	53.02
54 ELECTROENCEPHALOGRAPHY	90256	1961143	.046022	486019	22368	54
54.01 NEURO MEG	107970	645174	.167350	12556	2101	54.01
54.02 SLEEP LAB	358460	6590707	.054389	10231	556	54.02
56 DRUGS CHARGED TO PATIENTS	302478	136882081	.002210	51922921	114750	56
57 RENAL DIALYSIS	12825	4883329	.002626	2939172	7718	57
59 PSYCHOLOGY	928	84107	.011034			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	223310	6093326	.036648	123552	4528	60
60.01 DAY REHABILITATION	14536	3492643	.004162			60.01
60.02 OUTPATIENT IMAGING CENTERS	324626	35533295	.009136	147332	1346	60.02
60.03 IMMEDIATE CARE CENTERS	13637	2260687	.006032	9275	56	60.03
60.04 COUMADIN CLINIC	2221	412850	.005380			60.04
60.05 WOUND CLINIC	117890	5509102	.021399	7386	158	60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	798260	45991222	.017357	8784525	152473	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	284586	4019915	.070794			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	14395778	1186493933		321294595	3091784	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	5654539		5654539	77987	72.51	41787	3029975 25
26	INTENSIVE CARE UNIT	1050538		1050538	8868	118.46	5034	596328 26
101	TOTAL	6705077		6705077			46821	3626303 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 3626303

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 3091784

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 6718087

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	101876633
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	389223579
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.262

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))	18560614
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	35326062
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.525

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)	6718087
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	24453884
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	120422612
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.203