

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 TRINITY MED. CENTER ROCK ISLAND (14-0280) (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				1
2	SUBPROVIDER I	954278	40387		2
3	SWING BED - SNF	132810	3		3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	-53965			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	1033123	40390		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: 2701 17TH STREET  
 1.01 CITY: ROCK ISLAND

STATE: IL

P.O.BOX:  
 ZIP CODE: 61201

COUNTY: ROCK ISLAND

1  
 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)			2	
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	TRINITY MED. CENTER ROCK ISLAND	14-0280	06/01/1972	N	P	O	2
3	SUBPROVIDER I	TRINITY REHABILITATION	14-T280	06/01/1984	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	TRINITY SKILLED NURSING UNIT	14-5564	01/22/1987	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2008	TO: 12/31/2008				17
18	TYPE OF CONTROL		1	2				18
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?		YES					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N	19340	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES					25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES					25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.06



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?	YES								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			H00186					40
40.01	NAME: TRINITY REGIONAL HEALTH SYS	FI/CONTRACTOR'S NAME:								40.01
40.02	STREET: 2701 17TH STREET	P.O.BOX:								40.02
40.03	CITY: ROCK ISLAND	STATE: IL ZIP CODE: 61201-5351								40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES								41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO								43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES								44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO								45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?									45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?									45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?									45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.									46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
		1	2	3	4	5				
47	HOSPITAL	N	N	N	N	N				47
48	SUBPROVIDER I	N	N	N	N	N				48
49	SKILLED NURSING FACILITY	N	N							49
50	HOME HEALTH AGENCY	N	N							50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.						NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.									53
53.01	MDH PERIOD: BEGINNING: ENDING:									53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:									54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						NO			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						NO			55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE / /	Y/N	LIMIT	Y/N	FEES	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	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)	NO					63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7434	2766	15535	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
6.01	NICU					6.01
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		7434	2766	15535	12
13	RPCH VISITS					13
14	SUBPROVIDER I		279		458	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
28.01	EMP. DISC. DAYS(IRF Sub)					28.01



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	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
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	74867935	-1629325	73238610	2659405.54	27.54		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	161006		161006	1254.00	128.39		4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	6218095		6218095	51551.00	120.62		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	1319353		1319353	67645.00	19.50		8
8.01 EXCLUDED AREA SALARIES	12554087		12554087	487535.00	25.75		8.01
9 OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	204834		204834	6456.87	31.72		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	142453		142453	860.58	165.53		9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	28482816		28482816	1193508.00	23.86		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	17831180		17831180			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	3260980		3260980			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	26722		26722			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	857707		857707			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21 OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS							21
22 ADMINISTRATIVE & GENERAL	1785014		1785014	23180.06	77.01		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT							24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING							26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY							27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION							30
31 CENTRAL SERVICES AND SUPPLY	1371983		1371983	96087.91	14.28		31
32 PHARMACY	3394028		3394028	99856.69	33.99		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR							33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	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
		A-6	3	4	5	
1 NET SALARIES	68649840	-1629325	67020515	2607854.54	25.70	1
2 EXCLUDED AREA SALARIES	13873440		13873440	555180.00	24.99	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	54776400	-1629325	53147075	2052674.54	25.89	3
4 SUBTOTAL OTHER WAGES & REL COSTS	28830103		28830103	1200825.45	24.01	4
5 SUBTOTAL WAGE-RELATED COSTS	17857902		17857902		33.60%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	101464405	-1629325	99835080	3253499.99	30.69	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	6551025		6551025	219124.66	29.90	13

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		13						1
2	RUB		51						2
3	RUA		12						3
3.01	RUX		20						3.01
3.02	RUL		18						3.02
4	RVC		106						4
5	RVB		533						5
6	RVA		435						6
6.01	RVX		148						6.01
6.02	RVL		1166						6.02
7	RHC		169						7
8	RHB		317						8
9	RHA		730						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		44						10
11	RMB		89						11
12	RMA		78						12
12.01	RMX		463						12.01
12.02	RML		2635						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		44						15
16	SE2		96						16
17	SE1								17
18	SSC								18
19	SSB		16						19
20	SSA		16						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1		3						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		7202						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	18553511 17
17.01	GROSS MEDICAID REVENUES	9520674 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	1414026 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	2748524 20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	32236735 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	2018421 23
24	COST TO CHARGE RATIO	0.399464 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	806287 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	57944626 28
29	TOTAL GROSS MEDICAID COST	23146792 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	18553511 30
31	UNCOMPENSATED CARE COST	7411460 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23953079 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				10139769	10139769	-2282084	7857685	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP								4
5	0500 EMPLOYEE BENEFITS				14270619	14270619	-2804230	11466389	5
6.01	0610 NON-PATIENT PHONES								6.01
6.03	0630 PURCHASING						358721	358721	6.03
6.04	0640 ADMITTING						1596321	1596321	6.04
6.05	0650 CASHIERING/AR				2025014	2025014	-454984	1570030	6.05
6.06	0660 A & G	1785014	44687168	46472182	-9513141	36959041	-5256899	31702142	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT						7486545	7486545	8
9	0900 LAUNDRY & LINEN SERVICE								9
10	1000 HOUSEKEEPING						2570363	2570363	10
11	1100 DIETARY						2527559	2527559	11
12	1200 CAFETERIA								12
12.01	1201 EMPLOYEE CAFETERIA								12.01
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION						1106037	1106037	14
15	1500 CENTRAL SERVICES & SUPPLY	1371983	1219707	2591690	-454909	2136781	-1173	2135608	15
16	1600 PHARMACY	3394028	13447984	16842012	-11789109	5052903	-42376	5010527	16
17	1700 MEDICAL RECORDS & LIBRARY						1271029	1271029	17
18	1800 SOCIAL SERVICE						1604447	1604447	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL	718327	509331	1227658	-293373	934285	-1029343	-95058	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-(SPECIFY)	179020	61602	240622	-28199	212423	-289831	-77408	24
24.01	2401 PARAMED PROGRAM (OR TECH)	100520	31961	132481	-17359	115122	-142490	-27368	24.01
24.02	2402 PARAMED PROGRAM - EMS	131712	60886	192598	-30957	161641	-161985	-344	24.02
24.03	2403 PARAMED - RESP CARE	145722	39748	185470	-18493	166977	-160809	6168	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	15524429	7698058	23222487	-5208540	18013947	-2214982	15798965	25
26	2600 INTENSIVE CARE UNIT	2565113	1495085	4060198	-742077	3318121	-9120	3309001	26
26.01	2060 NICU	839400	798937	1638337	-146369	1491968	-500000	991968	26.01
27	2700 CORONARY CARE UNIT	2333870	1111480	3445350	-1378931	2066419		2066419	27
31	3100 SUBPROVIDER I	1379691	652737	2032428	-339269	1693159	-125667	1567492	31
33	3300 NURSERY				874379	874379		874379	33
34	3400 SKILLED NURSING FACILITY	1319353	625322	1944675	-356417	1588258	-200	1588058	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	4892769	18964798	23857567	-11292543	12565024	611818	13176842	37
37.01	3701 AMBULATORY SURGERY								37.01
37.02	3340 GASTROINTESTINAL	551524	718784	1270308	-378096	892212		892212	37.02
38	3800 RECOVERY ROOM	1164533	486842	1651375	-309718	1341657		1341657	38
39	3900 DELIVERY ROOM & LABOR ROOM	1442164	984873	2427037	-1147903	1279134		1279134	39
40	4000 ANESTHESIOLOGY		705535	705535	-415	705120	-495833	209287	40
41	4100 RADIOLOGY-DIAGNOSTIC	3764939	3815970	7580909	-405087	7175822	-1231	7174591	41
41.01	3430 MRI		713528	713528		713528	1086464	1799992	41.01
42	4200 RADIOLOGY-THERAPEUTIC	1684344	1620089	3304433	-489435	2814998	-5602	2809396	42
44	4400 LABORATORY		9296737	9296737	-2106000	7190737		7190737	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA				2129405	2129405		2129405	47
48	4800 INTRAVENOUS THERAPY	231232	110883	342115	481665	823780		823780	48
49	4900 RESPIRATORY THERAPY	1241252	763968	2005220	-1045565	959655	-8547	951108	49
50	5000 PHYSICAL THERAPY	2063608	986766	3050374	-1234080	1816294	-44141	1772153	50
50.01	5001 TORS	491394	507549	998943	-147841	851102	-53452	797650	50.01
51	5100 OCCUPATIONAL THERAPY				717290	717290		717290	51
53	5300 ELECTROCARDIOLOGY								53
53.01	5301 ELECTROCARDIOLOGY								53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				11630492	11630492		11630492	55
55.01	5501 IMPLANTABLE DEVICES CHRGD TO PA				8831833	8831833		8831833	55.01
56	5600 DRUGS CHARGED TO PATIENTS				11141776	11141776		11141776	56
57	5700 RENAL DIALYSIS				536395	536395		536395	57
59	3140 CARDIOLOGY & CARDIC REHAB	2903207	12493971	15397178	-10661429	4735749	-365029	4370720	59
59.25	3160 CARDIOPULMONARY				954516	954516		954516	59.25
59.30	3280 EKG AND EEG	333485	173273	506758	1044252	1551010	-53124	1497886	59.30
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	1430766	1127181	2557947	-355063	2202884	-463004	1739880	60
60.01	6001 DIABETIC EDUCATION	63811	25384	89195	-17560	71635		71635	60.01
61	6100 EMERGENCY	10921630	3803254	14724884	-1913791	12811093	-7146599	5664494	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									

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	
65	6500 AMBULANCE SERVICES	1156478	1165508	2321986	-329783	1992203	-601784	1390419	65
69.10	6910 CMHC								69.10
69.20	6920 OPT								69.20
69.30	6930 CMHC								69.30
69.40	6940 OPT								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	66125318	130904899	197030217	2625953	199656170	-4495215	195160955	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01	9601 SENIOR SERVICES								96.01
96.02	9602 OTHER NON REIMBURSABLE								96.02
96.03	9603 MEDICAL OFFICE		466259	466259	-285594	180665		180665	96.03
98	9800 PHYSICIANS' PRIVATE OFFICES	2508326	1721751	4230077	-913149	3316928		3316928	98
98.01	9801 WOMEN'S HEALTH CENTER								98.01
98.02	9802 RIVERSIDE OUTPATIENT	404677	545814	950491	-147540	802951		802951	98.02
98.03	9803 PRIMARY CARE CLINIC	4103806	2874086	6977892	-944898	6032994	-13989	6019005	98.03
98.04	9804 ORTHOPEDIC CLINIC	165592	116596	282188	-37771	244417	-424	243993	98.04
98.05	9805 NON-REIMBURSABLE CLINIC	283159	141533	424692	-16933	407759	-128	407631	98.05
100	7950 NON REIMBURSABLE COST CENTERS								100
100.01	7951 PHYSICIAN RECRUITMENT								100.01
100.02	7952 GROUP HOMES DEPT 783	557025	334095	891120	-165507	725613		725613	100.02
100.03	7953 PRECEDENCE								100.03
100.04	7954 CALL CENTER								100.04
100.05	7955 WORK FITNESS CENTER	720032	341719	1061751	-114561	947190	-353	946837	100.05
101	TOTAL	74867935	137446752	212314687		212314687	-4510109	207804578	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1					1
2 BOND AMORT	B	NEW CAP REL COSTS-BLDG & FIXT	3		167415 2
3					3
4 DEPR EXP	C	NEW CAP REL COSTS-BLDG & FIXT	3		4435026 4
5					5
6 BLOOD COSTS	D	BLOOD STORING, PROCESSING & T	47		2091350 6
7					7
8 MEDICAID ASSESSMENT FEE	F	SKILLED NURSING FACILITY	34		15922 8
9					9
10 I/P PORTION OF RECOVERY	H				10
11					11
12 DRUG COSTS	J	DRUGS CHARGED TO PATIENTS	56		11141776 12
13					13
14 PROPERTY TAXES	M	NEW CAP REL COSTS-BLDG & FIXT	3		33496 14
15	M	NEW CAP REL COSTS-BLDG & FIXT	3		19221 15
16	M	NEW CAP REL COSTS-BLDG & FIXT	3		7983 16
17	M	NEW CAP REL COSTS-BLDG & FIXT	3		285594 17
18	M	NEW CAP REL COSTS-BLDG & FIXT	3		36224 18
19					19
20					20
21 MEDICAL SUPPLIES	O	CENTRAL SERVICES & SUPPLY	15		16564 21
22	O	MEDICAL SUPPLIES CHARGED TO P	55		231657 22
23	O	MEDICAL SUPPLIES CHARGED TO P	55		60729 23
24	O	MEDICAL SUPPLIES CHARGED TO P	55		12355 24
25	O	MEDICAL SUPPLIES CHARGED TO P	55		29239 25
26	O	MEDICAL SUPPLIES CHARGED TO P	55		5907 26
27	O	MEDICAL SUPPLIES CHARGED TO P	55		2954375 27
28	O	MEDICAL SUPPLIES CHARGED TO P	55		232041 28
29	O	MEDICAL SUPPLIES CHARGED TO P	55		531 29
30	O	MEDICAL SUPPLIES CHARGED TO P	55		146547 30
31	O	MEDICAL SUPPLIES CHARGED TO P	55		415 31
32	O	MEDICAL SUPPLIES CHARGED TO P	55		15926 32
33	O	MEDICAL SUPPLIES CHARGED TO P	55		118051 33
34	O	MEDICAL SUPPLIES CHARGED TO P	55		5642 34
35	O	MEDICAL SUPPLIES CHARGED TO P	55		2627 35
36 SUBTOTAL					22066613 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
2 BOND AMORT	B	A & G	6.06		167415	11 2
3						3
4 DEPR EXP	C	A & G	6.06		4435026	9 4
5						5
6 BLOOD COSTS	D	LABORATORY	44		2091350	6
7						7
8 MEDICAID ASSESSMENT FEE	F	A & G	6.06		15922	8
9						9
10 I/P PORTION OF RECOVERY	H					10
11						11
12 DRUG COSTS	J	PHARMACY	16		11141776	12
13						13
14 PROPERTY TAXES	M	A & G	6.06		33496	13 14
15	M	PHYSICAL THERAPY	50		19221	13 15
16	M	AMBULANCE SERVICES	65		7983	13 16
17	M	MEDICAL OFFICE	96.03		285594	13 17
18	M	PRIMARY CARE CLINIC	98.03		36224	13 18
19						19
20						20
21 MEDICAL SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	55		16564	21
22	O	ADULTS & PEDIATRICS	25		231657	22
23	O	INTENSIVE CARE UNIT	26		60729	23
24	O	NICU	26.01		12355	24
25	O	SUBPROVIDER I	31		29239	25
26	O	SKILLED NURSING FACILITY	34		5907	26
27	O	OPERATING ROOM	37		2954375	27
28	O	GASTROINTESTINAL	37.02		232041	28
29	O	RECOVERY ROOM	38		531	29
30	O	DELIVERY ROOM & LABOR ROOM	39		146547	30
31	O	ANESTHESIOLOGY	40		415	31
32	O	RADIOLOGY-DIAGNOSTIC	41		15926	32
33	O	RADIOLOGY-THERAPEUTIC	42		118051	33
34	O	RESPIRATORY THERAPY	49		5642	34
35	O	PHYSICAL THERAPY	50		2627	35
36 SUBTOTAL					22066613	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER	
		COST CENTER	LINE #		
	1	2	3	4	5
1	O	MEDICAL SUPPLIES CHARGED TO P	55		33 1
2	O	MEDICAL SUPPLIES CHARGED TO P	55		7800914 2
3	O	MEDICAL SUPPLIES CHARGED TO P	55		15130 3
4	O	MEDICAL SUPPLIES CHARGED TO P	55		14903 4
5	O	MEDICAL SUPPLIES CHARGED TO P	55		34 5
6	O	IMPLANTABLE DEVICES CHRGD TO	55.01		14129 6
7	O	IMPLANTABLE DEVICES CHRGD TO	55.01		7562459 7
8	O	IMPLANTABLE DEVICES CHRGD TO	55.01		1086 8
9	O	IMPLANTABLE DEVICES CHRGD TO	55.01		1239469 9
10	O	IMPLANTABLE DEVICES CHRGD TO	55.01		14690 10
11					11
12	X	EMPLOYEE BENEFITS	5		2998608 12
13	X	EMPLOYEE BENEFITS	5		340144 13
14	X	EMPLOYEE BENEFITS	5		449558 14
15	X	EMPLOYEE BENEFITS	5		98173 15
16	X	EMPLOYEE BENEFITS	5		28199 16
17	X	EMPLOYEE BENEFITS	5		17359 17
18	X	EMPLOYEE BENEFITS	5		21357 18
19	X	EMPLOYEE BENEFITS	5		18493 19
20	X	EMPLOYEE BENEFITS	5		2599209 20
21	X	EMPLOYEE BENEFITS	5		388348 21
22	X	EMPLOYEE BENEFITS	5		119364 22
23	X	EMPLOYEE BENEFITS	5		454383 23
24	X	EMPLOYEE BENEFITS	5		236780 24
25	X	EMPLOYEE BENEFITS	5		256557 25
26	X	EMPLOYEE BENEFITS	5		787331 26
27	X	EMPLOYEE BENEFITS	5		80130 27
28	X	EMPLOYEE BENEFITS	5		162687 28
29	X	EMPLOYEE BENEFITS	5		240543 29
30	X	EMPLOYEE BENEFITS	5		630973 30
31	X	EMPLOYEE BENEFITS	5		238675 31
32	X	EMPLOYEE BENEFITS	5		34800 32
33	X	EMPLOYEE BENEFITS	5		206872 33
34	X	EMPLOYEE BENEFITS	5		355767 34
35	X	EMPLOYEE BENEFITS	5		81883 35
36		SUBTOTAL			49575653 36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	O	TORS	50.01		33	1
2	O	CARDIOLOGY & CARDIC REHAB	59		7800914	2
3	O	CLINIC	60		15130	3
4	O	EMERGENCY	61		14903	4
5	O	PRIMARY CARE CLINIC	98.03		34	5
6	O	CENTRAL SERVICES & SUPPLY	15		14129	6
7	O	OPERATING ROOM	37		7562459	7
8	O	DELIVERY ROOM & LABOR ROOM	39		1086	8
9	O	CARDIOLOGY & CARDIC REHAB	59		1239469	9
10	O	CLINIC	60		14690	10
11						11
12	X	A & G	6.06		2998608	12
13	X	CENTRAL SERVICES & SUPPLY	15		340144	13
14	X	PHARMACY	16		449558	14
15	X	NURSING SCHOOL	21		98173	15
16	X	PARAMED ED PRGM-(SPECIFY)	24		28199	16
17	X	PARAMED PROGRAM (OR TECH)	24.01		17359	17
18	X	PARAMED PROGRAM - EMS	24.02		21357	18
19	X	PARAMED - RESP CARE	24.03		18493	19
20	X	ADULTS & PEDIATRICS	25		2599209	20
21	X	INTENSIVE CARE UNIT	26		388348	21
22	X	NICU	26.01		119364	22
23	X	CORONARY CARE UNIT	27		454383	23
24	X	SUBPROVIDER I	31		236780	24
25	X	SKILLED NURSING FACILITY	34		256557	25
26	X	OPERATING ROOM	37		787331	26
27	X	GASTROINTESTINAL	37.02		80130	27
28	X	RECOVERY ROOM	38		162687	28
29	X	DELIVERY ROOM & LABOR ROOM	39		240543	29
30	X	RADIOLOGY-DIAGNOSTIC	41		630973	30
31	X	RADIOLOGY-THERAPEUTIC	42		238675	31
32	X	INTRAVENOUS THERAPY	48		34800	32
33	X	RESPIRATORY THERAPY	49		206872	33
34	X	PHYSICAL THERAPY	50		355767	34
35	X	TORS	50.01		81883	35
36		SUBTOTAL			49575653	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1	X	EMPLOYEE BENEFITS	5		59509 1
2	X	EMPLOYEE BENEFITS	5		453856 2
3	X	EMPLOYEE BENEFITS	5		225723 3
4	X	EMPLOYEE BENEFITS	5		10235 4
5	X	EMPLOYEE BENEFITS	5		1096177 5
6	X	EMPLOYEE BENEFITS	5		293000 6
7	X	EMPLOYEE BENEFITS	5		415049 7
8	X	EMPLOYEE BENEFITS	5		81615 8
9	X	EMPLOYEE BENEFITS	5		520415 9
10	X	EMPLOYEE BENEFITS	5		15796 10
11	X	EMPLOYEE BENEFITS	5		16933 11
12	X	EMPLOYEE BENEFITS	5		128882 12
13	X	EMPLOYEE BENEFITS	5		107236 13
14					14
15					15
16	ER PHYSICIAN SALARY	Y	EMERGENCY	61	1629325 16
17					17
18	IHS ALLOCATIONS	Z	A & G	6.06	117200 18
19		Z	A & G	6.06	197775 19
20		Z	A & G	6.06	195200 20
21		Z	A & G	6.06	9600 21
22		Z	A & G	6.06	966900 22
23		Z	A & G	6.06	293000 23
24		Z	A & G	6.06	14650 24
25		Z	A & G	6.06	73250 25
26		Z	A & G	6.06	109875 26
27		Z	A & G	6.06	344275 27
28		Z	A & G	6.06	65925 28
29		Z	A & G	6.06	146500 29
30		Z	A & G	6.06	175800 30
31		Z	A & G	6.06	336950 31
32		Z	A & G	6.06	197775 32
33		Z	A & G	6.06	14650 33
34		Z	A & G	6.06	7325 34
35		Z	A & G	6.06	29300 35
36	SUBTOTAL				57925354 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF.		
		COST CENTER	LINE #	SALARY			
	1	6	7	8	9	10	
1	X	EKG AND EEG	59.30		59509	1	
2	X	CARDIOLOGY & CARDIC REHAB	59		453856	2	
3	X	CLINIC	60		225723	3	
4	X	DIABETIC EDUCATION	60.01		10235	4	
5	X	EMERGENCY	61		1096177	5	
6	X	AMBULANCE SERVICES	65		293000	6	
7	X	PHYSICIANS' PRIVATE OFFICES	98		415049	7	
8	X	RIVERSIDE OUTPATIENT	98.02		81615	8	
9	X	PRIMARY CARE CLINIC	98.03		520415	9	
10	X	ORTHOPEDIC CLINIC	98.04		15796	10	
11	X	NON-REIMBURSABLE CLINIC	98.05		16933	11	
12	X	GROUP HOMES DEPT 783	100.02		128882	12	
13	X	WORK FITNESS CENTER	100.05		107236	13	
14						14	
15						15	
16	ER PHYSICIAN SALARY	Y	EMERGENCY	61	1629325	16	
17						17	
18	IHS ALLOCATIONS	Z	CENTRAL SERVICES & SUPPLY	15	117200	18	
19		Z	PHARMACY	16	197775	19	
20		Z	NURSING SCHOOL	21	195200	20	
21		Z	PARAMED PROGRAM - EMS	24.02	9600	21	
22		Z	ADULTS & PEDIATRICS	25	966900	22	
23		Z	INTENSIVE CARE UNIT	26	293000	23	
24		Z	NICU	26.01	14650	24	
25		Z	SUBPROVIDER I	31	73250	25	
26		Z	SKILLED NURSING FACILITY	34	109875	26	
27		Z	OPERATING ROOM	37	344275	27	
28		Z	GASTROINTESTINAL	37.02	65925	28	
29		Z	RECOVERY ROOM	38	146500	29	
30		Z	DELIVERY ROOM & LABOR ROOM	39	175800	30	
31		Z	RADIOLOGY-DIAGNOSTIC	41	336950	31	
32		Z	RADIOLOGY-THERAPEUTIC	42	197775	32	
33		Z	LABORATORY	44	14650	33	
34		Z	INTRAVENOUS THERAPY	48	7325	34	
35		Z	RESPIRATORY THERAPY	49	29300	35	
36	SUBTOTAL				1629325	56296029	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5		
1	Z	A & G	6.06		139175	1	
2	Z	A & G	6.06		65925	2	
3	Z	A & G	6.06		336950	3	
4	Z	A & G	6.06		249050	4	
5	Z	A & G	6.06		7325	5	
6	Z	A & G	6.06		175800	6	
7	Z	A & G	6.06		28800	7	
8	Z	A & G	6.06		498100	8	
9	Z	A & G	6.06		65925	9	
10	Z	A & G	6.06		388225	10	
11	Z	A & G	6.06		21975	11	
12	Z	A & G	6.06		36625	12	
13	Z	A & G	6.06		7325	13	
14						14	
15	RECLASS IHS INT EXP	AA	NEW CAP REL COSTS-BLDG & FIXT	3		5154810	15
16							16
17	RECLASS IHS CBO COST	BB	CASHIERING/AR	6.05		2025014	17
18							18
19	RECLASS FROM A&P	CC	RENAL DIALYSIS	57	376240	160155	19
20		CC	EKG AND EEG	59.30	760745	163803	20
21		CC	NURSERY	33	702988	171391	21
22							22
23	RECLASS FROM CLINIC TO X-RAY	DD	RADIOLOGY-DIAGNOSTIC	41	31088	47412	23
24							24
25	RECLASS FROM DEL & LABOR	EE	OPERATING ROOM	37	275494	80403	25
26		EE	CLINIC	60	176514	51516	26
27							27
28	RECLASS FROM RT	FF	CARDIOPULMONARY	59.25	331774	471977	28
29							29
30	RECLASS FROM IV THERAPY	GG	RADIOLOGY-THERAPEUTIC	42	50153	14913	30
31		GG	BLOOD STORING, PROCESSING & T	47	29333	8722	31
32							32
33	FROM PT TO OT	HH	OCCUPATIONAL THERAPY	51	586694	130596	33
34							34
35	FROM CARDIAC REHAB	II	RADIOLOGY-DIAGNOSTIC	41	304869	195393	35
36	SUBTOTAL				3625892	68622659	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	Z	PHYSICAL THERAPY	50		139175	1
2	Z	TORS	50.01		65925	2
3	Z	CARDIOLOGY & CARDIC REHAB	59		336950	3
4	Z	CLINIC	60		249050	4
5	Z	DIABETIC EDUCATION	60.01		7325	5
6	Z	EMERGENCY	61		175800	6
7	Z	AMBULANCE SERVICES	65		28800	7
8	Z	PHYSICIANS' PRIVATE OFFICES	98		498100	8
9	Z	RIVERSIDE OUTPATIENT	98.02		65925	9
10	Z	PRIMARY CARE CLINIC	98.03		388225	10
11	Z	ORTHOPEDIC CLINIC	98.04		21975	11
12	Z	GROUP HOMES DEPT 783	100.02		36625	12
13	Z	WORK FITNESS CENTER	100.05		7325	13
14						14
15 RECLASS IHS INT EXP	AA	A & G	6.06		5154810	11 15
16						16
17 RECLASS IHS CBO COST	BB	A & G	6.06		2025014	17
18						18
19 RECLASS FROM A&P	CC	ADULTS & PEDIATRICS	25	376240	160155	19
20	CC	CORONARY CARE UNIT	27	760745	163803	20
21	CC	ADULTS & PEDIATRICS	25	702988	171391	21
22						22
23 RECLASS FROM CLINIC TO X-RAY	DD	CLINIC	60	31088	47412	23
24						24
25 RECLASS FROM DEL & LABOR	EE	DELIVERY ROOM & LABOR ROOM	39	275494	80403	25
26	EE	DELIVERY ROOM & LABOR ROOM	39	176514	51516	26
27						27
28 RECLASS FROM RT	FF	RESPIRATORY THERAPY	49	331774	471977	28
29						29
30 RECLASS FROM IV THERAPY	GG	INTRAVENOUS THERAPY	48	50153	14913	30
31	GG	INTRAVENOUS THERAPY	48	29333	8722	31
32						32
33 FROM PT TO OT	HH	PHYSICAL THERAPY	50	586694	130596	33
34						34
35 FROM CARDIAC REHAB	II	CARDIOLOGY & CARDIC REHAB	59	304869	195393	35
36 SUBTOTAL				5255217	66993334	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	II	EKG AND EEG	59.30	98638	80575	1
2	II	CARDIOPULMONARY	59.25	96008	54757	2
3						3
4	JJ	INTRAVENOUS THERAPY	48	310267	106484	4
5	JJ	INTRAVENOUS THERAPY	48	170306	39854	5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			4301111	68904329	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
				LINE #	SALARY	OTHER	
2		1	6	7	8	9	10
3		II	CARDIOLOGY & CARDIC REHAB	59	98638	80575	1
4		II	CARDIOLOGY & CARDIC REHAB	59	96008	54757	2
5	RELCLASS TO IV THERAPY FROM ER	JJ	EMERGENCY	61	310267	106484	4
6		JJ	EMERGENCY	61	170306	39854	5
7							6
8							7
9							8
10							9
11							10
12							11
13							12
14							13
15							14
16							15
17							16
18							17
19							18
20							19
21							20
22							21
23							22
24							23
25							24
26							25
27							26
28							27
29							28
30							29
31							30
32							31
33							32
34							33
35							34
36	TOTAL RECLASSIFICATIONS				5930436	67275004	35

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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	6322281					6322281		1
2 LAND IMPROVEMENTS	6454151	298579		298579		6752730		2
3 BUILDINGS AND FIXTURES	180266663	12003368		12003368	122209	192147822		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	8855184	14208700		14208700	20167173	2896711		5
6 MOVABLE EQUIPMENT	76186350	12599177		12599177	4223211	84562316		6
7 SUBTOTAL	278084629	39109824		39109824	24512593	292681860		7
8 RECONCILING ITEMS					420	-420		8
9 TOTAL	278084629	39109824		39109824	24512173	292682280		9





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 5
			COST CENTER 3	LINE NO. 4	
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					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8639078			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	23259177			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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	B	-25991	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-1029343	NURSING SCHOOL	21	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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		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
37.03 REV OFFSET - A&G	B	-318958	A & G	6.06	37.03
37.08 REV OFFSET -CS&S	B	-1173	CENTRAL SERVICES & SUPPLY	15	37.08
37.09 REV OFFSET - EMT PROG	B	-161985	PARAMED PROGRAM - EMS	24.02	37.09
37.10 REV OFFSET - OR	B	-2370	OPERATING ROOM	37	37.10
37.11 REV OFFSET - PARAMED ED	B	-289831	PARAMED ED PRGM-(SPECIFY)	24	37.11
37.12 REV OFFSET - OR TECH	B	-142490	PARAMED PROGRAM (OR TECH)	24.01	37.12
37.13 REV OFFSET - A&P	B	-17788	ADULTS & PEDIATRICS	25	37.13
37.14 REV OFFSET - RT PROG	B	-148468	PARAMED - RESP CARE	24.03	37.14
37.15 REV OFFSET - RAD DIAG	B	-1231	RADIOLOGY-DIAGNOSTIC	41	37.15
37.16 REV OFFSET - RAD THERA	B	-58	RADIOLOGY-THERAPEUTIC	42	37.16
37.18 REV OFFSET - TORS	B	-53452	TORS	50.01	37.18
37.19 REV OFFSET - CARDIOLOGY	B	-13938	CARDIOLOGY & CARDIC REHAB	59	37.19
37.23 REV OFFSET - CLINIC	B	-136479	CLINIC	60	37.23
37.28 REV OFFSET - ER	B	-4250	EMERGENCY	61	37.28
37.29 REV OFFSET - AMBULANCE	B	-423700	AMBULANCE SERVICES	65	37.29
37.30 REV OFFSET - PHARMACY	B	-16385	PHARMACY	16	37.30
38					38
38.01 SISTER BENEFITS	A	135185	EMPLOYEE BENEFITS	5	38.01
38.04 ER PHYSICIAN	A	-2003489	EMERGENCY	61	38.04
39					39
40 WOUND CARE ADVERTISING	A	-5706	CLINIC	60	40
41 NON REIMB ADVERTISING	A	-33383	A & G	6.06	41
42 NON REIMB ADVERTISING	A	-1814	OPERATING ROOM	37	42
43 NON REIMB ADVERTISING	A	-3024	EKG AND ECG	59.30	43
43.01 NON REIMB ADVERTISING	A	-1753	AMBULANCE SERVICES	65	43.01
43.02 NON REIMB ADVERTISING	A	-13989	PRIMARY CARE CLINIC	98.03	43.02
43.03 NON REIMB ADVERTISING	A	-424	ORTHOPEDIC CLINIC	98.04	43.03
43.04 NON REIMB ADVERTISING	A	-128	NON-REIMBURSABLE CLINIC	98.05	43.04
44 NON REIMB ADVERTISING	A	-353	WORK FITNESS CENTER	100.05	44

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		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
45						45
45.01 CONTRIBUTIONS	A	-175000	A & G		6.06	45.01
46 ILLINOIS PROVIDER TAX	A	-7908082	A & G		6.06	46
47						47
48						48
49 BAD DEBT OFFSET	A	-4321606	A & G		6.06	49
49.20 BAD DEBT OFFSET	A	-438896	ADULTS & PEDIATRICS		25	49.20
49.21 BAD DEBT EXPENSE OFFSET	A	-187146	CLINIC		60	49.21
49.22 POST RETIREMENT BENEFITS	A	41246	EMPLOYEE BENEFITS		5	49.22
49.23 BAD DEBT OFFSET	A	-176331	AMBULANCE SERVICES		65	49.23
49.30 NON ALLOWABLE BOND AMORTIZATION	A	-50883	NEW CAP REL COSTS-BLDG & FIXT		3	11 49.30
49.31 OFFSET NONALLOWABLE INTEREST	A	-1306249	NEW CAP REL COSTS-BLDG & FIXT		3	11 49.31
49.32 RETIREE HEALTH INT EXP FASB 106	A	-25560	A & G		6.06	49.32
49.33 LOSS ON BOND DEFEASANCE	A	135067	A & G		6.06	49.33
50 TOTAL		-4510109				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	A & G	TRHS	25688713	18298090	7390623	1
2	5	EMPLOYEE BENEFITS	TRHS	17707654	20688315	-2980661	2
3	6.03	PURCHASING	TRHS	358721		358721	3
4	6.04	ADMITTING	TRHS	1596321		1596321	4
4.01	6.05	CASHIERING/AR	TRHS	1570030	2025014	-454984	4.01
4.02	8	OPERATION OF PLANT	TRHS	7486545		7486545	4.02
4.03	10	HOUSEKEEPING	TRHS	2570363		2570363	4.03
4.04	11	DIETARY	TRHS	2527559		2527559	4.04
4.05	14	NURSING ADMINISTRATION	TRHS	1106037		1106037	4.05
4.06	17	MEDICAL RECORDS & LIBRARY	TRHS	1271029		1271029	4.06
4.07	18	SOCIAL SERVICE	TRHS	1604447		1604447	4.07
4.08	37	OPERATING ROOM	TRHS	621665		621665	4.08
4.09	3	NEW CAP REL COSTS-BLDG & FIXT	TRHS	4297862	5222814	-924952	11 4.09
4.11	41.01	MRI	METRO MRI	1799954	713490	1086464	4.11
5		TOTALS		70206900	46947723	23259177	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	G IOWA HEALTH SYSTEM		IOWA HEALTH SYSTEM		HEALTH SYSTEM	1	
2	B TRINITY REGIONAL HEALTH SYSTEM		TRINITY REGIONAL HEALTH SYSTEM		HEALTH SYSTEM	2	
3	C METRO MRI		METRO MRI		MRI	3	
4						4	
5						5	

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	1758298	1758298					
2	26	INTENSIVE CARE UNIT	9120	9120					
3	37	OPERATING ROOM	5663	5663					
4	50.01	TORS							
5	53	ELECTROCARDIOLOGY							
6	60	CLINIC	133673	133673					
7	24.03	PARAMED - RESP CARE	12341	12341					
8	26.01	NICU	500000	500000					
9	34	SKILLED NURSING FACILITY	200	200					
10	31	SUBPROVIDER I	125667	125667					
11	61	EMERGENCY	5242524	5081518	161006	171400	1258	103664	5183
12	39	DELIVERY ROOM & LABOR RO							
13	40	ANESTHESIOLOGY	495833	495833					
14	42	RADIOLOGY-THERAPEUTIC	5544	5544					
15	50	PHYSICAL THERAPY	44141	44141					
16	37.01	AMBULATORY SURGERY							
17	49	RESPIRATORY THERAPY	8547	8547					
18	59.30	EKG AND EEG	50100	50100					
19	59	CARDIOLOGY & CARDIC REHA	351091	351091					
101		TOTAL	8742742	8581736	161006		1258	103664	5183

PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 05/21/2009 14:11

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	25	ADULTS & PEDIATRICS	AGGREGATE						1758298
2	26	INTENSIVE CARE UNIT	AGGREGATE						9120
3	37	OPERATING ROOM	AGGREGATE						5663
4	50.01	TORS	AGGREGATE						
5	53	ELECTROCARDIOLOGY	AGGREGATE						
6	60	CLINIC	AGGREGATE						133673
7	24.03	PARAMED - RESP CARE	AGGREGATE						12341
8	26.01	NICU	AGGREGAE						500000
9	34	SKILLED NURSING FACILITY	AGGREGATE						200
10	31	SUBPROVIDER I	AGGREGATE						125667
11	61	EMERGENCY	AGGREGATE				103664	57342	5138860
12	39	DELIVERY ROOM & LABOR RO	AGGREGATE						
13	40	ANESTHESIOLOGY	AGGREGATE						495833
14	42	RADIOLOGY-THERAPEUTIC	AGGREGATE						5544
15	50	PHYSICAL THERAPY	AGGREGATE						44141
16	37.01	AMBULATORY SURGERY	AGGREGATE						
17	49	RESPIRATORY THERAPY	AGGREGATE						8547
18	59.30	EKG AND EEG	AGREGATE						50100
19	59	CARDIOLOGY & CARDIC REHA	AGGREGATE						351091
101		TOTAL					103664	57342	8639078

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING	SUBTOTAL	A & G	
	FOR COST	BLDGS &	BENEFITS			AR		5A	6.06
	0	3	5	6.03	6.04	6.05			
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	7857685	7857685							3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	11466389	108884	11575273						5
6.01 NON-PATIENT PHONES									6.01
6.03 PURCHASING	358721	30291		389012					6.03
6.04 ADMITTING	1596321	54053			1650374				6.04
6.05 CASHIERING/AR	1570030	55483				1625513			6.05
6.06 A & G	31702142	1203787	282120	186			33188235	33188235	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	7486545	784479					8271024	1571801	8
9 LAUNDRY & LINEN SERVICE		34003					34003	6462	9
10 HOUSEKEEPING	2570363	46798					2617161	497357	10
11 DIETARY	2527559	231269					2758828	524279	11
12 CAFETERIA									12
12.01 EMPLOYEE CAFETERIA									12.01
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1106037	20008					1126045	213990	14
15 CENTRAL SERVICES & SUPPLY	2135608	211923	216841	2093			2566465	487723	15
16 PHARMACY	5010527	60824	536423	8044			5615818	1067213	16
17 MEDICAL RECORDS & LIBRARY	1271029	94343					1365372	259471	17
18 SOCIAL SERVICE	1604447	16875					1621322	308111	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	-95058	111050	113531	45			129568	24623	21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	-77408	24635	28294				-24479		24
24.01 PARAMED PROGRAM (OR TECH)	-27368	14814	15887	2			3335	634	24.01
24.02 PARAMED PROGRAM - EMS	-344	28535	20817				49008	9313	24.02
24.03 PARAMED - RESP CARE	6168	18284	23031	7			47490	9025	24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	15798965	969170	2283033	10441	122414	120563	19304586	3668604	25
26 INTENSIVE CARE UNIT	3309001	145484	405414	4230	23648	23290	3911067	743247	26
26.01 NICU	991968	46525	132666	569	6321	6226	1184275	225056	26.01
27 CORONARY CARE UNIT	2066419	80780	248631	1409	25146	24766	2447151	465049	27
31 SUBPROVIDER I	1567492	88413	218059	1235	17359	17096	1909654	362905	31
33 NURSERY	874379	54873	111107	424	6389	6293	1053465	200197	33
34 SKILLED NURSING FACILITY	1588058	111134	208522	1063	9386	9244	1927407	366279	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	13176842	576521	816839	65981	188850	185995	15011028	2852651	37
37.01 AMBULATORY SURGERY									37.01
37.02 GASTROINTESTINAL	892212	30985	87168	2291	14154	13940	1040750	197781	37.02
38 RECOVERY ROOM	1341657	56166	184053	636	15004	14777	1612293	306395	38
39 DELIVERY ROOM & LABOR ROOM	1279134	101640	156493	1877	14193	13979	1567316	297848	39
40 ANESTHESIOLOGY	209287			2777	22931	22585	257580	48950	40
41 RADIOLOGY-DIAGNOSTIC	7174591	314498	648143	16393	194827	191970	8540422	1622996	41
41.01 MRI	1799992	16591		1	6713	6612	1829909	347750	41.01
42 RADIOLOGY-THERAPEUTIC	2809396	130995	274136	666	32972	32473	3280638	623443	42
44 LABORATORY	7190737	64126		683	114846	113110	7483502	1422142	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	2129405		4636	82	7912	7793	2149828	408547	47
48 INTRAVENOUS THERAPY	823780	26958	99937	1251	15128	14899	981953	186607	48
49 RESPIRATORY THERAPY	951108	10409	143742	1616	26836	26431	1160142	220470	49
50 PHYSICAL THERAPY	1772153	34644	233425	381	27101	26691	2094395	398013	50
50.01 TORS	797650		77664	210	9160	9021	893705	169837	50.01
51 OCCUPATIONAL THERAPY	717290	14425	92726	22	15099	14871	854433	162374	51
53 ELECTROCARDIOLOGY									53
53.01 ELECTROCARDIOLOGY									53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	11630492			108108	99241	97741	11935582	2268202	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	8831833			122773	139649	137537	9231792	1754382	55.01
56 DRUGS CHARGED TO PATIENTS	11141776				178486	175788	11496050	2184675	56
57 RENAL DIALYSIS	536395	18852	59464	473	4114	4052	623350	118460	57
59 CARDIOLOGY & CARDIC REHAB	4370720	126716	379901	2144	165323	162824	5226928	993310	59
59.25 CARDIOPULMONARY	954516	13952	67611	629	20926	20609	1078243	204906	59.25
59.30 EKG AND EEG	1497886	50184	188532	939	27202	26790	1791533	340458	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1739880	130039	249116	1694	18127	17853	2156709	409855	60
60.01 DIABETIC EDUCATION	71635	1283	10085	12	643	633	84291	16018	60.01
61 EMERGENCY	5664494	176111	1392685	5283	71268	70191	7380032	1402479	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	EMPLOYEE BENEFITS	PURCHASING	ADMITTING	CASHIERING AR	SUBTOTAL	A & G	
	0	3	5	6.03	6.04	6.05	5A	6.06	
65 AMBULANCE SERVICES	1390419		182780	470	9006	8870	1591545	302452	65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	195160955	6541812	10193512	386440	1650374	1625513	192460749	30272340	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		18095					18095	3439	96
96.01 SENIOR SERVICES									96.01
96.02 OTHER NON REIMBURSABLE		1046712					1046712	198914	96.02
96.03 MEDICAL OFFICE	180665			8			180673	34335	96.03
98 PHYSICIANS' PRIVATE OFFICES	3316928	203427	396438	215			3917008	744376	98
98.01 WOMEN'S HEALTH CENTER									98.01
98.02 RIVERSIDE OUTPATIENT	802951	28577	63959	48			895535	170185	98.02
98.03 PRIMARY CARE CLINIC	6019005		648602	1545			6669152	1267386	98.03
98.04 ORTHOPEDIC CLINIC	243993		26172	74			270239	51355	98.04
98.05 NON-REIMBURSABLE CLINIC	407631		44753	113			452497	85991	98.05
100 NON REIMBURSABLE COST CENTERS									100
100.01PHYSICIAN RECRUITMENT									100.01
100.02GROUP HOMES DEPT 783	725613		88037	25			813675	154628	100.02
100.03PRECEDENCE									100.03
100.04CALL CENTER									100.04
100.05WORK FITNESS CENTER	946837	19062	113800	544			1080243	205286	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	207804578	7857685	11575273	389012	1650374	1625513	207804578	33188235	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	EMPLOYEE CAFETERIA 12.01	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/AR									6.05
6.06 A & G									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	9842825								8
9 LAUNDRY & LINEN SERVICE	59544	100009							9
10 HOUSEKEEPING	81952		3196470						10
11 DIETARY	404991		133440	3821538					11
12 CAFETERIA				2254321	2254321				12
12.01 EMPLOYEE CAFETERIA					1819198	1819198			12.01
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	35038		11545				1386618		14
15 CENTRAL SERVICES & SUPPLY	371113	355	122277			65726		3613659	15
16 PHARMACY	106514		35095			68304		60169	16
17 MEDICAL RECORDS & LIBRARY	165211		54435						17
18 SOCIAL SERVICE	29551		9737						18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	194468	29	64075			15170		336	21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	43139		14214			4903			24
24.01 PARAMED PROGRAM (OR TECH)	25943		8548			3004		34	24.01
24.02 PARAMED PROGRAM - EMS	49970		16465			3598		3	24.02
24.03 PARAMED - RESP CARE	32018		10550			2873			24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1697183	29000	559201	1202858		402023	783494	182908	25
26 INTENSIVE CARE UNIT	254767	3491	83943	86066		60760	113387	85442	26
26.01 NICU	81473	882	26844			18612		10723	26.01
27 CORONARY CARE UNIT	141460	3716	46609			54761	102191	23346	27
31 SUBPROVIDER I	154827	3956	51014	112591		40082	74798	23417	31
33 NURSERY	96092	1160	31661			17831		8153	33
34 SKILLED NURSING FACILITY	194615	2786	64123	165702		46565	86896	18983	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1009586	13565	332646			134854		1226985	37
37.01 AMBULATORY SURGERY									37.01
37.02 GASTROINTESTINAL	54260	949	17878			12254		44030	37.02
38 RECOVERY ROOM	98357	3530	32407			23779		12025	38
39 DELIVERY ROOM & LABOR ROOM	177989	2783	58645			27268		34558	39
40 ANESTHESIOLOGY								61745	40
41 RADIOLOGY-DIAGNOSTIC	550740	5662	181462			112038		88867	41
41.01 MRI	29054		9573					12	41.01
42 RADIOLOGY-THERAPEUTIC	229395	646	75583			38578		5640	42
44 LABORATORY	112295		37000					12611	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA						700		1019	47
48 INTRAVENOUS THERAPY	47208	285	15555			13355		19136	48
49 RESPIRATORY THERAPY	18228		6006			24338		30269	49
50 PHYSICAL THERAPY	60668	1523	19989			42822		5116	50
50.01 TORS		590				14080		3040	50.01
51 OCCUPATIONAL THERAPY	25261		8323			17831		2130	51
53 ELECTROCARDIOLOGY									53
53.01 ELECTROCARDIOLOGY									53.01
55 MEDICAL SUPPLIES CHARGED TO PAT								266868	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA								1032713	55.01
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	33013	1058	10877			12139		7912	57
59 CARDIOLOGY & CARDIC REHAB	221902	4206	73114			59544		162986	59
59.25 CARDIOPULMONARY	24433		8050			11213		11599	59.25
59.30 EKG AND EEG	87881	2700	28956			39324		15050	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	227720	1015	75031			41957		28913	60
60.01 DIABETIC EDUCATION	2246		740			1727		7	60.01
61 EMERGENCY	308401	16078	101614			121026	225852	85833	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	CENTRAL	
	OF PLANT	+ LINEN	KEEPING			CAFETERIA	ADMINIS-	SERVICES &	
	8	9	10	11	12	12.01	TRATION	SUPPLY	
							14	15	
65 AMBULANCE SERVICES						57474		4862	65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	7538506	99965	2437225	3821538	1819198	1610513	1386618	3577440	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	31687		10441		435123				96
96.01 SENIOR SERVICES									96.01
96.02 OTHER NON REIMBURSABLE	1832971		603941						96.02
96.03 MEDICAL OFFICE									96.03
98 PHYSICIANS' PRIVATE OFFICES	356236		117375			69920		241	98
98.01 WOMEN'S HEALTH CENTER									98.01
98.02 RIVERSIDE OUTPATIENT	50044		16489			14879		195	98.02
98.03 PRIMARY CARE CLINIC		43				75668		23235	98.03
98.04 ORTHOPEDIC CLINIC						1588		1175	98.04
98.05 NON-REIMBURSABLE CLINIC		1				2177		876	98.05
100 NON REIMBURSABLE COST CENTERS									100
100.01PHYSICIAN RECRUITMENT									100.01
100.02GROUP HOMES DEPT 783						24690		17	100.02
100.03PRECEDENCE									100.03
100.04CALL CENTER									100.04
100.05WORK FITNESS CENTER	33381		10999			19763		10480	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	9842825	100009	3196470	3821538	2254321	1819198	1386618	3613659	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	PARAMED EDUCATION 24	PARAMED PROGRAM OR TECH 24.01	EMS PROGRAM 24.02	PARAMED RESP CARE 24.03
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								5
6.01 NON-PATIENT PHONES								6.01
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/AR								6.05
6.06 A & G								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
12.01 EMPLOYEE CAFETERIA								12.01
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	6953113							16
17 MEDICAL RECORDS & LIBRARY		1844489						17
18 SOCIAL SERVICE			1968721					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	41			428310				21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)					37777			24
24.01 PARAMED PROGRAM (OR TECH)						41498		24.01
24.02 PARAMED PROGRAM - EMS	7						128364	24.02
24.03 PARAMED - RESP CARE								101956 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	813	136799	1228687	172518			2631	25
26 INTENSIVE CARE UNIT	274	26427	105990	61196			2212	26
26.01 NICU		7064	43548	9702			737	26.01
27 CORONARY CARE UNIT	36	28101	182395	9619				27
31 SUBPROVIDER I	85	19399	137685	3151				31
33 NURSERY	2	7140	67231	4498				33
34 SKILLED NURSING FACILITY	748	10488	203185	13931				34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	17634	211042		12728	5592	30209	1710	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL	1137	15817						37.02
38 RECOVERY ROOM	170	16767		19404				38
39 DELIVERY ROOM & LABOR ROOM		15861		6675		1274	1525	39
40 ANESTHESIOLOGY		25626						40
41 RADIOLOGY-DIAGNOSTIC	2776	217898			19435			1129 41
41.01 MRI		7502						41.01
42 RADIOLOGY-THERAPEUTIC	1	36846			270			42
44 LABORATORY	1	128342						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		8842						47
48 INTRAVENOUS THERAPY	283	16905		1202			4475	48
49 RESPIRATORY THERAPY	10	29990					536	15363 49
50 PHYSICAL THERAPY	21	30286						50
50.01 TORS	33	10236						50.01
51 OCCUPATIONAL THERAPY	9	16873						51
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		110903				660		55
55.01 IMPLANTABLE DEVICES CHRGD TO PA		156059						55.01
56 DRUGS CHARGED TO PATIENTS	6887711	199461						56
57 RENAL DIALYSIS	19	4598		6530				57
59 CARDIOLOGY & CARDIC REHAB	973	184750		4768	946	458		2778 59
59.25 CARDIOPULMONARY	4	23385					201	6240 59.25
59.30 EKG AND EEG	18	30398		4644				877 59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	203	20258		1182		229	1022	60
60.01 DIABETIC EDUCATION		718						60.01
61 EMERGENCY	1744	79643		7421			27754	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	PARAMED EDUCATION 24	PARAMED PROGRAM OR TECH 24.01	EMS PROGRAM 24.02	PARAMED RESP CARE 24.03
65 AMBULANCE SERVICES	5804	10065			389		8548	65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	6920557	1844489	1968721	339169	26632	32830	51351	26387 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01 SENIOR SERVICES								96.01
96.02 OTHER NON REIMBURSABLE								96.02
96.03 MEDICAL OFFICE								96.03
98 PHYSICIANS' PRIVATE OFFICES	63				10595			98
98.01 WOMEN'S HEALTH CENTER								98.01
98.02 RIVERSIDE OUTPATIENT								98.02
98.03 PRIMARY CARE CLINIC	23574			89141	550	8668	77013	75569 98.03
98.04 ORTHOPEDIC CLINIC								98.04
98.05 NON-REIMBURSABLE CLINIC	51							98.05
100 NON REIMBURSABLE COST CENTERS								
100.01PHYSICIAN RECRUITMENT								100
100.02GROUP HOMES DEPT 783								100.01
100.03PRECEDENCE								100.02
100.04CALL CENTER								100.03
100.05WORK FITNESS CENTER	8868							100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	6953113	1844489	1968721	428310	37777	41498	128364	101956 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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 PHONES				6.01
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 CASHIERING/AR				6.05
6.06 A & G				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
12.01 EMPLOYEE CAFETERIA				12.01
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
24.01 PARAMED PROGRAM (OR TECH)				24.01
24.02 PARAMED PROGRAM - EMS				24.02
24.03 PARAMED - RESP CARE				24.03
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	29371305		29371305	25
26 INTENSIVE CARE UNIT	5538269		5538269	26
26.01 NICU	1608916		1608916	26.01
27 CORONARY CARE UNIT	3504434		3504434	27
31 SUBPROVIDER I	2893564		2893564	31
33 NURSERY	1487430		1487430	33
34 SKILLED NURSING FACILITY	3101708		3101708	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	20860230		20860230	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	1384856		1384856	37.02
38 RECOVERY ROOM	2125127		2125127	38
39 DELIVERY ROOM & LABOR ROOM	2191742		2191742	39
40 ANESTHESIOLOGY	393901		393901	40
41 RADIOLOGY-DIAGNOSTIC	11343425		11343425	41
41.01 MRI	2223800		2223800	41.01
42 RADIOLOGY-THERAPEUTIC	4291040		4291040	42
44 LABORATORY	9195893		9195893	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	2568936		2568936	47
48 INTRAVENOUS THERAPY	1286964		1286964	48
49 RESPIRATORY THERAPY	1505352		1505352	49
50 PHYSICAL THERAPY	2652833		2652833	50
50.01 TORS	1091521		1091521	50.01
51 OCCUPATIONAL THERAPY	1087234		1087234	51
53 ELECTROCARDIOLOGY				53
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	14582215		14582215	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	12174946		12174946	55.01
56 DRUGS CHARGED TO PATIENTS	20767897		20767897	56
57 RENAL DIALYSIS	817956		817956	57
59 CARDIOLOGY & CARDIC REHAB	6936663		6936663	59
59.25 CARDIOPULMONARY	1368274		1368274	59.25
59.30 EKG AND EEG	2341839		2341839	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2964094		2964094	60
60.01 DIABETIC EDUCATION	105747		105747	60.01
61 EMERGENCY	9757877		9757877	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
65 AMBULANCE SERVICES	1981139		1981139	65
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	185507127		185507127	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	498785		498785	96
96.01 SENIOR SERVICES				96.01
96.02 OTHER NON REIMBURSABLE	3682538		3682538	96.02
96.03 MEDICAL OFFICE	215008		215008	96.03
98 PHYSICIANS' PRIVATE OFFICES	5215814		5215814	98
98.01 WOMEN'S HEALTH CENTER				98.01
98.02 RIVERSIDE OUTPATIENT	1147327		1147327	98.02
98.03 PRIMARY CARE CLINIC	8309999		8309999	98.03
98.04 ORTHOPEDIC CLINIC	324357		324357	98.04
98.05 NON-REIMBURSABLE CLINIC	541593		541593	98.05
100 NON REIMBURSABLE COST CENTERS				100
100.01PHYSICIAN RECRUITMENT				100.01
100.02GROUP HOMES DEPT 783	993010		993010	100.02
100.03PRECEDENCE				100.03
100.04CALL CENTER				100.04
100.05WORK FITNESS CENTER	1369020		1369020	100.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	207804578		207804578	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	CAP REL	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING A & G	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	COST TO BE ALLOC 4A	BENEFITS 5	6.03	6.04	AR 6.05	6.06
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		108884	108884	108884				5
6.01 NON-PATIENT PHONES								6.01
6.03 PURCHASING		30291	30291		30291			6.03
6.04 ADMITTING		54053	54053			54053		6.04
6.05 CASHIERING/AR		55483	55483				55483	6.05
6.06 A & G		1203787	1203787	2654	14			6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		784479	784479					8
9 LAUNDRY & LINEN SERVICE		34003	34003					9
10 HOUSEKEEPING		46798	46798					10
11 DIETARY		231269	231269					11
12 CAFETERIA								12
12.01 EMPLOYEE CAFETERIA								12.01
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		20008	20008					14
15 CENTRAL SERVICES & SUPPLY		211923	211923	2040	163			15
16 PHARMACY		60824	60824	5047	626			16
17 MEDICAL RECORDS & LIBRARY		94343	94343					17
18 SOCIAL SERVICE		16875	16875					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL		111050	111050	1068	3			21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)		24635	24635	266				24
24.01 PARAMED PROGRAM (OR TECH)		14814	14814	149				24.01
24.02 PARAMED PROGRAM - EMS		28535	28535	196				24.02
24.03 PARAMED - RESP CARE		18284	18284	217	1			24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		969170	969170	21461	813	4015	4120	25
26 INTENSIVE CARE UNIT		145484	145484	3814	329	776	796	26
26.01 NICU		46525	46525	1248	44	207	213	26.01
27 CORONARY CARE UNIT		80780	80780	2339	110	825	846	27
31 SUBPROVIDER I		88413	88413	2052	96	569	584	31
33 NURSERY		54873	54873	1045	33	210	215	33
34 SKILLED NURSING FACILITY		111134	111134	1962	83	308	316	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		576521	576521	7685	5136	6194	6356	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL		30985	30985	820	178	464	476	37.02
38 RECOVERY ROOM		56166	56166	1732	50	492	505	38
39 DELIVERY ROOM & LABOR ROOM		101640	101640	1472	146	466	478	39
40 ANESTHESIOLOGY					216	752	772	40
41 RADIOLOGY-DIAGNOSTIC		314498	314498	6098	1276	6310	6496	41
41.01 MRI		16591	16591			220	226	41.01
42 RADIOLOGY-THERAPEUTIC		130995	130995	2579	52	1082	1110	42
44 LABORATORY		64126	64126		53	3767	3865	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA				44	6	260	266	47
48 INTRAVENOUS THERAPY		26958	26958	940	97	496	509	48
49 RESPIRATORY THERAPY		10409	10409	1352	126	880	903	49
50 PHYSICAL THERAPY		34644	34644	2196	30	889	912	50
50.01 TORS				731	16	300	308	50.01
51 OCCUPATIONAL THERAPY		14425	14425	872	2	495	508	51
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					8415	3255	3340	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA					9567	4581	4700	55.01
56 DRUGS CHARGED TO PATIENTS						5855	6007	56
57 RENAL DIALYSIS		18852	18852	559	37	135	138	57
59 CARDIOLOGY & CARDIC REHAB		126716	126716	3574	1669	5423	5564	59
59.25 CARDIOPULMONARY		13952	13952	636	49	686	704	59.25
59.30 EKG AND EEG		50184	50184	1774	73	892	916	59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		130039	130039	2344	132	595	610	60
60.01 DIABETIC EDUCATION		1283	1283	95	1	21	22	60.01
61 EMERGENCY		176111	176111	13103	411	2338	2399	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	CAP REL	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING A & G		
	CAP-REL COSTS	BLDGS & FIXTURES	COST TO BE ALLOC	BENEFITS			AR		
	0	3	4A	5	6.03	6.04	6.05	6.06	
65 AMBULANCE SERVICES				1720	37	295	303	10994	65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS		6541812	6541812	95884	30090	54053	55483	1100459	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		18095	18095					125	96
96.01 SENIOR SERVICES									96.01
96.02 OTHER NON REIMBURSABLE		1046712	1046712					7231	96.02
96.03 MEDICAL OFFICE						1		1248	96.03
98 PHYSICIANS' PRIVATE OFFICES		203427	203427	3730	17			27059	98
98.01 WOMEN'S HEALTH CENTER									98.01
98.02 RIVERSIDE OUTPATIENT		28577	28577	602	4			6186	98.02
98.03 PRIMARY CARE CLINIC				6102	120			46071	98.03
98.04 ORTHOPEDIC CLINIC				246	6			1867	98.04
98.05 NON-REIMBURSABLE CLINIC				421	9			3126	98.05
100 NON REIMBURSABLE COST CENTERS									100
100.01PHYSICIAN RECRUITMENT									100.01
100.02GROUP HOMES DEPT 783				828	2			5621	100.02
100.03PRECEDENCE									100.03
100.04CALL CENTER									100.04
100.05WORK FITNESS CENTER		19062	19062	1071	42			7462	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		7857685	7857685	108884	30291	54053	55483	1206455	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	EMPLOYEE CAFETERIA 12.01	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/AR									6.05
6.06 A & G									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	841615								8
9 LAUNDRY & LINEN SERVICE	5091	39329							9
10 HOUSEKEEPING	7007		71884						10
11 DIETARY	34629		3001	287957					11
12 CAFETERIA				169865	169865				12
12.01 EMPLOYEE CAFETERIA					137078	137078			12.01
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2996		260				31043		14
15 CENTRAL SERVICES & SUPPLY	31732	139	2750			4953		271429	15
16 PHARMACY	9107		789			5147		4519	16
17 MEDICAL RECORDS & LIBRARY	14126		1224						17
18 SOCIAL SERVICE	2527		219						18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	16628	12	1441			1143		25	21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	3689		320			369			24
24.01 PARAMED PROGRAM (OR TECH)	2218		192			226		3	24.01
24.02 PARAMED PROGRAM - EMS	4273		370			271			24.02
24.03 PARAMED - RESP CARE	2738		237			216			24.03
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	145118	11403	12576	90637		30293	17541	13738	25
26 INTENSIVE CARE UNIT	21784	1373	1888	6485		4578	2538	6418	26
26.01 NICU	6966	347	604			1402		805	26.01
27 CORONARY CARE UNIT	12096	1461	1048			4126	2288	1754	27
31 SUBPROVIDER I	13239	1556	1147	8484		3020	1675	1759	31
33 NURSERY	8216	456	712			1344		612	33
34 SKILLED NURSING FACILITY	16641	1096	1442	12486		3509	1945	1426	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	86325	5334	7481			10161		92165	37
37.01 AMBULATORY SURGERY									37.01
37.02 GASTROINTESTINAL	4640	373	402			923		3307	37.02
38 RECOVERY ROOM	8410	1388	729			1792		903	38
39 DELIVERY ROOM & LABOR ROOM	15219	1095	1319			2055		2596	39
40 ANESTHESIOLOGY								4638	40
41 RADIOLOGY-DIAGNOSTIC	47091	2227	4081			8442		6675	41
41.01 MRI	2484		215					1	41.01
42 RADIOLOGY-THERAPEUTIC	19615	254	1700			2907		424	42
44 LABORATORY	9602		832					947	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA						53		77	47
48 INTRAVENOUS THERAPY	4037	112	350			1006		1437	48
49 RESPIRATORY THERAPY	1559		135			1834		2274	49
50 PHYSICAL THERAPY	5187	599	450			3227		384	50
50.01 TORS		232				1061		228	50.01
51 OCCUPATIONAL THERAPY	2160		187			1344		160	51
53 ELECTROCARDIOLOGY									53
53.01 ELECTROCARDIOLOGY									53.01
55 MEDICAL SUPPLIES CHARGED TO PAT								20045	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA								77568	55.01
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	2823	416	245			915		594	57
59 CARDIOLOGY & CARDIC REHAB	18974	1654	1644			4487		12242	59
59.25 CARDIOPULMONARY	2089		181			845		871	59.25
59.30 EKG AND EEG	7514	1062	651			2963		1130	59.30
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	19471	399	1687			3161		2172	60
60.01 DIABETIC EDUCATION	192		17			130			60.01
61 EMERGENCY	26370	6323	2285			9119	5056	6447	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	CENTRAL	
	OF PLANT	+ LINEN	KEEPING			CAFETERIA	ADMINIS-	SERVICES &	
	8	9	10	11	12	12.01	TRATION	SUPPLY	
							14	15	
65 AMBULANCE SERVICES						4331		365	65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	644583	39311	54811	287957	137078	121353	31043	268709	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	2709		235		32787				96
96.01 SENIOR SERVICES									96.01
96.02 OTHER NON REIMBURSABLE	156730		13580						96.02
96.03 MEDICAL OFFICE									96.03
98 PHYSICIANS' PRIVATE OFFICES	30460		2640			5269		18	98
98.01 WOMEN'S HEALTH CENTER									98.01
98.02 RIVERSIDE OUTPATIENT	4279		371			1121		15	98.02
98.03 PRIMARY CARE CLINIC		17				5702		1745	98.03
98.04 ORTHOPEDIC CLINIC						120		88	98.04
98.05 NON-REIMBURSABLE CLINIC		1				164		66	98.05
100 NON REIMBURSABLE COST CENTERS									100
100.01PHYSICIAN RECRUITMENT									100.01
100.02GROUP HOMES DEPT 783						1860		1	100.02
100.03PRECEDENCE									100.03
100.04CALL CENTER									100.04
100.05WORK FITNESS CENTER	2854		247			1489		787	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	841615	39329	71884	287957	169865	137078	31043	271429	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	PARAMED EDUCATION 24	PARAMED PROGRAM OR TECH 24.01	EMS PROGRAM 24.02	PARAMED RESP CARE 24.03
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								5
6.01 NON-PATIENT PHONES								6.01
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/AR								6.05
6.06 A & G								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
12.01 EMPLOYEE CAFETERIA								12.01
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	124853							16
17 MEDICAL RECORDS & LIBRARY		119125						17
18 SOCIAL SERVICE			30821					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	1			108243				21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)					9603			24
24.01 PARAMED PROGRAM (OR TECH)						10621		24.01
24.02 PARAMED PROGRAM - EMS							33893	24.02
24.03 PARAMED - RESP CARE								22021 24.03
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	15	8834	19235					25
26 INTENSIVE CARE UNIT	5	1706	1659					26
26.01 NICU		456	682					26.01
27 CORONARY CARE UNIT	1	1815	2855					27
31 SUBPROVIDER I	2	1253	2156					31
33 NURSERY		461	1053					33
34 SKILLED NURSING FACILITY	13	677	3181					34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	317	13628						37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL	20	1021						37.02
38 RECOVERY ROOM	3	1083						38
39 DELIVERY ROOM & LABOR ROOM		1024						39
40 ANESTHESIOLOGY		1655						40
41 RADIOLOGY-DIAGNOSTIC	50	14089						41
41.01 MRI		484						41.01
42 RADIOLOGY-THERAPEUTIC		2379						42
44 LABORATORY		8288						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		571						47
48 INTRAVENOUS THERAPY	5	1092						48
49 RESPIRATORY THERAPY		1937						49
50 PHYSICAL THERAPY		1956						50
50.01 TORS	1	661						50.01
51 OCCUPATIONAL THERAPY		1090						51
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		7161						55
55.01 IMPLANTABLE DEVICES CHRGD TO PA		10077						55.01
56 DRUGS CHARGED TO PATIENTS	123680	12880						56
57 RENAL DIALYSIS		297						57
59 CARDIOLOGY & CARDIC REHAB	17	11930						59
59.25 CARDIOPULMONARY		1510						59.25
59.30 EKG AND EEG		1963						59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	4	1308						60
60.01 DIABETIC EDUCATION		46						60.01
61 EMERGENCY	31	5143						61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED EDUCATION	PARAMED PROGRAM OR TECH	EMS PROGRAM	PARAMED RESP CARE
	16	17	18	21	24	24.01	24.02	24.03
65 AMBULANCE SERVICES	104	650						65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	124269	119125	30821					95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01 SENIOR SERVICES								96.01
96.02 OTHER NON REIMBURSABLE								96.02
96.03 MEDICAL OFFICE								96.03
98 PHYSICIANS' PRIVATE OFFICES	1							98
98.01 WOMEN'S HEALTH CENTER								98.01
98.02 RIVERSIDE OUTPATIENT								98.02
98.03 PRIMARY CARE CLINIC	423							98.03
98.04 ORTHOPEDIC CLINIC								98.04
98.05 NON-REIMBURSABLE CLINIC	1							98.05
100 NON REIMBURSABLE COST CENTERS								100
100.01PHYSICIAN RECRUITMENT								100.01
100.02GROUP HOMES DEPT 783								100.02
100.03PRECEDENCE								100.03
100.04CALL CENTER								100.04
100.05WORK FITNESS CENTER	159							100.05
101 CROSS FOOT ADJUSTMENTS				108243	9603	10621	33893	22021 101
102 NEGATIVE COST CENTER				24023	19676	7004	91	102
103 TOTAL	124853	119125	30821	132266	29279	17625	33984	22021 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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 PHONES				6.01
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 CASHIERING/AR				6.05
6.06 A & G				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
12.01 EMPLOYEE CAFETERIA				12.01
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
24.01 PARAMED PROGRAM (OR TECH)				24.01
24.02 PARAMED PROGRAM - EMS				24.02
24.03 PARAMED - RESP CARE				24.03
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	1482360		1482360	25
26 INTENSIVE CARE UNIT	226651		226651	26
26.01 NICU	67680		67680	26.01
27 CORONARY CARE UNIT	129249		129249	27
31 SUBPROVIDER I	139197		139197	31
33 NURSERY	76507		76507	33
34 SKILLED NURSING FACILITY	169534		169534	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	920999		920999	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	50799		50799	37.02
38 RECOVERY ROOM	84391		84391	38
39 DELIVERY ROOM & LABOR ROOM	138337		138337	39
40 ANESTHESIOLOGY	9812		9812	40
41 RADIOLOGY-DIAGNOSTIC	476330		476330	41
41.01 MRI	32862		32862	41.01
42 RADIOLOGY-THERAPEUTIC	185760		185760	42
44 LABORATORY	143176		143176	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	16128		16128	47
48 INTRAVENOUS THERAPY	43822		43822	48
49 RESPIRATORY THERAPY	29423		29423	49
50 PHYSICAL THERAPY	64942		64942	50
50.01 TORS	9712		9712	50.01
51 OCCUPATIONAL THERAPY	27145		27145	51
53 ELECTROCARDIOLOGY				53
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	124667		124667	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	170266		170266	55.01
56 DRUGS CHARGED TO PATIENTS	227837		227837	56
57 RENAL DIALYSIS	29317		29317	57
59 CARDIOLOGY & CARDIC REHAB	230002		230002	59
59.25 CARDIOPULMONARY	28972		28972	59.25
59.30 EKG AND EEG	81498		81498	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	176821		176821	60
60.01 DIABETIC EDUCATION	2389		2389	60.01
61 EMERGENCY	306117		306117	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
65 AMBULANCE SERVICES	18799		18799	65
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	5921501		5921501	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	53951		53951	96
96.01 SENIOR SERVICES				96.01
96.02 OTHER NON REIMBURSABLE	1224253		1224253	96.02
96.03 MEDICAL OFFICE	1249		1249	96.03
98 PHYSICIANS' PRIVATE OFFICES	272621		272621	98
98.01 WOMEN'S HEALTH CENTER				98.01
98.02 RIVERSIDE OUTPATIENT	41155		41155	98.02
98.03 PRIMARY CARE CLINIC	60180		60180	98.03
98.04 ORTHOPEDIC CLINIC	2327		2327	98.04
98.05 NON-REIMBURSABLE CLINIC	3788		3788	98.05
100 NON REIMBURSABLE COST CENTERS				100
100.01PHYSICIAN RECRUITMENT				100.01
100.02GROUP HOMES DEPT 783	8312		8312	100.02
100.03PRECEDENCE				100.03
100.04CALL CENTER				100.04
100.05WORK FITNESS CENTER	33173		33173	100.05
101 CROSS FOOT ADJUSTMENTS	184381		184381	101
102 NEGATIVE COST CENTER	50794		50794	102
103 TOTAL	7857685		7857685	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING	RECON- CILIATION	A & G
	BLDGS & FIXTURES SQUARE FEET	BENEFITS GROSS SALARIES	COST OF GOODS	TOTAL REVENUES	TOTAL REVENUES		ACCUM COST
	3	5	6.03	6.04	6.05	6A.06	6.06
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	747346						3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS	10356	73238610					5
6.01 NON-PATIENT PHONES							6.01
6.03 PURCHASING	2881		27984215				6.03
6.04 ADMITTING	5141			470753255			6.04
6.05 CASHIERING/AR	5277				470753255		6.05
6.06 A & G	114492	1785014	13371			-33188235	174640822
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	74612						8271024
9 LAUNDRY & LINEN SERVICE	3234						34003
10 HOUSEKEEPING	4451						2617161
11 DIETARY	21996						2758828
12 CAFETERIA							
12.01 EMPLOYEE CAFETERIA							
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	1903						1126045
15 CENTRAL SERVICES & SUPPLY	20156	1371983	150533				2566465
16 PHARMACY	5785	3394028	578687				5615818
17 MEDICAL RECORDS & LIBRARY	8973						1365372
18 SOCIAL SERVICE	1605						1621322
20 NONPHYSICIAN ANESTHETISTS							
21 NURSING SCHOOL	10562	718327	3210				129568
22 I&R SERVICES-SALARY & FRINGES							
23 I&R SERVICES-OTHER PRGM COSTS							
24 PARAMED ED PRGM-(SPECIFY)	2343	179020				24479	
24.01 PARAMED PROGRAM (OR TECH)	1409	100520	145				3335
24.02 PARAMED PROGRAM - EMS	2714	131712	11				49008
24.03 PARAMED - RESP CARE	1739	145722	523				47490
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	92178	14445201	751075	34915445	34915445		19304586
26 INTENSIVE CARE UNIT	13837	2565113	304272	6744921	6744921		3911067
26.01 NICU	4425	839400	40945	1803002	1803002		1184275
27 CORONARY CARE UNIT	7683	1573125	101356	7172276	7172276		2447151
31 SUBPROVIDER I	8409	1379691	88830	4951185	4951185		1909654
33 NURSERY	5219	702988	30495	1822392	1822392		1053465
34 SKILLED NURSING FACILITY	10570	1319353	76478	2676996	2676996		1927407
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	54833	5168263	4746461	53864745	53864745		15011028
37.01 AMBULATORY SURGERY							
37.02 GASTROINTESTINAL	2947	551524	164819	4037109	4037109		1040750
38 RECOVERY ROOM	5342	1164533	45765	4279469	4279469		1612293
39 DELIVERY ROOM & LABOR ROOM	9667	990156	135046	4048281	4048281		1567316
40 ANESTHESIOLOGY			199792	6540626	6540626		257580
41 RADIOLOGY-DIAGNOSTIC	29912	4100896	1179285	55594702	55594702		8540422
41.01 MRI	1578		38	1914745	1914745		1829909
42 RADIOLOGY-THERAPEUTIC	12459	1734497	47929	9404385	9404385		3280638
44 LABORATORY	6099		49151	32756953	32756953		7483502
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		29333	5926	2256832	2256832		2149828
48 INTRAVENOUS THERAPY	2564	632319	90011	4314809	4314809		981953
49 RESPIRATORY THERAPY	990	909478	116231	7654431	7654431		1160142
50 PHYSICAL THERAPY	3295	1476914	27413	7729878	7729878		2094395
50.01 TORS		491394	15109	2612579	2612579		893705
51 OCCUPATIONAL THERAPY	1372	586694	1573	4306550	4306550		854433
53 ELECTROCARDIOLOGY							
53.01 ELECTROCARDIOLOGY							
55 MEDICAL SUPPLIES CHARGED TO P			7776963	28306018	28306018		11935582
55.01 IMPLANTABLE DEVICES CHRGD TO			8831834	39831295	39831295		9231792
56 DRUGS CHARGED TO PATIENTS				50908839	50908839		11496050
57 RENAL DIALYSIS	1793	376240	34043	1173437	1173437		623350
59 CARDIOLOGY & CARDIC REHAB	12052	2403692	1542604	47154218	47154218		5226928
59.25 CARDIOPULMONARY	1327	427782	45256	5968506	5968506		1078243
59.30 EKG AND EEG	4773	1192868	67522	7758595	7758595		1791533
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	12368	1576192	121831	5170419	5170419		2156709
60.01 DIABETIC EDUCATION	122	63811	828	183258	183258		84291
61 EMERGENCY	16750	8811732	380058	20327569	20327569		7380032
62 OBSERVATION BEDS (NON-DISTINC							
63.50 RHC							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING	RECON- CILIATION	A & G	
	BLDGS & FIXTURES SQUARE FEET	BENEFITS GROSS SALARIES	COST OF GOODS	TOTAL REVENUES	TOTAL REVENUES		ACCUM COST	
	3	5	6.03	6.04	6.05	6A.06	6.06	
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		1156478	33837	2568790	2568790		1591545	65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	622193	64495993	27799256	470753255	470753255	-33163756	159296993	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1721						18095	96
96.01 SENIOR SERVICES								96.01
96.02 OTHER NON REIMBURSABLE	99553						1046712	96.02
96.03 MEDICAL OFFICE			569				180673	96.03
98 PHYSICIANS' PRIVATE OFFICES	19348	2508326	15450				3917008	98
98.01 WOMEN'S HEALTH CENTER								98.01
98.02 RIVERSIDE OUTPATIENT	2718	404677	3477				895535	98.02
98.03 PRIMARY CARE CLINIC		4103806	111131				6669152	98.03
98.04 ORTHOPEDIC CLINIC		165592	5299				270239	98.04
98.05 NON-REIMBURSABLE CLINIC		283159	8098				452497	98.05
100 NON REIMBURSABLE COST CENTERS								100
100.01 PHYSICIAN RECRUITMENT								100.01
100.02 GROUP HOMES DEPT 783		557025	1801				813675	100.02
100.03 PRECEDENCE								100.03
100.04 CALL CENTER								100.04
100.05 WORK FITNESS CENTER	1813	720032	39134				1080243	100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	7857685	11575273	389012	1650374	1625513		33188235	103
104 UNIT COST MULT-WS B PT I		.158049		.003506				104
104 UNIT COST MULT-WS B PT I	10.514119		.013901		.003453		.190037	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		108884	30291	54053	55483		1206455	107
108 UNIT COST MULT-WS B PT III		.001487		.000115				108
108 UNIT COST MULT-WS B PT III			.001082		.000118		.006908	108





COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	CENTRAL	
	OF PLANT	+ LINEN	KEEPING			CAFETERIA	ADMINIS-	SERVICES &	
	SQUARE	SERVICE	SQUARE	MEALS	MEALS	PAID	TRATION	SUPPLY	
	FEET	LAUNDRY \$\$	FEET	SERVED	SERVED	HOURS	DIRECT	COSTED	
	8	9	10	11	12	12.01	NRSING	REQUIS.	
							HRS	15	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES						84024		15546	65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	409434	929315	401749	888630	423022	2354472	1086282	11438202	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	1721		1721		101180				96
96.01 SENIOR SERVICES									96.01
96.02 OTHER NON REIMBURSABLE	99553		99553						96.02
96.03 MEDICAL OFFICE									96.03
98 PHYSICIANS' PRIVATE OFFICES	19348		19348			102219		771	98
98.01 WOMEN'S HEALTH CENTER									98.01
98.02 RIVERSIDE OUTPATIENT	2718		2718			21752		622	98.02
98.03 PRIMARY CARE CLINIC		397				110622		74290	98.03
98.04 ORTHOPEDIC CLINIC						2321		3757	98.04
98.05 NON-REIMBURSABLE CLINIC		12				3183		2800	98.05
100 NON REIMBURSABLE COST CENTERS									100
100.01 PHYSICIAN RECRUITMENT									100.01
100.02 GROUP HOMES DEPT 783						36096		53	100.02
100.03 PRECEDENCE									100.03
100.04 CALL CENTER									100.04
100.05 WORK FITNESS CENTER	1813		1813			28892		33508	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	9842825	100009	3196470	3821538	2254321	1819198	1386618	3613659	103
104 UNIT COST MULT-WS B PT I	18.412017		6.066536		4.300481		1.276481		104
104 UNIT COST MULT-WS B PT I		.107568		4.300483		.684023		.312763	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	841615	39329	71884	287957	169865	137078	31043	271429	107
108 UNIT COST MULT-WS B PT III	1.574327		.136428		.324045		.028577		108
108 UNIT COST MULT-WS B PT III		.042302		.324046		.051542		.023492	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED EDUCATION	PARAMED PROGRAM OR TECH	EMS PROGRAM	PARAMED RESP CARE
	COSTED REQUIS. 16	TOTAL REVENUES 17	PATIENT DAYS 18	ASSIGNED TIME 21	ASSIGNED TIME 24	ASSIGNED TIME 24.01	HOURS 24.02	HOURS 24.03
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	9882	2568790			222		510	65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	11782813	470753255	83047	16361	15207	3583	3064	1776
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
96.01 SENIOR SERVICES								96.01
96.02 OTHER NON REIMBURSABLE								96.02
96.03 MEDICAL OFFICE								96.03
98 PHYSICIANS' PRIVATE OFFICES	107				6050			98
98.01 WOMEN'S HEALTH CENTER								98.01
98.02 RIVERSIDE OUTPATIENT								98.02
98.03 PRIMARY CARE CLINIC	40136			4300	314	946	4595	5086
98.04 ORTHOPEDIC CLINIC								98.04
98.05 NON-REIMBURSABLE CLINIC	86							98.05
100 NON REIMBURSABLE COST CENTERS								100
100.01 PHYSICIAN RECRUITMENT								100.01
100.02 GROUP HOMES DEPT 783								100.02
100.03 PRECEDENCE								100.03
100.04 CALL CENTER								100.04
100.05 WORK FITNESS CENTER	15099							100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	6953113	1844489	1968721	428310	37777	41498	128364	101956
104 UNIT COST MULT-WS B PT I	.587343		23.706106		1.751286		16.759890	
104 UNIT COST MULT-WS B PT I		.003918		20.730362		9.162729		14.858059
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	124853	119125	30821	108243	9603	10621	33893	22021
108 UNIT COST MULT-WS B PT III	.010547		.371127		.445181		4.425251	
108 UNIT COST MULT-WS B PT III		.000253		5.239001		2.345109		3.209123

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	29371305		29371305		29371305	25
26 INTENSIVE CARE UNIT	5538269		5538269		5538269	26
26.01 NICU	1608916		1608916		1608916	26.01
27 CORONARY CARE UNIT	3504434		3504434		3504434	27
31 SUBPROVIDER I	2893564		2893564		2893564	31
33 NURSERY	1487430		1487430		1487430	33
34 SKILLED NURSING FACILITY	3101708		3101708		3101708	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	20860230		20860230		20860230	37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	1384856		1384856		1384856	37.02
38 RECOVERY ROOM	2125127		2125127		2125127	38
39 DELIVERY ROOM & LABOR ROOM	2191742		2191742		2191742	39
40 ANESTHESIOLOGY	393901		393901		393901	40
41 RADIOLOGY-DIAGNOSTIC	11343425		11343425		11343425	41
41.01 MRI	2223800		2223800		2223800	41.01
42 RADIOLOGY-THERAPEUTIC	4291040		4291040		4291040	42
44 LABORATORY	9195893		9195893		9195893	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2568936		2568936		2568936	47
48 INTRAVENOUS THERAPY	1286964		1286964		1286964	48
49 RESPIRATORY THERAPY	1505352		1505352		1505352	49
50 PHYSICAL THERAPY	2652833		2652833		2652833	50
50.01 TORS	1091521		1091521		1091521	50.01
51 OCCUPATIONAL THERAPY	1087234		1087234		1087234	51
53 ELECTROCARDIOLOGY						53
53.01 ELECTROCARDIOLOGY						53.01
55 MEDICAL SUPPLIES CHARGED TO	14582215		14582215		14582215	55
55.01 IMPLANTABLE DEVICES CHRGD T	12174946		12174946		12174946	55.01
56 DRUGS CHARGED TO PATIENTS	20767897		20767897		20767897	56
57 RENAL DIALYSIS	817956		817956		817956	57
59 CARDIOLOGY & CARDIC REHAB	6936663		6936663		6936663	59
59.25 CARDIOPULMONARY	1368274		1368274		1368274	59.25
59.30 EKG AND EEG	2341839		2341839		2341839	59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2964094		2964094		2964094	60
60.01 DIABETIC EDUCATION	105747		105747		105747	60.01
61 EMERGENCY	9757877		9757877	57342	9815219	61
62 OBSERVATION BEDS (NON-DISTI	2350677		2350677		2350677	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1981139		1981139		1981139	65
101 SUBTOTAL	187857804		187857804	57342	187915146	101
102 LESS OBSERVATION BEDS	2350677		2350677		2350677	102
103 TOTAL	185507127		185507127	57342	185564469	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	31437610		31437610			25
26 INTENSIVE CARE UNIT	6708789		6708789			26
26.01 NICU	1678811		1678811			26.01
27 CORONARY CARE UNIT	7089555		7089555			27
31 SUBPROVIDER I	4916540		4916540			31
33 NURSERY	1822392		1822392			33
34 SKILLED NURSING FACILITY	2665525		2665525			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	23687296	28594678	52281974	.398995	.398995	.398995 37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	1961027	2027354	3988381	.347223	.347223	.347223 37.02
38 RECOVERY ROOM	2427320	1827873	4255193	.499420	.499420	.499420 38
39 DELIVERY ROOM & LABOR ROOM	3666868	151956	3818824	.573931	.573931	.573931 39
40 ANESTHESIOLOGY	2769090	3638235	6407325	.061477	.061477	.061477 40
41 RADIOLOGY-DIAGNOSTIC	12171067	42427964	54599031	.207759	.207759	.207759 41
41.01 MRI	1889701	7882	1897583	1.171912	1.171912	1.171912 41.01
42 RADIOLOGY-THERAPEUTIC	125599	9207603	9333202	.459761	.459761	.459761 42
44 LABORATORY	20126708	12249346	32376054	.284034	.284034	.284034 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1713091	543742	2256833	1.138292	1.138292	1.138292 47
48 INTRAVENOUS THERAPY	1167031	3136403	4303434	.299055	.299055	.299055 48
49 RESPIRATORY THERAPY	6962556	558096	7520652	.200162	.200162	.200162 49
50 PHYSICAL THERAPY	6988694	565577	7554271	.351170	.351170	.351170 50
50.01 TORS		2612579	2612579	.417794	.417794	.417794 50.01
51 OCCUPATIONAL THERAPY	3707195	599355	4306550	.252461	.252461	.252461 51
53 ELECTROCARDIOLOGY						53
53.01 ELECTROCARDIOLOGY						53.01
55 MEDICAL SUPPLIES CHARGED TO	20036500	8269518	28306018	.515163	.515163	.515163 55
55.01 IMPLANTABLE DEVICES CHRGD T	31394871	8436424	39831295	.305663	.305663	.305663 55.01
56 DRUGS CHARGED TO PATIENTS	32733650	17587043	50320693	.412711	.412711	.412711 56
57 RENAL DIALYSIS	1150045	23392	1173437	.697060	.697060	.697060 57
59 CARDIOLOGY & CARDIC REHAB	26211174	20150191	46361365	.149622	.149622	.149622 59
59.25 CARDIOPULMONARY	4763678	1204828	5968506	.229249	.229249	.229249 59.25
59.30 EKG AND EEG	4272543	3405230	7677773	.305015	.305015	.305015 59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	184684	4918873	5103557	.580790	.580790	.580790 60
60.01 DIABETIC EDUCATION	488	174531	175019	.604203	.604203	.604203 60.01
61 EMERGENCY	4459555	15579675	20039230	.486939	.486939	.486939 61
62 OBSERVATION BEDS (NON-DISTI	639071	2394588	3033659	.774865	.774865	.774865 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	181294	2387496	2568790	.771234	.771234	.771234 65
101 SUBTOTAL	271710018	192680432	464390450			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	271710018	192680432	464390450			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1482360		1482360	25
26 INTENSIVE CARE UNIT				226651		226651	26
26.01 NICU				67680		67680	26.01
27 CORONARY CARE UNIT				129249		129249	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				139197		139197	31
33 NURSERY				76507		76507	33
101 TOTAL				2121644		2121644	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	56339	23194			26.31	610234	25
26 INTENSIVE CARE UNIT	4471	2448			50.69	124089	26
26.01 NICU	1837				36.84		26.01
27 CORONARY CARE UNIT	7694	5173			16.80	86906	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	5808	3447			23.97	82625	31
33 NURSERY	2836				26.98		33
101 TOTAL	78985	34262				903854	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0280) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		920999	52281974	11153166			.017616	196474
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL		50799	3988381	992191			.012737	12638
38 RECOVERY ROOM		84391	4255193	1393885			.019832	27644
39 DELIVERY ROOM & LABOR ROOM		138337	3818824	8915			.036225	323
40 ANESTHESIOLOGY		9812	6407325	1267412			.001531	1940
41 RADIOLOGY-DIAGNOSTIC		476330	54599031	8647871			.008724	75444
41.01 MRI		32862	1897583	1076047			.017318	18635
42 RADIOLOGY-THERAPEUTIC		185760	9333202	22324			.019903	444
44 LABORATORY		143176	32376054	11124881			.004422	49194
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		16128	2256833	1047056			.007146	7482
48 INTRAVENOUS THERAPY		43822	4303434	617829			.010183	6291
49 RESPIRATORY THERAPY		29423	7520652	3991774			.003912	15616
50 PHYSICAL THERAPY		64942	7554271	1747934			.008597	15027
50.01 TORS		9712	2612579				.003717	50.01
51 OCCUPATIONAL THERAPY		27145	4306550	249595			.006303	1573
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		124667	28306018	11462882			.004404	50483
55.01 IMPLANTABLE DEVICES CHRGD TO		170266	39831295	17547877			.004275	75017
56 DRUGS CHARGED TO PATIENTS		227837	50320693	17160845			.004528	77704
57 RENAL DIALYSIS		29317	1173437	806274			.024984	20144
59 CARDIOLOGY & CARDIC REHAB		230002	46361365	18783578			.004961	93185
59.25 CARDIOPULMONARY		28972	5968506	2850590			.004854	13837
59.30 EKG AND EEG		81498	7677773	572119			.010615	6073
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		176821	5103557	21235			.034647	736
60.01 DIABETIC EDUCATION		2389	175019				.013650	60.01
61 EMERGENCY		306117	20039230	2460970			.015276	37594
62 OBSERVATION BEDS (NON-DISTINC		118639	3033659	325025			.039108	12711
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		3730163	405502438	115332275				816209



PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 05/21/2009 14:11

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	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL		
	COST	COST	COSTS	EDUCATION	SWING-BED	COSTS
	1	2	2.01	COSTS	ADJUSTMENT	4
				3	AMOUNT	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS		172518	2631			175149
26 INTENSIVE CARE UNIT		61196	2212			63408
26.01 NICU		9702	737			10439
27 CORONARY CARE UNIT		9619				9619
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I		3151				3151
33 NURSERY		4498				4498
34 SKILLED NURSING FACILITY		13931				13931
35 NURSING FACILITY						
101 TOTAL		274615	5580			280195

PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 05/21/2009 14:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	56339	3.11	23194	72133	25
26 INTENSIVE CARE UNIT	4471	14.18	2448	34713	26
26.01 NICU	1837	5.68			26.01
27 CORONARY CARE UNIT	7694	1.25	5173	6466	27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	5808	.54	3447	1861	31
33 NURSERY	2836	1.59			33
34 SKILLED NURSING FACILITY	8571	1.63	7202	11739	34
35 NURSING FACILITY					35
101 TOTAL	87556		41464	126912	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0280) [ ] 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			12728	37511			50239	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL								37.02
38 RECOVERY ROOM			19404				19404	38
39 DELIVERY ROOM & LABOR ROOM			6675	2799			9474	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				20564			20564	41
41.01 MRI								41.01
42 RADIOLOGY-THERAPEUTIC				270			270	42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY			1202	4475			5677	48
49 RESPIRATORY THERAPY				15899			15899	49
50 PHYSICAL THERAPY								50
50.01 TORS								50.01
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P				660			660	55
55.01 IMPLANTABLE DEVICES CHRGD TO								55.01
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS			6530				6530	57
59 CARDIOLOGY & CARDIC REHAB			4768	4182			8950	59
59.25 CARDIOPULMONARY				6441			6441	59.25
59.30 EKG AND EEG			4644	877			5521	59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			1182	1251			2433	60
60.01 DIABETIC EDUCATION								60.01
61 EMERGENCY			7421	27754			35175	61
62 OBSERVATION BEDS (NON-DISTINC			13808	212			14020	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL			78362	122895			201257	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0280) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	50239	52281974	.000961	.000961	11153166	10718	7392165	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL		3988381			992191		538820	37.02
38 RECOVERY ROOM	19404	4255193	.004560	.004560	1393885	6356	1070596	38
39 DELIVERY ROOM & LABOR ROOM	9474	3818824	.002481	.002481	8915	22	512	39
40 ANESTHESIOLOGY		6407325			1267412		726510	40
41 RADIOLOGY-DIAGNOSTIC	20564	54599031	.000377	.000377	8647871	3260	11737522	41
41.01 MRI		1897583			1076047		7882	41.01
42 RADIOLOGY-THERAPEUTIC	270	9333202	.000029	.000029	22324	1	3761782	42
44 LABORATORY		32376054			11124881		489283	44
46.30 BLOOD CLOTTING FACTORS ADMIN		2256833			1047056		372228	46.30
47 BLOOD STORING, PROCESSING & T		4303434	.001319	.001319	617829	815	816806	47
48 INTRAVENOUS THERAPY	5677	7520652	.002114	.002114	3991774	8439	84962	48
49 RESPIRATORY THERAPY	15899	7554271			1747934		996	49
50 PHYSICAL THERAPY		2612579						50
50.01 TORS		4306550			249595			50.01
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P	660	28306018	.000023	.000023	11462882	264	2686352	55
55.01 IMPLANTABLE DEVICES CHRGD TO		39831295			17547877		3578032	55.01
56 DRUGS CHARGED TO PATIENTS		50320693			17160845		6555764	56
57 RENAL DIALYSIS	6530	1173437	.005565	.005565	806274	4487	2282	57
59 CARDIOLOGY & CARDIC REHAB	8950	46361365	.000193	.000193	18783578	3625	7649017	59
59.25 CARDIOPULMONARY	6441	5968506	.001079	.001079	2850590	3076	498673	59.25
59.30 EKG AND EEG	5521	7677773	.000719	.000719	572119	411	972297	59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2433	5103557	.000477	.000477	21235	10	1300090	60
60.01 DIABETIC EDUCATION		175019						60.01
61 EMERGENCY	35175	20039230	.001755	.001755	2460970	4319	2719594	61
62 OBSERVATION BEDS (NON-DISTINC	14020	3033659	.004621	.004621	325025	1502	701265	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	201257	405502438			115332275	47305	53663430	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0280) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			7104		37
37.01 AMBULATORY SURGERY					37.01
37.02 GASTROINTESTINAL					37.02
38 RECOVERY ROOM			4882		38
39 DELIVERY ROOM & LABOR ROOM			1		39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			4425		41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC			109		42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY			1077		48
49 RESPIRATORY THERAPY			180		49
50 PHYSICAL THERAPY					50
50.01 TORS					50.01
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 ELECTROCARDIOLOGY					53.01
55 MEDICAL SUPPLIES CHARGED TO P			62		55
55.01 IMPLANTABLE DEVICES CHRGD TO					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS			13		57
59 CARDIOLOGY & CARDIC REHAB			1476		59
59.25 CARDIOPULMONARY			538		59.25
59.30 EKG AND EEG			699		59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC			620		60
60.01 DIABETIC EDUCATION					60.01
61 EMERGENCY			4773		61
62 OBSERVATION BEDS (NON-DISTINC			3241		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			29200		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0280) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.398995	.398995	.398995			37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	.347223	.347223	.347223			37.02
38 RECOVERY ROOM	.499420	.499420	.499420			38
39 DELIVERY ROOM & LABOR ROOM	.573931	.573931	.573931			39
40 ANESTHESIOLOGY	.061477	.061477	.061477			40
41 RADIOLOGY-DIAGNOSTIC	.207759	.207759	.207759			41
41.01 MRI	1.171912	1.171912	1.171912			41.01
42 RADIOLOGY-THERAPEUTIC	.459761	.459761	.459761			42
44 LABORATORY	.284034	.284034	.284034			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	1.138292	1.138292	1.138292			47
48 INTRAVENOUS THERAPY	.299055	.299055	.299055			48
49 RESPIRATORY THERAPY	.200162	.200162	.200162			49
50 PHYSICAL THERAPY	.351170	.351170	.351170			50
50.01 TORS	.417794	.417794	.417794			50.01
51 OCCUPATIONAL THERAPY	.252461	.252461	.252461			51
53 ELECTROCARDIOLOGY						53
53.01 ELECTROCARDIOLOGY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.515163	.515163	.515163			55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	.305663	.305663	.305663			55.01
56 DRUGS CHARGED TO PATIENTS	.412711	.412711	.412711			56
57 RENAL DIALYSIS	.697060	.697060	.697060			57
59 CARDIOLOGY & CARDIC REHAB	.149622	.149622	.149622			59
59.25 CARDIOPULMONARY	.229249	.229249	.229249			59.25
59.30 EKG AND EEG	.305015	.305015	.305015			59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.580790	.580790	.580790			60
60.01 DIABETIC EDUCATION	.604203	.604203	.604203			60.01
61 EMERGENCY	.486939	.486939	.486939			61
62 OBSERVATION BEDS (NON-DISTINCT	.774865	.774865	.774865			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.771234	.771234	.771234			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.771234	.771234	.771234			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.771234	.771234	.771234			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.771234	.771234	.771234			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	.412711	1
2 PROGRAM VACCINE CHARGES	2290	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	945	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0280) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37		7392165						37
37.01								37.01
37.02								37.02
38		538820						38
38		1070596						38
39		512						39
40		726510						40
41		11737522						41
41.01		7882						41.01
42		3761782						42
44		489283						44
46.30								46.30
47		372228						47
48		816806						48
49		84962						49
50		996						50
50.01								50.01
51								51
53								53
53.01								53.01
55		2686352						55
55.01		3578032						55.01
56		6555764						56
57		2282						57
59		7649017						59
59.25		498673						59.25
59.30		972297						59.30
60		1300090						60
60.01								60.01
61		2719594						61
62		701265						62
63.50								63.50
63.60								63.60
65								65
65.01								65.01
65.02								65.02
65.03								65.03
101		53663430						101
102								102
103								103
104		53663430						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0280) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.)	I/P PART B I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2949437					37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL		187091					37.02
38 RECOVERY ROOM		534677					38
39 DELIVERY ROOM & LABOR ROOM		294					39
40 ANESTHESIOLOGY		44664					40
41 RADIOLOGY-DIAGNOSTIC		2438576					41
41.01 MRI		9237					41.01
42 RADIOLOGY-THERAPEUTIC		1729521					42
44 LABORATORY		138973					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		423704					47
48 INTRAVENOUS THERAPY		244270					48
49 RESPIRATORY THERAPY		17006					49
50 PHYSICAL THERAPY		350					50
50.01 TORS							50.01
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		1383909					55
55.01 IMPLANTABLE DEVICES CHRGD TO PA		1093672					55.01
56 DRUGS CHARGED TO PATIENTS		2705636					56
57 RENAL DIALYSIS		1591					57
59 CARDIOLOGY & CARDIC REHAB		1144461					59
59.25 CARDIOPULMONARY		114320					59.25
59.30 EKG AND EEG		296565					59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		755079					60
60.01 DIABETIC EDUCATION							60.01
61 EMERGENCY		1324276					61
62 OBSERVATION BEDS (NON-DISTINCT)		543386					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		18080695					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		18080695					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-T280) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		920999	52281974	49731			.017616	876 37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL		50799	3988381	6153			.012737	78 37.02
38 RECOVERY ROOM		84391	4255193	7699			.019832	153 38
39 DELIVERY ROOM & LABOR ROOM		138337	3818824				.036225	39
40 ANESTHESIOLOGY		9812	6407325	6637			.001531	10 40
41 RADIOLOGY-DIAGNOSTIC		476330	54599031	121513			.008724	1060 41
41.01 MRI		32862	1897583				.017318	41.01
42 RADIOLOGY-THERAPEUTIC		185760	9333202	3323			.019903	66 42
44 LABORATORY		143176	32376054	252321			.004422	1116 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		16128	2256833	9014			.007146	64 47
48 INTRAVENOUS THERAPY		43822	4303434	144			.010183	1 48
49 RESPIRATORY THERAPY		29423	7520652	128752			.003912	504 49
50 PHYSICAL THERAPY		64942	7554271	1415035			.008597	12165 50
50.01 TORS		9712	2612579				.003717	50.01
51 OCCUPATIONAL THERAPY		27145	4306550	1155845			.006303	7285 51
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		124667	28306018	167036			.004404	736 55
55.01 IMPLANTABLE DEVICES CHRGD TO		170266	39831295	419			.004275	2 55.01
56 DRUGS CHARGED TO PATIENTS		227837	50320693	599439			.004528	2714 56
57 RENAL DIALYSIS		29317	1173437	74002			.024984	1849 57
59 CARDIOLOGY & CARDIC REHAB		230002	46361365	45636			.004961	226 59
59.25 CARDIOPULMONARY		28972	5968506	72253			.004854	351 59.25
59.30 EKG AND EEG		81498	7677773	3451			.010615	37 59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		176821	5103557	215			.034647	7 60
60.01 DIABETIC EDUCATION		2389	175019	488			.013650	7 60.01
61 EMERGENCY		306117	20039230				.015276	61
62 OBSERVATION BEDS (NON-DISTINC		118639	3033659				.039108	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		3730163	405502438	4119106				29307 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-T280) [ ] 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			12728	37511			50239	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL								37.02
38 RECOVERY ROOM			19404				19404	38
39 DELIVERY ROOM & LABOR ROOM			6675	2799			9474	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				20564			20564	41
41.01 MRI								41.01
42 RADIOLOGY-THERAPEUTIC				270			270	42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY			1202	4475			5677	48
49 RESPIRATORY THERAPY				15899			15899	49
50 PHYSICAL THERAPY								50
50.01 TORS								50.01
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P				660			660	55
55.01 IMPLANTABLE DEVICES CHRGD TO								55.01
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS			6530				6530	57
59 CARDIOLOGY & CARDIC REHAB			4768	4182			8950	59
59.25 CARDIOPULMONARY				6441			6441	59.25
59.30 EKG AND EEG			4644	877			5521	59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			1182	1251			2433	60
60.01 DIABETIC EDUCATION								60.01
61 EMERGENCY			7421	27754			35175	61
62 OBSERVATION BEDS (NON-DISTINC			13808	212			14020	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL			78362	122895			201257	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-T280) [ ] 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			CHARGES		COST TO	
	COSTS	CHARGES	CHARGES	TO	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	50239	52281974	.000961	.000961	49731	48	37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL		3988381			6153		37.02
38 RECOVERY ROOM	19404	4255193	.004560	.004560	7699	35	38
39 DELIVERY ROOM & LABOR ROOM	9474	3818824	.002481	.002481			39
40 ANESTHESIOLOGY		6407325			6637		40
41 RADIOLOGY-DIAGNOSTIC	20564	54599031	.000377	.000377	121513	46	2426
41.01 MRI		1897583					41.01
42 RADIOLOGY-THERAPEUTIC	270	9333202	.000029	.000029	3323		42
44 LABORATORY		32376054			252321		14
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2256833			9014		47
48 INTRAVENOUS THERAPY	5677	4303434	.001319	.001319	144		48
49 RESPIRATORY THERAPY	15899	7520652	.002114	.002114	128752	272	49
50 PHYSICAL THERAPY		7554271			1415035		50
50.01 TORS		2612579					50.01
51 OCCUPATIONAL THERAPY		4306550			1155845		51
53 ELECTROCARDIOLOGY							53
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO P	660	28306018	.000023	.000023	167036	4	55
55.01 IMPLANTABLE DEVICES CHRGD TO		39831295			419		55.01
56 DRUGS CHARGED TO PATIENTS		50320693			599439		56
57 RENAL DIALYSIS	6530	1173437	.005565	.005565	74002	412	57
59 CARDIOLOGY & CARDIC REHAB	8950	46361365	.000193	.000193	45636	9	59
59.25 CARDIOPULMONARY	6441	5968506	.001079	.001079	72253	78	2874
59.30 EKG AND EEG	5521	7677773	.000719	.000719	3451	2	579
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2433	5103557	.000477	.000477	215		60
60.01 DIABETIC EDUCATION		175019			488		60.01
61 EMERGENCY	35175	20039230	.001755	.001755			61
62 OBSERVATION BEDS (NON-DISTINC	14020	3033659	.004621	.004621			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	201257	405502438			4119106	906	5893

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-T280) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ] ICF/MR  
 [ ] SUB III

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 AMBULATORY SURGERY					37.01
37.02 GASTROINTESTINAL					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			1		41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
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 TORS					50.01
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 ELECTROCARDIOLOGY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 IMPLANTABLE DEVICES CHRGD TO					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIOLOGY & CARDIC REHAB					59
59.25 CARDIOPULMONARY			3		59.25
59.30 EKG AND EEG					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETIC EDUCATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			4		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-T280) [ ] 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	.398995	.398995	.398995			37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	.347223	.347223	.347223			37.02
38 RECOVERY ROOM	.499420	.499420	.499420			38
39 DELIVERY ROOM & LABOR ROOM	.573931	.573931	.573931			39
40 ANESTHESIOLOGY	.061477	.061477	.061477			40
41 RADIOLOGY-DIAGNOSTIC	.207759	.207759	.207759			41
41.01 MRI	1.171912	1.171912	1.171912			41.01
42 RADIOLOGY-THERAPEUTIC	.459761	.459761	.459761			42
44 LABORATORY	.284034	.284034	.284034			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	1.138292	1.138292	1.138292			47
48 INTRAVENOUS THERAPY	.299055	.299055	.299055			48
49 RESPIRATORY THERAPY	.200162	.200162	.200162			49
50 PHYSICAL THERAPY	.351170	.351170	.351170			50
50.01 TORS	.417794	.417794	.417794			50.01
51 OCCUPATIONAL THERAPY	.252461	.252461	.252461			51
53 ELECTROCARDIOLOGY						53
53.01 ELECTROCARDIOLOGY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.515163	.515163	.515163			55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	.305663	.305663	.305663			55.01
56 DRUGS CHARGED TO PATIENTS	.412711	.412711	.412711			56
57 RENAL DIALYSIS	.697060	.697060	.697060			57
59 CARDIOLOGY & CARDIC REHAB	.149622	.149622	.149622			59
59.25 CARDIOPULMONARY	.229249	.229249	.229249			59.25
59.30 EKG AND EEG	.305015	.305015	.305015			59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.580790	.580790	.580790			60
60.01 DIABETIC EDUCATION	.604203	.604203	.604203			60.01
61 EMERGENCY	.486939	.486939	.486939			61
62 OBSERVATION BEDS (NON-DISTINCT	.774865	.774865	.774865			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.771234	.771234	.771234			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.771234	.771234	.771234			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.771234	.771234	.771234			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.771234	.771234	.771234			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	.412711	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T280) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37								37
37.01								37.01
37.02								37.02
38								38
39								39
40								40
41			2426					41
41.01								41.01
42								42
44			14					44
46.30								46.30
47								47
48								48
49								49
50								50
50.01								50.01
51								51
53								53
53.01								53.01
55								55
55.01								55.01
56								56
57								57
59								59
59.25			2874					59.25
59.30			579					59.30
60								60
60.01								60.01
61								61
62								62
63.50								63.50
63.60								63.60
65								65
65.01								65.01
65.02								65.02
65.03								65.03
101			5893					101
102								102
103								103
104			5893					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T280) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL						37.02
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC		504				41
41.01 MRI						41.01
42 RADIOLOGY-THERAPEUTIC						42
44 LABORATORY		4				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 TORS						50.01
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY						53
53.01 ELECTROCARDIOLOGY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT						55
55.01 IMPLANTABLE DEVICES CHRGD TO PA						55.01
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 CARDIOLOGY & CARDIC REHAB						59
59.25 CARDIOPULMONARY		659				59.25
59.30 EKG AND EEG		177				59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 DIABETIC EDUCATION						60.01
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		1344				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		1344				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5564) [ ] 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			12728	37511			50239	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL								37.02
38 RECOVERY ROOM			19404				19404	38
39 DELIVERY ROOM & LABOR ROOM			6675	2799			9474	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				20564			20564	41
41.01 MRI								41.01
42 RADIOLOGY-THERAPEUTIC				270			270	42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY			1202	4475			5677	48
49 RESPIRATORY THERAPY				15899			15899	49
50 PHYSICAL THERAPY								50
50.01 TORS								50.01
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY								53
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P				660			660	55
55.01 IMPLANTABLE DEVICES CHRGD TO								55.01
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS			6530				6530	57
59 CARDIOLOGY & CARDIC REHAB			4768	4182			8950	59
59.25 CARDIOPULMONARY				6441			6441	59.25
59.30 EKG AND EEG			4644	877			5521	59.30
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			1182	1251			2433	60
60.01 DIABETIC EDUCATION								60.01
61 EMERGENCY			7421	27754			35175	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL			64554	122683			187237	101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5564) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ]  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	50239	52281974	.000961	.000961	11461	11	37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL		3988381			9894		37.02
38 RECOVERY ROOM	19404	4255193	.004560	.004560	687	3	38
39 DELIVERY ROOM & LABOR ROOM	9474	3818824	.002481	.002481			39
40 ANESTHESIOLOGY		6407325			1170		40
41 RADIOLOGY-DIAGNOSTIC	20564	54599031	.000377	.000377	58153	22	41
41.01 MRI		1897583					41.01
42 RADIOLOGY-THERAPEUTIC	270	9333202	.000029	.000029			42
44 LABORATORY		32376054			420046		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2256833			6755		47
48 INTRAVENOUS THERAPY	5677	4303434	.001319	.001319			48
49 RESPIRATORY THERAPY	15899	7520652	.002114	.002114	388848	822	49
50 PHYSICAL THERAPY		7554271			1719023		50
50.01 TORS		2612579					50.01
51 OCCUPATIONAL THERAPY		4306550			1165662		51
53 ELECTROCARDIOLOGY							53
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO P	660	28306018	.000023	.000023	510657	12	55
55.01 IMPLANTABLE DEVICES CHRGD TO		39831295					55.01
56 DRUGS CHARGED TO PATIENTS		50320693			1111682		56
57 RENAL DIALYSIS	6530	1173437	.005565	.005565			57
59 CARDIOLOGY & CARDIC REHAB	8950	46361365	.000193	.000193	25933	5	59
59.25 CARDIOPULMONARY	6441	5968506	.001079	.001079	267849	289	59.25
59.30 EKG AND EEG	5521	7677773	.000719	.000719	579		59.30
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2433	5103557	.000477	.000477	341		60
60.01 DIABETIC EDUCATION		175019					60.01
61 EMERGENCY	35175	20039230	.001755	.001755			61
62 OBSERVATION BEDS (NON-DISTINC		3033659					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	187237	405502438			5698740	1164	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5564) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY SURGERY					37.01
37.02 GASTROINTESTINAL					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
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 TORS					50.01
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 ELECTROCARDIOLOGY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 IMPLANTABLE DEVICES CHRGD TO					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIOLOGY & CARDIC REHAB					59
59.25 CARDIOPULMONARY					59.25
59.30 EKG AND EEG					59.30
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETIC EDUCATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0280)	SUB I (PPS) (14-T280)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5564)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	56339	5808				8571	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	56339	5808				8571	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	56339	5808				8571	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)	23194	3447				7202	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) (14-0280)	SUB I (PPS) (14-T280)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5564)	
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	29371305	2893564				3101708	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	29371305	2893564				3101708	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	30828433	4916540				2658831	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30828433	4916540				2658831	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.952734	.588537				1.166568	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	547.20	846.51				310.21	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	29371305	2893564				3101708	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) (14-0280)	SUB I (PPS) (14-T280)	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	521.33	498.20				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12091728	1717295				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12091728	1717295				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	5538269	4471	1238.71	2448	3032362	43
43.01 NICU	1608916	1837	875.84			43.01
44 CORONARY CARE UNIT	3504434	7694	455.48	5173	2356198	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0280)	SUB I (PPS) (14-T280)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	38675490	1359494				48
49 TOTAL PROGRAM INPATIENT COSTS	56155778	3076789				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	934541	84486				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	863514	30213				51
52 TOTAL PROGRAM EXCLUDABLE COST	1798055	114699				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	54357723	2962090				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) (14-0280)	SUB I (PPS) (14-T280)	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

PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
05/21/2009 14:11

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 (PPS) (14-5564) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3101708	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	361.88	67
68 PROGRAM ROUTINE SERVICE COST	2606260	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2606260	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	169534	71
72 PER DIEM CAPITAL RELATED COSTS	19.78	72
73 PROGRAM CAPITAL RELATED COSTS	142456	73
74 INPATIENT ROUTINE SERVICE COST	2463804	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2463804	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2606260	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1910821	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	4517081	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)  
 (14-0280)(14-T280)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4509	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	521.33	84
85 OBSERVATION BED COST	2350677	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		29371305		2350677		86
87 NEW CAPITAL-RELATED COST	1482360	29371305	.050470	2350677	118639	87
88 NON PHYSICIAN ANESTHETIST		29371305		2350677		88
89 NURSING SCHOOL	172518	29371305	.005874	2350677	13808	89
89.01 ALLIED HEALTH	2631	29371305	.000090	2350677	212	89.01
89.02 ALL OTHER		29371305		2350677		89.02



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0280) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		13829305		25
26 INTENSIVE CARE UNIT		3697346		26
26.01 NICU				26.01
27 CORONARY CARE UNIT		4446884		27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.398995	11153166	4450057	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	.347223	992191	344512	37.02
38 RECOVERY ROOM	.499420	1393885	696134	38
39 DELIVERY ROOM & LABOR ROOM	.573931	8915	5117	39
40 ANESTHESIOLOGY	.061477	1267412	77917	40
41 RADIOLOGY-DIAGNOSTIC	.207759	8647871	1796673	41
41.01 MRI	1.171912	1076047	1261032	41.01
42 RADIOLOGY-THERAPEUTIC	.459761	22324	10264	42
44 LABORATORY	.284034	11124881	3159844	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.138292	1047056	1191855	47
48 INTRAVENOUS THERAPY	.299055	617829	184765	48
49 RESPIRATORY THERAPY	.200162	3991774	799001	49
50 PHYSICAL THERAPY	.351170	1747934	613822	50
50.01 TORS	.417794			50.01
51 OCCUPATIONAL THERAPY	.252461	249595	63013	51
53 ELECTROCARDIOLOGY				53
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.515163	11462882	5905253	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	.305663	17547877	5363737	55.01
56 DRUGS CHARGED TO PATIENTS	.412711	17160845	7082470	56
57 RENAL DIALYSIS	.697060	806274	562021	57
59 CARDIOLOGY & CARDIC REHAB	.149622	18783578	2810437	59
59.25 CARDIOPULMONARY	.229249	2850590	653495	59.25
59.30 EKG AND EEG	.305015	572119	174505	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.580790	21235	12333	60
60.01 DIABETIC EDUCATION	.604203			60.01
61 EMERGENCY	.489800	2460970	1205383	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.774865	325025	251850	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		115332275	38675490	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		115332275		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T280)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NICU				26.01
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		2904887		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.398995	49731	19842	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	.347223	6153	2136	37.02
38 RECOVERY ROOM	.499420	7699	3845	38
39 DELIVERY ROOM & LABOR ROOM	.573931			39
40 ANESTHESIOLOGY	.061477	6637	408	40
41 RADIOLOGY-DIAGNOSTIC	.207759	121513	25245	41
41.01 MRI	1.171912			41.01
42 RADIOLOGY-THERAPEUTIC	.459761	3323	1528	42
44 LABORATORY	.284034	252321	71668	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.138292	9014	10261	47
48 INTRAVENOUS THERAPY	.299055	144	43	48
49 RESPIRATORY THERAPY	.200162	128752	25771	49
50 PHYSICAL THERAPY	.351170	1415035	496918	50
50.01 TORS	.417794			50.01
51 OCCUPATIONAL THERAPY	.252461	1155845	291806	51
53 ELECTROCARDIOLOGY				53
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.515163	167036	86051	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	.305663	419	128	55.01
56 DRUGS CHARGED TO PATIENTS	.412711	599439	247395	56
57 RENAL DIALYSIS	.697060	74002	51584	57
59 CARDIOLOGY & CARDIC REHAB	.149622	45636	6828	59
59.25 CARDIOPULMONARY	.229249	72253	16564	59.25
59.30 EKG AND EEG	.305015	3451	1053	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.580790	215	125	60
60.01 DIABETIC EDUCATION	.604203	488	295	60.01
61 EMERGENCY	.489800			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.774865			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		4119106	1359494	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4119106		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5564)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NICU				26.01
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.398995	11461	4573	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	.347223	9894	3435	37.02
38 RECOVERY ROOM	.499420	687	343	38
39 DELIVERY ROOM & LABOR ROOM	.573931			39
40 ANESTHESIOLOGY	.061477	1170	72	40
41 RADIOLOGY-DIAGNOSTIC	.207759	58153	12082	41
41.01 MRI	1.171912			41.01
42 RADIOLOGY-THERAPEUTIC	.459761			42
44 LABORATORY	.284034	420046	119307	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.138292	6755	7689	47
48 INTRAVENOUS THERAPY	.299055			48
49 RESPIRATORY THERAPY	.200162	388848	77833	49
50 PHYSICAL THERAPY	.351170	1719023	603669	50
50.01 TORS	.417794			50.01
51 OCCUPATIONAL THERAPY	.252461	1165662	294284	51
53 ELECTROCARDIOLOGY				53
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.515163	510657	263072	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	.305663			55.01
56 DRUGS CHARGED TO PATIENTS	.412711	1111682	458803	56
57 RENAL DIALYSIS	.697060			57
59 CARDIOLOGY & CARDIC REHAB	.149622	25933	3880	59
59.25 CARDIOPULMONARY	.229249	267849	61404	59.25
59.30 EKG AND EEG	.305015	579	177	59.30
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.580790	341	198	60
60.01 DIABETIC EDUCATION	.604203			60.01
61 EMERGENCY	.486939			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.774865			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		5698740	1910821	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5698740		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0280)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	38734092					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11297228					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	492297					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	296.11					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..						3.16
RES. IN INIT YRS						
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 (14-0280)	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	0.0467					4
4.01	0.1753					4.01
4.02	0.2220					4.02
4.03	0.0753					4.03
4.04	3767358					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	54290975					6
7						7
7.01						7.01
8	54290975					8
9	4396988					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	113312					14
15	47305					15
16	58848580					16
17	16221					17
18	58832359					18
19	5355467					19
20	95744					20
21	1005346					21
21.01	703742					21.01
21.02						21.02
22	54084890					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0280)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	54084890				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	53130612				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	954278				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0280) 1	HOSPITAL (14-0280) 1.01	HOSPITAL (14-0280) 1.02	
1 MEDICAL AND OTHER SERVICES	945			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	18051495			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	17455924			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.855			1.03
1.04 LINE 1.01 TIMES LINE 1.03	15434028			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	29200			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	945			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2290			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	2290			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	2290			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1345			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	945			17
17.01 TOTAL PPS PAYMENTS	17485124			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0280)	HOSPITAL (14-0280)	HOSPITAL (14-0280)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	14		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	4433354		18.01
LINE 17.01			
19 SUBTOTAL	13052701		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	13052701		23
24 PRIMARY PAYER PAYMENTS	5764		24
25 SUBTOTAL	13046937		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	722523		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	505766		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	13552703		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)	-278		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	13552981		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	13512594		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	40387		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-T280)	SUB I (14-T280)	SUB I (14-T280)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1340			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2397			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	4			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	2401			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T280) 1	SUB I (14-T280) 1.01	SUB I (14-T280) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	612		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	1789		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	1789		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1789		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	1789		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	1789		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1786		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	3		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5564)	SNF (14-5564)	SNF (14-5564)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5564)	SNF (14-5564)	SNF (14-5564)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(14-0280)  
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  
(14-0280)  
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  
 (14-0280)  
 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 (14-0280)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53130612		13512594	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	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		53130612		13512594	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	954278		40387	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		54084890		13552981	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-T280)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3522397		1786	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				3.01
	TO .02				3.02
	PROVIDER .03	NONE		NONE	3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		3522397		1786	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	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	132810		3	6.01
	PROVIDER TO .02				6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		3655207		1789	7

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SKILLED NURSING FACILITY I (14-5564)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2516630		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2516630		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	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	-53965		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		2462665		7

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-T280)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3310024				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0496				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	351283				1.04
1.05	OUTLIER PAYMENTS	26976				1.05
1.06	TOTAL PPS PAYMENTS	3688283				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)	15.868852				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	3688283				4
5	PRIMARY PAYER PAYMENTS	7552				5
6	SUBTOTAL	3680731				6
7	DEDUCTIBLES	20448				7
8	SUBTOTAL	3660283				8
9	COINSURANCE	12032				9
10	SUBTOTAL	3648251				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	5984				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	4189				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	3652440				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
05/21/2009 14:11

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T280)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		2767			13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	3655207				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	3522397				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	132810				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
	SNF I (14-5564) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	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 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	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	22
23	COST OF COVERED SERVICES	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	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
	SNF I (14-5564) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST	34
35	SUBTOTAL	2605493 35
36	COINSURANCE	146560 36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19	37
38	REIMBURSABLE BAD DEBTS	5332 38
38.01	REDUCED REIMBURSABLE BAD DEBTS	38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	3732 38.03
39	UTILIZATION REVIEW	39
40	SUBTOTAL	2462665 40
41	INPATIENT ROUTINE SERVICE COST	41
42	MEDICARE INPATIENT ROUTINE CHARGES	42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	43
44	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)	44
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 PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	49
50	OTHER ADJUSTMENTS	50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	51
52	SUBTOTAL	2462665 52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)	53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2462665 55
56	SEQUESTRATION ADJUSTMENT	56
57	INTERIM PAYMENTS	2516630 57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	57.01
58	BALANCE DUE PROVIDER/PROGRAM	-53965 58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	59

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

WORKSHEET E-3  
PART IV

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

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

PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
05/21/2009 14:11

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

WORKSHEET E-3  
PART IV  
(CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	34262	4
5	TOTAL INPATIENT DAYS	71640	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x ] [E-3,PART 6] [LINE 3.25] [ LINE 11 ]	.478252	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS [PRIOR TO ] [E-3,PART 6] [ 422 ] [ LINE 12 ]	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	71640	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	6530	7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1173437	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	.005565	9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11



PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
05/21/2009 14:11

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

WORKSHEET E-3  
PART IV  
(CONT)

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

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	61838827	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	23773	15
16	TOTAL PART A REASONABLE COST	61815054	16
PART B REASONABLE COST			
17	REASONABLE COST	18082984	17
18	PRIMARY PAYER PAYMENTS	5764	18
19	TOTAL PART B REASONABLE COST	18077220	19
20	TOTAL REASONABLE COST	79892274	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.773730	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.226270	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998		23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY		24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY		25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2829089			1
2	TEMPORARY INVESTMENTS	787893			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	111440600			4
5	OTHER RECEIVABLES	9019911			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-68484178			6
7	INVENTORY	6953668			7
8	PREPAID EXPENSES	1395676			8
9	OTHER CURRENT ASSETS	2330520			9
10	DUE FROM OTHER FUNDS	9273478			10
11	TOTAL CURRENT ASSETS	75546657			11
FIXED ASSETS					
12	LAND	6322281			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6752730			13
13.01	ACCUMULATED DEPRECIATION	-3616902			13.01
14	BUILDINGS	192147822			14
14.01	ACCUMULATED DEPRECIATION	-84339411			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	3137632			16
16.01	ACCUMULATED DEPRECIATION	-42565			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	84327355			18
18.01	ACCUMULATED DEPRECIATION	-56575883			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	148113059			21
OTHER ASSETS					
22	INVESTMENTS	15694520			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	69704810			25
26	TOTAL OTHER ASSETS	85399330			26
27	TOTAL ASSETS	309059046			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	14761955			28
29	SALARIES, WAGES & FEES PAYABLE	12757054			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	15798			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	14957317			34
35	OTHER CURRENT LIABILITIES	11070794			35
36	TOTAL CURRENT LIABILITIES	53562918			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	128700000			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	7515488			41
42	TOTAL LONG TERM LIABILITIES	136215488			42
43	TOTAL LIABILITIES	189778406			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	119280640			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	119280640			51
52	TOTAL LIABILITIES AND FUND BALANCES	309059046			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	141669494			1
2 NET INCOME (LOSS)	-947669			2
3 TOTAL	140721825			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNRESTRICTED NET ASSETS CORP 752				5
6 TEMP RESTRICTED NET ASSETS CORP 752				6
7 PERM RESTRICTED NET ASSETS CORP 752	259712			7
8 TEMP RESTRICTED NET ASSETS CORP 751				8
9 OTHER				9
10 TOTAL ADDITIONS	259712			10
11 SUBTOTAL	140981537			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 UNRESTRICTED NET ASSETS CORP 751	405214			13
14 UNRESTRICTED NET ASSETS CORP 752	20292344			14
15 PERM REST NET ASSETS -752	988725			15
16 TEMP REST NET ASSETS -751	14614			16
17				17
18 TOTAL DEDUCTIONS	21700897			18
19 FUND BALANCE AT END OF PERIOD	119280640			19
PER BALANCE SHEET				

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	36914567		36914567	1
4 SUBPROVIDER I	4995919		4995919	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY	2689918		2689918	6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	44600404		44600404	9
10.01 INTENSIVE CARE TYPE INPATIENT SERVICES				
11 INTENSIVE CARE UNIT	20375669		20375669	10
12 NICU				10.01
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	20375669		20375669	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	64976073		64976073	16
18.50 ANCILLARY SERVICES	212314080	207831848	420145928	17
18.60 OUTPATIENT SERVICES		23495532	23495532	18
19 RHC				18.50
20 FQHC				18.60
21 HOME HEALTH AGENCY				19
22 AMBULANCE	181294	2387496	2568790	20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 TOTAL PATIENT REVENUES	277471447	233714876	511186323	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		212314687	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		212314687	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	511186323	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	272118062	2
3	NET PATIENT REVENUES	239068261	3
4	LESS - TOTAL OPERATING EXPENSES	212314687	4
5	NET INCOME FROM SERVICE TO PATIENTS	26753574	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING REVENUE	6623928	24
24.03	TRINITY TP 16-0104 NET REVENUE	57298200	24.03
24.06	OTHER, NET		24.06
24.07	ROUNDING	-152	24.07
24.08	TRHS DIETARY REVENUE H00186	65070	24.08
24.09	CMHC REVENUE 14-4649	565695	24.09
24.10	CORP 753 REVENUE	534099	24.10
24.11	CMHC OTHER	55209	24.11
25	TOTAL OTHER INCOME	65142049	25
26	TOTAL	91895623	26
27	TRINITY REGIONAL HEALTH SYS H00186	46424946	27
27.01	TRINITY @ TERRACE PARK 16-0104	45483723	27.01
27.02	CORP 753	534273	27.02
27.03	CMHC 14-4649	105977	27.03
28	CMHC ALLOWANCES	294373	28
29	TOTAL OTHER EXPENSES	92843292	29
30	NET INCOME (OR LOSS) FOR THE PERIOD	-947669	30
31			31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0280)	HOSPITAL (14-0280)	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	4199594				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	4213				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	182.42				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02	0.00	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0467				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.1753				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2220				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0460				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	193181				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4396988				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 PHONES				6.01
6.03	PURCHASING				6.03
6.04	ADMITTING				6.04
6.05	CASHIERING/AR				6.05
6.06	A & G				6.06
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
12.01	EMPLOYEE CAFETERIA				12.01
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM-(SPECIFY)				24
24.01	PARAMED PROGRAM (OR TECH)				24.01
24.02	PARAMED PROGRAM - EMS				24.02
24.03	PARAMED - RESP CARE				24.03
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	NICU				26.01
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
33	NURSERY				33
34	SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
37.01	AMBULATORY SURGERY				37.01
37.02	GASTROINTESTINAL				37.02
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	MRI				41.01
42	RADIOLOGY-THERAPEUTIC				42
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	TORS				50.01
51	OCCUPATIONAL THERAPY				51
53	ELECTROCARDIOLOGY				53
53.01	ELECTROCARDIOLOGY				53.01
55	MEDICAL SUPPLIES CHARGED TO PAT				55
55.01	IMPLANTABLE DEVICES CHRGD TO PA				55.01
56	DRUGS CHARGED TO PATIENTS				56
57	RENAL DIALYSIS				57
59	CARDIOLOGY & CARDIC REHAB				59
59.25	CARDIOPULMONARY				59.25
59.30	EKG AND EEG				59.30
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.01	DIABETIC EDUCATION				60.01
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					

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
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OPT					69.20
69.30 CMHC					69.30
69.40 OPT					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 SENIOR SERVICES					96.01
96.02 OTHER NON REIMBURSABLE					96.02
96.03 MEDICAL OFFICE					96.03
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 WOMEN'S HEALTH CENTER					98.01
98.02 RIVERSIDE OUTPATIENT					98.02
98.03 PRIMARY CARE CLINIC					98.03
98.04 ORTHOPEDIC CLINIC					98.04
98.05 NON-REIMBURSABLE CLINIC					98.05
00 NON REIMBURSABLE COST CENTERS					00
00.01 PHYSICIAN RECRUITMENT					00.01
00.02 GROUP HOMES DEPT 783					00.02
00.03 PRECEDENCE					00.03
00.04 CALL CENTER					00.04
00.05 WORK FITNESS CENTER					00.05
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105



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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	41.17		21.78				62.95 25
26 INTENSIVE CARE UNIT	54.75						54.75 26
27 CORONARY CARE UNIT	67.23						67.23 27
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	21.33	14.14					35.47 37
37.02 GASTROINTESTINAL	24.88	13.51					38.39 37.02
38 RECOVERY ROOM	32.76	25.16					57.92 38
39 DELIVERY ROOM & LABOR ROOM	0.23	0.01					0.24 39
40 ANESTHESIOLOGY	19.78	11.34					31.12 40
41 RADIOLOGY-DIAGNOSTIC	15.84	21.50					37.34 41
41.01 MRI	56.71	0.42					57.13 41.01
42 RADIOLOGY-THERAPEUTIC	0.24	40.31					40.55 42
44 LABORATORY	34.36	1.51					35.87 44
47 BLOOD STORING, PROCESSING & TRA	46.39	16.49					62.88 47
48 INTRAVENOUS THERAPY	14.36	18.98					33.34 48
49 RESPIRATORY THERAPY	53.08	1.13					54.21 49
50 PHYSICAL THERAPY	23.14	0.01					23.15 50
51 OCCUPATIONAL THERAPY	5.80						5.80 51
55 MEDICAL SUPPLIES CHARGED TO PAT	40.50	9.49					49.99 55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	44.06	8.98					53.04 55.01
56 DRUGS CHARGED TO PATIENTS	34.10	13.03					47.13 56
57 RENAL DIALYSIS	68.71	0.19					68.90 57
59 CARDIOLOGY & CARDIC REHAB	40.52	16.50					57.02 59
59.25 CARDIOPULMONARY	47.76	8.36					56.12 59.25
59.30 EKG AND EEG	7.45	12.66					20.11 59.30
60 CLINIC	0.42	25.47					25.89 60
61 EMERGENCY	12.28	13.57					25.85 61
62 OBSERVATION BEDS (NON-DISTINCT	10.71	23.12					33.83 62
101 TOTAL CHARGES	24.84	11.56					36.40 101

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

SUBPROVIDER I

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							
31 SUBPROVIDER I	59.35		12.71				72.06 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.10						0.10 37
37.02 GASTROINTESTINAL	0.15						0.15 37.02
38 RECOVERY ROOM	0.18						0.18 38
40 ANESTHESIOLOGY	0.10						0.10 40
41 RADIOLOGY-DIAGNOSTIC	0.22						0.22 41
42 RADIOLOGY-THERAPEUTIC	0.04						0.04 42
44 LABORATORY	0.78						0.78 44
47 BLOOD STORING, PROCESSING & TRA	0.40						0.40 47
49 RESPIRATORY THERAPY	1.71						1.71 49
50 PHYSICAL THERAPY	18.73						18.73 50
51 OCCUPATIONAL THERAPY	26.84						26.84 51
55 MEDICAL SUPPLIES CHARGED TO PAT	0.59						0.59 55
56 DRUGS CHARGED TO PATIENTS	1.19						1.19 56
57 RENAL DIALYSIS	6.31						6.31 57
59 CARDIOLOGY & CARDIC REHAB	0.10						0.10 59
59.25 CARDIOPULMONARY	1.21	0.05					1.26 59.25
59.30 EKG AND EEG	0.04	0.01					0.05 59.30
60.01 DIABETIC EDUCATION	0.28						0.28 60.01
101 TOTAL CHARGES	0.89						0.89 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----		
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
34 SKILLED NURSING FACILITY	84.03						84.03 34
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
37.02 GASTROINTESTINAL	0.25						0.25 37.02
38 RECOVERY ROOM	0.02						0.02 38
40 ANESTHESIOLOGY	0.02						0.02 40
41 RADIOLOGY-DIAGNOSTIC	0.11						0.11 41
44 LABORATORY	1.30						1.30 44
47 BLOOD STORING, PROCESSING & TRA	0.30						0.30 47
49 RESPIRATORY THERAPY	5.17						5.17 49
50 PHYSICAL THERAPY	22.76						22.76 50
51 OCCUPATIONAL THERAPY	27.07						27.07 51
55 MEDICAL SUPPLIES CHARGED TO PAT	1.80						1.80 55
56 DRUGS CHARGED TO PATIENTS	2.21						2.21 56
59 CARDIOLOGY & CARDIC REHAB	0.06						0.06 59
59.25 CARDIOPULMONARY	4.49						4.49 59.25
59.30 EKG AND EEG	0.01						0.01 59.30
60 CLINIC	0.01						0.01 60
101 TOTAL CHARGES	1.23						1.23 101

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	7857685	3.78	-7857685	-10.07		3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS	11466389	5.52	-11466389	-14.69		5
6.01	NON-PATIENT PHONES						6.01
6.03	PURCHASING	358721	.17	-358721	-.46		6.03
6.04	ADMITTING	1596321	.77	-1596321	-2.04		6.04
6.05	CASHIERING/AR	1570030	.76	-1570030	-2.01		6.05
6.06	A & G	31702142	15.26	-31702142	-40.61		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	7486545	3.60	-7486545	-9.59		8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING	2570363	1.24	-2570363	-3.29		10
11	DIETARY	2527559	1.22	-2527559	-3.24		11
12	CAFETERIA						12
12.01	EMPLOYEE CAFETERIA						12.01
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1106037	.53	-1106037	-1.42		14
15	CENTRAL SERVICES & SUPPLY	2135608	1.03	-2135608	-2.74		15
16	PHARMACY	5010527	2.41	-5010527	-6.42		16
17	MEDICAL RECORDS & LIBRARY	1271029	.61	-1271029	-1.63		17
18	SOCIAL SERVICE	1604447	.77	-1604447	-2.06		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL	-95058	-.05	95058	.12		21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)	-77408	-.04	77408	.10		24
24.01	PARAMED PROGRAM (OR TECH)	-27368	-.01	27368	.04		24.01
24.02	PARAMED PROGRAM - EMS	-344		344			24.02
24.03	PARAMED - RESP CARE	6168		-6168	-.01		24.03
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	15798965	7.60	13572340	17.38	29371305	14.13
26	INTENSIVE CARE UNIT	3309001	1.59	2229268	2.86	5538269	2.67
26.01	NICU	991968	.48	616948	.79	1608916	.77
27	CORONARY CARE UNIT	2066419	.99	1438015	1.84	3504434	1.69
31	SUBPROVIDER I	1567492	.75	1326072	1.70	2893564	1.39
33	NURSERY	874379	.42	613051	.79	1487430	.72
34	SKILLED NURSING FACILITY	1588058	.76	1513650	1.94	3101708	1.49
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	13176842	6.34	7683388	9.84	20860230	10.04
37.01	AMBULATORY SURGERY						37.01
37.02	GASTROINTESTINAL	892212	.43	492644	.63	1384856	.67
38	RECOVERY ROOM	1341657	.65	783470	1.00	2125127	1.02
39	DELIVERY ROOM & LABOR ROOM	1279134	.62	912608	1.17	2191742	1.05
40	ANESTHESIOLOGY	209287	.10	184614	.24	393901	.19

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
41 RADIOLOGY-DIAGNOSTIC	7174591	3.45	4168834	5.34	11343425	5.46	41
41.01 MRI	1799992	.87	423808	.54	2223800	1.07	41.01
42 RADIOLOGY-THERAPEUTIC	2809396	1.35	1481644	1.90	4291040	2.06	42
44 LABORATORY	7190737	3.46	2005156	2.57	9195893	4.43	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	2129405	1.02	439531	.56	2568936	1.24	47
48 INTRAVENOUS THERAPY	823780	.40	463184	.59	1286964	.62	48
49 RESPIRATORY THERAPY	951108	.46	554244	.71	1505352	.72	49
50 PHYSICAL THERAPY	1772153	.85	880680	1.13	2652833	1.28	50
50.01 TORS	797650	.38	293871	.38	1091521	.53	50.01
51 OCCUPATIONAL THERAPY	717290	.35	369944	.47	1087234	.52	51
53 ELECTROCARDIOLOGY							53
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	11630492	5.60	2951723	3.78	14582215	7.02	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	8831833	4.25	3343113	4.28	12174946	5.86	55.01
56 DRUGS CHARGED TO PATIENTS	11141776	5.36	9626121	12.33	20767897	9.99	56
57 RENAL DIALYSIS	536395	.26	281561	.36	817956	.39	57
59 CARDIOLOGY & CARDIC REHAB	4370720	2.10	2565943	3.29	6936663	3.34	59
59.25 CARDIOPULMONARY	954516	.46	413758	.53	1368274	.66	59.25
59.30 EKG AND EEG	1497886	.72	843953	1.08	2341839	1.13	59.30
60 CLINIC	1739880	.84	1224214	1.57	2964094	1.43	60
60.01 DIABETIC EDUCATION	71635	.03	34112	.04	105747	.05	60.01
61 EMERGENCY	5664494	2.73	4093383	5.24	9757877	4.70	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	1390419	.67	590720	.76	1981139	.95	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OPT							69.20
69.30 CMHC							69.30
69.40 OPT							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			498785	.64	498785	.24	96
96.01 SENIOR SERVICES							96.01
96.02 OTHER NON REIMBURSABLE			3682538	4.72	3682538	1.77	96.02
96.03 MEDICAL OFFICE	180665	.09	34343	.04	215008	.10	96.03
98 PHYSICIANS' PRIVATE OFFICES	3316928	1.60	1898886	2.43	5215814	2.51	98
98.01 WOMEN'S HEALTH CENTER							98.01
98.02 RIVERSIDE OUTPATIENT	802951	.39	344376	.44	1147327	.55	98.02
98.03 PRIMARY CARE CLINIC	6019005	2.90	2290994	2.93	8309999	4.00	98.03
98.04 ORTHOPEDIC CLINIC	243993	.12	80364	.10	324357	.16	98.04

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
98.05 NON-REIMBURSABLE CLINIC	407631	.20	133962	.17	541593	.26	98.05
100 NON REIMBURSABLE COST CENTERS							100
100.01 PHYSICIAN RECRUITMENT							100.01
100.02 GROUP HOMES DEPT 783	725613	.35	267397	.34	993010	.48	100.02
100.03 PRECEDENCE							100.03
100.04 CALL CENTER							100.04
100.05 WORK FITNESS CENTER	946837	.46	422183	.54	1369020	.66	100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	207804578	100.00	0	.00	207804578	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	920999	52281974	.017616	11153166	196474	37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	50799	3988381	.012737	992191	12638	37.02
38 RECOVERY ROOM	84391	4255193	.019832	1393885	27644	38
39 DELIVERY ROOM & LABOR ROOM	138337	3818824	.036225	8915	323	39
40 ANESTHESIOLOGY	9812	6407325	.001531	1267412	1940	40
41 RADIOLOGY-DIAGNOSTIC	476330	54599031	.008724	8647871	75444	41
41.01 MRI	32862	1897583	.017318	1076047	18635	41.01
42 RADIOLOGY-THERAPEUTIC	185760	9333202	.019903	22324	444	42
44 LABORATORY	143176	32376054	.004422	11124881	49194	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	16128	2256833	.007146	1047056	7482	47
48 INTRAVENOUS THERAPY	43822	4303434	.010183	617829	6291	48
49 RESPIRATORY THERAPY	29423	7520652	.003912	3991774	15616	49
50 PHYSICAL THERAPY	64942	7554271	.008597	1747934	15027	50
50.01 TORS	9712	2612579	.003717			50.01
51 OCCUPATIONAL THERAPY	27145	4306550	.006303	249595	1573	51
53 ELECTROCARDIOLOGY						53
53.01 ELECTROCARDIOLOGY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	124667	28306018	.004404	11462882	50483	55
55.01 IMPLANTABLE DEVICES CHRGD TO PA	170266	39831295	.004275	17547877	75017	55.01
56 DRUGS CHARGED TO PATIENTS	227837	50320693	.004528	17160845	77704	56
57 RENAL DIALYSIS	29317	1173437	.024984	806274	20144	57
59 CARDIOLOGY & CARDIC REHAB	230002	46361365	.004961	18783578	93185	59
59.25 CARDIOPULMONARY	28972	5968506	.004854	2850590	13837	59.25
59.30 EKG AND EEG	81498	7677773	.010615	572119	6073	59.30
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	176821	5103557	.034647	21235	736	60
60.01 DIABETIC EDUCATION	2389	175019	.013650			60.01
61 EMERGENCY	306117	20039230	.015276	2460970	37594	61
62 OBSERVATION BEDS (NON-DISTINCT	118639	3033659	.039108	325025	12711	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	3730163	405502438		115332275	816209	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1482360		1482360	56339	26.31	23194	610234 25
26 INTENSIVE CARE UNIT	226651		226651	4471	50.69	2448	124089 26
26.01 NICU	67680		67680	1837	36.84		26.01
27 CORONARY CARE UNIT	129249		129249	7694	16.80	5173	86906 27
101 TOTAL	1905940		1905940			30815	821229 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 821229

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 816209

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 1637438

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)	54357723
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	137305810
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.396

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))	3074022
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	7037011
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.437

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)	1637438
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.012

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	18049616
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)	53660152
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.336