

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [XX] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 1

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 MEMORIAL HOSPITAL (14-1338) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	267675	730659	838561	2
3	SWING BED - SNF	150387			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	418062	730659	838561	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: 1900 STATE STREET
 1.01 CITY: CHESTER

STATE: IL

P.O.BOX:
 ZIP CODE: 62233

COUNTY: RANDOLPH

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)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL			N	O	O	2	
3	SUBPROVIDER I						3	
4	SWING BEDS - SNF	MEMORIAL HOSPITAL-SWING BEDS	14-2338	09/01/2004	N	O	N	4
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF						6	
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA						9	
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC						14	
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2007 TO: 06/30/2008				17	
18	TYPE OF CONTROL		1 8	2			18	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?						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.		2	N		Y	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.						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.						21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.			NO			21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			NO			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-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)						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)						25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	01/27/1998		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	YES			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	NO			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O.BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCQM 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:						54	
54.01	PREMIUMS: 271823 PAID LOSSES: AND/OR SELF INSURANCE:				YES		54.01	
55	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		55	
56	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						56	
				DATE	Y/N	LIMIT	Y/N	FEE\$
				0 / /	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				NO	0.00	NO	
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)							58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
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)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
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.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
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.

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		704	79	1133	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		704	79	1133	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6	7	8	
1	SALARIES							
1	TOTAL SALARIES	7859289			412583.30			1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	8784	56579		4418.14		CARD REHAB/CLIN	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	87659			1233.00		MANGEMENT INVOICES	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	646526			5738.93		TIME STUDIES/AP	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	2213241					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	18561					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)							20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	120566			6275.00			21
22	ADMINISTRATIVE & GENERAL	973071	-4966		49999.50			22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	382714			18382.30			24
25	LAUNDRY & LINEN SERVICE	40714			3928.00			25
26	HOUSEKEEPING	247567	-5798		24386.80			26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	290575	-160854		13424.32			27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		137364		12885.34			28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	387587			14132.00			30
31	CENTRAL SERVICES AND SUPPLY	45374			3984.80			31
32	PHARMACY	264271			8690.40			32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	353411			25139.10			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. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1	2	3	4	5	6	7	
1	NET SALARIES	7859289		7859289	412583.30	19.05	1
2	EXCLUDED AREA SALARIES	8784	56579	65363	4418.14	14.79	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	7850505	-56579	7793926	408165.16	19.10	3
4	SUBTOTAL OTHER WAGES & REL COSTS	734185		734185	6971.93	105.31	4
5	SUBTOTAL WAGE-RELATED COSTS	2213241		2213241		28.40%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	10797931	-56579	10741352	415137.09	25.87	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	3105850	-34254	3071596	181227.56	16.95	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

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									
3	0300		1284197	1284197	-848752	435445		435445	3
4	0400				1198252	1198252		1198252	4
5	0500					2361354		2361354	5
6.01	0601	120566	2240788	2361354		100859	-5017	95842	6.01
6.02	0602	41786	59073	100859		100859		269618	6.02
6.03	0603	138518	131100	269618		269618		25260	6.03
6.04	0604	52285	6658	58943		58943	-33683	129838	6.04
6.05	0605	113766	16072	129838		129838		237166	6.05
6.06	0606	146635	90531	237166		237166		1004391	6.06
7	0700	480081	1737089	2217170	-5330	2211840	-1207449		7
8	0800								8
9	0900	382714	526807	909521	-12815	896706	-27533	869173	9
10	1000	40714	67821	108535		108535		108535	10
11	1100	247567	47121	294688	-5798	288890		288890	11
12	1200	290575	199704	490279	-256661	233618	-7000	226618	12
14	1400				219180	219180	-39764	179416	14
15	1500	387587	16436	404023		404023		404023	15
16	1600	45374	481980	527354	-479299	48055		48055	16
17	1700	264271	501855	766126	-457171	308955		308955	17
18	1800	353411	48307	401718		401718	-2518	399200	18
20	2000								20
NONPHYSICIAN ANESTHETISTS									
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	1589253	85517	1674770		1674770	-3022	1671748	25
ANCILLARY SERVICE COST CENTERS									
37	3700	513049	559622	1072671		1072671	-93000	979671	37
37.01	3701								37.01
41	4100								41
44	4400	716391	608906	1325297	-308855	1016442	-13399	1003043	44
46	4600	688506	735882	1424388	-4092	1420296		1420296	46
49	4900	24654	78081	102735	4092	106827		106827	49
50	5000	256552	212555	469107	-570	468537	-1400	467137	50
52	5200	367352	73504	440856	18613	459469		459469	52
55	5500		38298	38298		38298		38298	55
56	5600				479299	479299	-8964	470335	56
59	5900				417296	417296		417296	59
59.01	3951	28123	4792	32915	-32915				59.01
59.02	3951	88859	675746	764605		764605		764605	59.02
59.02	3550	103602	2207	105809		105809		105809	59.02
OUTPATIENT SERVICE COST CENTERS									
60	6000	86903	43664	130567		130567	-40002	90565	60
61	6100	281411	992706	1274117		1274117	-343836	930281	61
62	6200								62
OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									
71	7100								71
HOME HEALTH AGENCY									
SPECIAL PURPOSE COST CENTERS									
95		7850505	11567019	19417524	-75526	19341998	-1826587	17515411	95
SUBTOTALS									
NONREIMBURSABLE COST CENTERS									
96	9600				5130	5130		5130	96
97	9700								97
98	9800	8784	2188	10972		10972		10972	98
99	9900								99
99.01	9901				32915	32915	-247	32668	99.01
100	7950				37481	37481		37481	100
100.01	7951								100.01
101	TOTAL	7859289	11569207	19428496		19428496	-1826834	17601662	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1	2	3	4	5	
1 TO RECLASS DRUG COST	C	DRUGS CHARGED TO PATIENTS	56		268135
2					1
3 TO RECLASS DEPRECIAT	D	NEW CAP REL COSTS-MVBLE EQUIP	4		848752
4 TO RECLASS MED SUPPL	B	MEDICAL SUPPLIES CHARGED TO P	55		479299
5 TO RECLASS IV THERAPY	F	DRUGS CHARGED TO PATIENTS	56		66389
6	F	DRUGS CHARGED TO PATIENTS	56		82772
7 CARDIAC REHAB	G	CARDIAC REHAB	99.01	28123	4792
8 CAFETERIA	J	CAFETERIA	12	137364	81816
9	J	NON-ALLOWABLE COSTS	100	23490	13991
10 BLOOD BANK	K	WHOLE BLOOD & PACKED RED BLOO	46	2526	1566
11					11
12 LEASE/RENTAL	L	NEW CAP REL COSTS-MVBLE EQUIP	4		200
13	L	NEW CAP REL COSTS-MVBLE EQUIP	4		39875
14	L				14
15	L	NEW CAP REL COSTS-MVBLE EQUIP	4		900
16	L	NEW CAP REL COSTS-MVBLE EQUIP	4		307955
17	L	NEW CAP REL COSTS-MVBLE EQUIP	4		570
18	L				18
19					19
20 DIRECTLY ASSIGNED PHARMACY	M				20
21					21
22 AUXILLARY	N	GIFT, FLOWER, COFFEE SHOP & C	96	4966	164
23					23
24 PT HOUSEKEEPING	O	PHYSICAL THERAPY	50	5798	
25 PT UTILITIES	P	PHYSICAL THERAPY	50		12815
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				202267	2209991

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 TO RECLASS DRUG COST	C	PHARMACY	16		268135	1
2						2
3 TO RECLASS DEPRECIAT	D	NEW CAP REL COSTS-BLDG & FIXT	3		848752	9 3
4 TO RECLASS MED SUPPL	B	CENTRAL SERVICES & SUPPLY	15		479299	4
5 TO RECLASS IV THERAPY	F	PHARMACY	16		66389	5
6	F	PHARMACY	16		82772	6
7 CARDIAC REHAB	G	CARDIAC REHAB	59	28123	4792	7
8 CAFETERIA	J	DIETARY	11	137364	81816	8
9	J	DIETARY	11	23490	13991	9
10 BLOOD BANK	K	LABORATORY	44	2526	1566	10
11						11
12 LEASE/RENTAL	L	OTHER ADMINISTRATIVE & GENERA	6.06		200	9 12
13	L	PHARMACY	16		39875	9 13
14	L					9 14
15	L	RADIOLOGY-DIAGNOSTIC	41		900	9 15
16	L	RADIOLOGY-DIAGNOSTIC	41		307955	9 16
17	L	RESPIRATORY THERAPY	49		570	9 17
18	L					9 18
19						19
20 DIRECTLY ASSIGNED PHARMACY	M					20
21						21
22 AUXILLARY	N	OTHER ADMINISTRATIVE & GENERA	6.06	4966	164	22
23						23
24 PT HOUSEKEEPING	O	HOUSEKEEPING	10	5798		24
25 PT UTILITIES	P	OPERATION OF PLANT	8		12815	25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				202267	2209991	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	67139	121834		121834		188973		1
2 LAND IMPROVEMENTS	399208	20007		20007	563	418652		2
3 BUILDINGS AND FIXTURES	11500963	314983		314983		11815946		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	947664					947664		5
6 MOVABLE EQUIPMENT	7867054	706935		706935	380551	8193438		6
7 SUBTOTAL	20782028	1163759		1163759	381114	21564673		7
8 RECONCILING ITEMS								8
9 TOTAL	20782028	1163759		1163759	381114	21564673		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	12763610		12763610	.609037				3
4 NEW CAP REL COSTS-MVBLE EQUIP	8193438		8193438	.390963				4
5 TOTAL	20957048		20957048	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT		435445					435445 3	
4 NEW CAP REL COSTS-MVBLE EQUIP		1198252					1198252 4	
5 TOTAL		1633697					1633697 5	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT		1284197					1284197 3	
4 NEW CAP REL COSTS-MVBLE EQUIP							4	
5 TOTAL		1284197					1284197 5	

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	B	-1423	OTHER ADMINISTRATIVE & GENERAL	6.06	6
7 REFUNDS AND REBATES OF EXPENSES	B	-33683	PURCHASING	6.03	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-3643	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-385238			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-39764	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-8964	MEDICAL SUPPLIES CHARGED TO PAT	55	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1872	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST 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		SPEECH PATHOLOGY	52	36
37 MEALS ON WHEELS	B	-7000	DIETARY	11	37
38 OPERATING REV ACCT 5010-0250	B	-9883	OTHER ADMINISTRATIVE & GENERAL	6.06	38
39 MISC INCOME	B	-876	OTHER ADMINISTRATIVE & GENERAL	6.06	39
40 PATIENT PHONE SERVICE-COST	A	-1374	COMMUNICATIONS	6.01	40
40.01 CRNA FEES	A	-93000	OPERATING ROOM	37	40.01
40.02 DICTATION FEES	B	-646	MEDICAL RECORDS & LIBRARY	17	40.02
40.03 ADMINISTRATIVE & GENERAL - MISC	B	-20393	OTHER ADMINISTRATIVE & GENERAL	6.06	40.03
40.06 PROVISION FOR BAD DEBTS	A	-931877	OTHER ADMINISTRATIVE & GENERAL	6.06	40.06
41 BIO MED AND MAINTENANCE MISC IN	B	-1179	OPERATION OF PLANT	8	41
42 NON ALLOWABLE SALARIES	A	-26026	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 NON ALLOWABLE OTHER	A	-77976	OTHER ADMINISTRATIVE & GENERAL	6.06	43
43.01 NON ALLOWABLE DEPR & LEASE	A	-7652	OTHER ADMINISTRATIVE & GENERAL	6.06	43.01
43.02 NON ALLOWABLE #9500	A	-594	OTHER ADMINISTRATIVE & GENERAL	6.06	43.02
44 CRNA AND MD BILLING EXPENSE	A	-38194	OTHER ADMINISTRATIVE & GENERAL	6.06	44
45 MISC INC - MRI TECH LEASE REDUCTI	B	-10399	RADIOLOGY-DIAGNOSTIC	41	45
46					46
47 MISC INC ANALYSIS 5010-0220	B	-26354	OPERATION OF PLANT	8	47
48 MEDICAL STUDENT	A	-8000	OTHER ADMINISTRATIVE & GENERAL	6.06	48
49 ADVERTISING	A	-247	CARDIAC REHAB	99.01	49
49.01 PHYSICIAN RECRUITMENT	A	-1	OTHER ADMINISTRATIVE & GENERAL	6.06	49.01
49.02 MISC REV PET SCANNER	A	-3000	RADIOLOGY-DIAGNOSTIC	41	49.02
49.03 NON-ALLOWABLE MALPRACTICE	A	-84554	OTHER ADMINISTRATIVE & GENERAL	6.06	49.03
49.05 HOSPICE	A	-3022	ADULTS & PEDIATRICS	25	49.05
50 TOTAL		-1826834			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					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 -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5

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

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 09:12

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	44	LABORATORY /LAB	22000		22000				
2	49	RESPIRATORY THERAPY /EEG	1400	1400					
3	61	EMERGENCY /ER	968362	343836	624526				
4	60	CLINIC AGGREGATE	40002	40002					
101		TOTAL	1031764	385238	646526				

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 09:12

REASONABLE COST DETERMINATION FOR THERAPY SERVICES
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4
PARTS I & II

[] OCCUPATIONAL [XX] PHYSICAL [] RESPIRATORY [] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)					52	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK					780	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE						3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE						4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS						5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS						6
7	STANDARD TRAVEL EXPENSE RATE						7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE						8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
9	TOTAL HOURS WORKED		604.50				9
10	AHSEA		65.47				10
11	STANDARD TRAVEL ALLOWANCE	32.74	32.74				11
12	NO OF TRAVEL HRS (PROV SITE)						12
12.01	NO OF TRAVEL HRS (OFFSITE)						12.01
13	MILES DRIVEN (PROV SITE)						13
13.01	MILES DRIVEN (OFFSITE)						13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS						14
15	THERAPISTS					39577	15
16	ASSISTANTS						16
17	SUBTOTAL ALLOWANCE AMOUNT					39577	17
18	AIDES						18
19	TRAINEES						19
20	TOTAL ALLOWANCE AMOUNT					39577	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES					65.47	21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES					51067	22
23	TOTAL SALARY EQUIVALENCY					51067	23

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 09:12

REASONABLE COST DETERMINATION FOR THERAPY SERVICES
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4
PARTS III & IV

[] OCCUPATIONAL [XX] PHYSICAL [] RESPIRATORY [] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE	
24 THERAPISTS	24
25 ASSISTANTS	25
26 SUBTOTAL	26
27 STANDARD TRAVEL EXPENSE	27
28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	
29 THERAPISTS	29
30 ASSISTANTS	30
31 SUBTOTAL	31
32 OPTIONAL TRAVEL EXPENSE	32
33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	33
34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	34
35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE	
36 THERAPISTS	36
37 ASSISTANTS	37
38 SUBTOTAL	38
39 STANDARD TRAVEL EXPENSE	39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	
40 THERAPISTS	40
41 ASSISTANTS	41
42 SUBTOTAL	42
43 OPTIONAL TRAVEL EXPENSE	43
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES	
44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	44
45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	45
46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	46

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 09:12

REASONABLE COST DETERMINATION FOR THERAPY SERVICES
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4
 PARTS V,VI & VII

[] OCCUPATIONAL [XX] PHYSICAL [] RESPIRATORY [] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

	THERAPISTS 1	ASSISTANTS 2	AIDES 3	TRAINEES 4	TOTAL 5	
47						47
48						48
49						49
50						50
51						51
52						52
53						53
54						54
55						55
56						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57					51067	57
58						58
59						59
60						60
61						61
62						62
63					51067	63
64					43610	64
65						65

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 09:12

REASONABLE COST DETERMINATION FOR THERAPY SERVICES
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4
PARTS V,VI & VII

[] OCCUPATIONAL [XX] PHYSICAL [] RESPIRATORY [] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	43610	66
67	TOTAL COST	43610	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	1.000000	68
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 09:12

REASONABLE COST DETERMINATION FOR THERAPY SERVICES
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4
 PARTS I & II

[] OCCUPATIONAL [] PHYSICAL [] RESPIRATORY [XX] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)					52	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK					780	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE					365	3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE						4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS						5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS						6
7	STANDARD TRAVEL EXPENSE RATE						7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE						8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
9	TOTAL HOURS WORKED		258.00				9
10	AHSEA		57.86				10
11	STANDARD TRAVEL ALLOWANCE	28.93	28.93				11
12	NO OF TRAVEL HRS (PROV SITE)						12
12.01	NO OF TRAVEL HRS (OFFSITE)						12.01
13	MILES DRIVEN (PROV SITE)						13
13.01	MILES DRIVEN (OFFSITE)						13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS						14
15	THERAPISTS					14928	15
16	ASSISTANTS						16
17	SUBTOTAL ALLOWANCE AMOUNT					14928	17
18	AIDES						18
19	TRAINEES						19
20	TOTAL ALLOWANCE AMOUNT					14928	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES					57.86	21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES					45131	22
23	TOTAL SALARY EQUIVALENCY					45131	23

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 09:12

REASONABLE COST DETERMINATION FOR THERAPY SERVICES
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4
PARTS III & IV

[] OCCUPATIONAL [] PHYSICAL [] RESPIRATORY [XX] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24 THERAPISTS	10559	24
25 ASSISTANTS		25
26 SUBTOTAL	10559	26
27 STANDARD TRAVEL EXPENSE		27
28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	10559	28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29 THERAPISTS		29
30 ASSISTANTS		30
31 SUBTOTAL		31
32 OPTIONAL TRAVEL EXPENSE		32
33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	10559	33
34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		34
35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE		
36 THERAPISTS		36
37 ASSISTANTS		37
38 SUBTOTAL		38
39 STANDARD TRAVEL EXPENSE		39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
40 THERAPISTS		40
41 ASSISTANTS		41
42 SUBTOTAL		42
43 OPTIONAL TRAVEL EXPENSE		43
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES		
44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		44
45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		45
46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		46

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 09:12

REASONABLE COST DETERMINATION FOR THERAPY SERVICES
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4
 PARTS V,VI & VII

[] OCCUPATIONAL [] PHYSICAL [] RESPIRATORY [XX] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

	THERAPISTS 1	ASSISTANTS 2	AIDES 3	TRAINEES 4	TOTAL 5	
47						47
48						48
49						49
50						50
51						51
52						52
53						53
54						54
55						55
56						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57					45131	57
58					10559	58
59						59
60						60
61						61
62						62
63					55690	63
64					15020	64
65						65

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 09:12

REASONABLE COST DETERMINATION FOR THERAPY SERVICES
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4
PARTS V,VI & VII

[] OCCUPATIONAL [] PHYSICAL [] RESPIRATORY [XX] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	15020	66
67	TOTAL COST	15020	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	1.000000	68
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP-REL COSTS BLDG&FIXT 3	NEW CAP-REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	COMMUNICA-TION 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	ADMITTING 6.04	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT	435445	435445							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1198252		1198252						4
5 EMPLOYEE BENEFITS	2361354	3085	8489	2372928					5
6.01 COMMUNICATIONS	95842	564	1551	12812	110769				6.01
6.02 DATA PROCESSING	269618	1973	5429	42472	1794	321286			6.02
6.03 PURCHASING	25260	10800	29718	16032	1345	997	84152		6.03
6.04 ADMITTING	129838	1540	4238	34883	1794	12614	666	185573	6.04
6.05 CREDIT AND COLLECTIONS	237166	10120	27849	44961	4485	15972	370		6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	1004391	52620	144798	145680	19733	23577	4704		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	869173	64328	177021	117348	3139	1070	4899		8
9 LAUNDRY & LINEN SERVICE	108535	3588	9874	12484	448	22	2846		9
10 HOUSEKEEPING	288890	6452	17754	75909	448	635	1944		10
11 DIETARY	226618	5506	15150	39775	1794	3352	978		11
12 CAFETERIA	179416	9235	25412	42201	448				12
14 NURSING ADMINISTRATION	404023	7091	19512	118842	4485	8319	300		14
15 CENTRAL SERVICES & SUPPLY	48055	6039	16618	13913	1794	860	111		15
16 PHARMACY	308955	5631	15496	81031	2242	12494	1050		16
17 MEDICAL RECORDS & LIBRARY	399200	18600	51183	108363	10763	32051	1336		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1671748	48241	132750	487295	7624	84178	2084	17385	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	979671	42278	116340	157311	8072	7579	3826	12034	37
37.01 AMBULATORY SURGERY									37.01
41 RADIOLOGY-DIAGNOSTIC	1003043	24443	67261	219660	7624	3739	6638	44190	41
44 LABORATORY	1420296	12380	34067	211110	5381	74597	28860	32080	44
46 WHOLE BLOOD & PACKED RED BLOOD	106827	725	1994	7559	448	1563		1157	46
49 RESPIRATORY THERAPY	467137	8988	24733	78664	4485	4588	1115	13848	49
50 PHYSICAL THERAPY	459469	41659	114636	112637	5830	10572	908	7314	50
52 SPEECH PATHOLOGY						85		842	52
55 MEDICAL SUPPLIES CHARGED TO PAT	470335						20112	18968	55
56 DRUGS CHARGED TO PATIENTS	417296							21125	56
59 CARDIAC REHAB									59
59.01 CHEMOTHERAPY	764605	6814	18751	27246	1794	1556	166	6904	59.01
59.02 PSYCHIATRIC SERVICES	105809	2451	6744	31766	897	1719	64	390	59.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	90565	8973	24692	26646	6727	8634	148	1260	60
61 EMERGENCY	930281	23592	64921	86286	4933	6056	890	8076	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	17515411	427716	1176981	2352886	108527	316829	84015	185573	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	5130	1600	4404	1523	897				96
97 RESEARCH				2693					97
98 PHYSICIANS' PRIVATE OFFICES	10972	3734	10275						98
99 NONPAID WORKERS							11		99
99.01 CARDIAC REHAB	32668	2395	6592	8623	448	436	126		99.01
100 NON-ALLOWABLE COSTS	37481			7203	897	4021			100
100.01 TRANSITIONAL CARE									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	17601662	435445	1198252	2372928	110769	321286	84152	185573	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CREDIT & COLLECTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
	6.05	5A	6.06	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CREDIT AND COLLECTIONS	340923								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL		1395503	1395503						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		1236978	106515	1343493					8
9 LAUNDRY & LINEN SERVICE		137797	11866	18462	168125				9
10 HOUSEKEEPING		392032	33757	33195		458984			10
11 DIETARY		293173	25245	28327		10065	356810		11
12 CAFETERIA		256712	22105	47514		16882		343213	12
14 NURSING ADMINISTRATION		562572	48443	36483		12962		22808	14
15 CENTRAL SERVICES & SUPPLY		87390	7525	31072		11040		2670	15
16 PHARMACY		426899	36760	28974		10295		15551	16
17 MEDICAL RECORDS & LIBRARY		621496	53516	95701		34002		20796	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	31940	2483245	213837	248212	168125	88188	356810	93517	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	22109	1349220	116180	217529		77287		30190	37
37.01 AMBULATORY SURGERY									37.01
41 RADIOLOGY-DIAGNOSTIC	81168	1457766	125527	125763		44683		42156	41
44 LABORATORY	58938	1877709	161688	63697		22631		40515	44
46 WHOLE BLOOD & PACKED RED BLOOD	2126	122399	10540	3729		1325		1451	46
49 RESPIRATORY THERAPY	25442	629000	54163	46245		16431		15097	49
50 PHYSICAL THERAPY	13438	766463	65999	63594		22595		21617	50
52 SPEECH PATHOLOGY	1546	40771	3511						52
55 MEDICAL SUPPLIES CHARGED TO PAT	34850	544265	46866						55
56 DRUGS CHARGED TO PATIENTS	38813	477234	41094						56
59 CARDIAC REHAB									59
59.01 CHEMOTHERAPY	12685	840521	72376	35059		12456		5229	59.01
59.02 PSYCHIATRIC SERVICES	717	150557	12964	12610		4480		6096	59.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2314	169959	14635	46168		16403		5114	60
61 EMERGENCY	14837	1139872	98153	121387		43128		16560	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	340923	17459533	1383265	1303721	168125	444853	356810	339367	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		13554	1167	8234		2926		292	96
97 RESEARCH		2693	232						97
98 PHYSICIANS' PRIVATE OFFICES		24981	2151	19213		6826		517	98
99 NONPAID WORKERS		11	1						99
99.01 CARDIAC REHAB		51288	4416	12325		4379		1655	99.01
100 NON-ALLOWABLE COSTS		49602	4271					1382	100
100.01 TRANSITIONAL CARE									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	340923	17601662	1395503	1343493	168125	458984	356810	343213	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05								6.05
6.06								6.06
7								7
8								8
9								9
10								10
11								11
12								12
14	683268							14
15		139697						15
16		145	518624					16
17		14		825525				17
18								18
20								20
INPATIENT ROUTINE SERV COST CENTERS								
25	407756	3685		77570	4140945		4140945	25
37								37
37.01	131633	5804		53521	1981364		1981364	37.01
41		1215		196481	1993591		1993591	41
44		215		142673	2309128		2309128	44
46				5146	144590		144590	46
49		1342		61588	823866		823866	49
50		86		32528	972882		972882	50
52				3744	48026		48026	52
55		96068		84361	771560		771560	55
56		29896	390880	93954	1033058		1033058	56
59								59
59.01	22799	147	127744	30706	1147037		1147037	59.01
59.02	26581	4		1735	215027		215027	59.02
OUTPATIENT SERVICE COST CENTERS								
60	22297	130		5602	280308		280308	60
61	72202	946		35916	1528164		1528164	61
62								62
OTHER REIMBURSABLE COST CENTERS								
71								71
95	683268	139697	518624	825525	17389546		17389546	95
NONREIMBURSABLE COST CENTERS								
96					26173		26173	96
97					2925		2925	97
98					53688		53688	98
99					12		12	99
99.01					74063		74063	99.01
100					55255		55255	100
100.01								100.01
101								101
102								102
103	683268	139697	518624	825525	17601662		17601662	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	COMMUNICA-	DATA	PURCHASING	
	CAP-REL COSTS 0	REL COSTS BLDG&FIXT 3	REL COSTS MOV EQUIP 4	COST TO BE ALLOC 4A	BENEFITS 5	TION 6.01	PROCESSING 6.02	6.03	
GENERAL SERVICE COST CENTERS									
3									3
4									4
5									5
6.01		3085	8489	11574	11574				6.01
6.02		564	1551	2115	63	2178			6.02
6.02		1973	5429	7402	207	35	7644		6.02
6.03		10800	29718	40518	78	26	24	40646	6.03
6.04		1540	4238	5778	170	35	300	322	6.04
6.05		10120	27849	37969	219	88	380	179	6.05
6.06		52620	144798	197418	711	387	561	2272	6.06
7									7
8									8
9		64328	177021	241349	573	62	25	2366	8
9		3588	9874	13462	61	9	1	1375	9
10		6452	17754	24206	370	9	15	939	10
11		5506	15150	20656	194	35	80	472	11
12		9235	25412	34647	206	9			12
14		7091	19512	26603	580	88	198	145	14
15		6039	16618	22657	68	35	20	54	15
16		5631	15496	21127	395	44	297	507	16
17		18600	51183	69783	529	212	763	645	17
18									18
20									20
NONPHYSICIAN ANESTHETISTS									
INPATIENT ROUTINE SERV COST CENTERS									
25		48241	132750	180991	2373	150	2003	1007	25
ANCILLARY SERVICE COST CENTERS									
37		42278	116340	158618	768	159	180	1848	37
37.01									37.01
41		24443	67261	91704	1072	150	89	3206	41
44		12380	34067	46447	1030	106	1775	13938	44
46		725	1994	2719	37	9	37	46	46
49		8988	24733	33721	384	88	109	539	49
50		41659	114636	156295	550	115	252	439	50
52							2		52
55								9714	55
56									56
59									59
59.01		6814	18751	25565	133	35	37	80	59.01
59.02		2451	6744	9195	155	18	41	31	59.02
OUTPATIENT SERVICE COST CENTERS									
60		8973	24692	33665	130	132	205	72	60
61		23592	64921	88513	421	97	144	430	61
62									62
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95		427716	1176981	1604697	11477	2133	7538	40580	95
NONREIMBURSABLE COST CENTERS									
96		1600	4404	6004	7	18			96
97					13				97
98		3734	10275	14009					98
99								5	99
99.01		2395	6592	8987	42	9	10	61	99.01
100					35	18	96		100
100.01									100.01
101									101
102									102
103		435445	1198252	1633697	11574	2178	7644	40646	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CREDIT & COLLECTION 6.05	ADMINISTRA TIVE & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	6605								6.04
6.05 CREDIT AND COLLECTIONS		38835							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			201349						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			15368	259743					8
9 LAUNDRY & LINEN SERVICE			1712	3569	20189				9
10 HOUSEKEEPING			4871	6418		36828			10
11 DIETARY			3642	5477		808	31364		11
12 CAFETERIA			3189	9186		1355		48592	12
14 NURSING ADMINISTRATION			6989	7053		1040		3229	14
15 CENTRAL SERVICES & SUPPLY			1086	6007		886		378	15
16 PHARMACY			5304	5602		826		2202	16
17 MEDICAL RECORDS & LIBRARY			7721	18502		2728		2944	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	618	3638	30855	47988	20189	7077	31364	13244	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	428	2518	16763	42056		6201		4274	37
37.01 AMBULATORY SURGERY									37.01
41 RADIOLOGY-DIAGNOSTIC	1576	9247	18111	24314		3585		5968	41
44 LABORATORY	1141	6713	23329	12315		1816		5736	44
46 WHOLE BLOOD & PACKED RED BLOOD	41	242	1521	721		106		205	46
49 RESPIRATORY THERAPY	493	2898	7815	8941		1318		2137	49
50 PHYSICAL THERAPY	260	1531	9523	12295		1813		3060	50
52 SPEECH PATHOLOGY	30	176	507						52
55 MEDICAL SUPPLIES CHARGED TO PAT	675	3970	6762						55
56 DRUGS CHARGED TO PATIENTS	751	4421	5929						56
59 CARDIAC REHAB									59
59.01 CHEMOTHERAPY	246	1445	10443	6778		999		740	59.01
59.02 PSYCHIATRIC SERVICES	14	82	1871	2438		359		863	59.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	45	264	2112	8926		1316		724	60
61 EMERGENCY	287	1690	14162	23468		3461		2344	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	6605	38835	199585	252054	20189	35694	31364	48048	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			168	1592		235		41	96
97 RESEARCH			33						97
98 PHYSICIANS' PRIVATE OFFICES			310	3714		548		73	98
99 NONPAID WORKERS									99
99.01 CARDIAC REHAB			637	2383		351		234	99.01
100 NON-ALLOWABLE COSTS			616					196	100
100.01 TRANSITIONAL CARE									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6605	38835	201349	259743	20189	36828	31364	48592	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT AND COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	45925							14
15 CENTRAL SERVICES & SUPPLY		31191						15
16 PHARMACY		32	36336					16
17 MEDICAL RECORDS & LIBRARY		3		103830				17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	27406	823		9756	379482		379482	25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8848	1296		6732	250689		250689	37
37.01 AMBULATORY SURGERY								37.01
41 RADIOLOGY-DIAGNOSTIC		271		24712	184005		184005	41
44 LABORATORY		48		17945	132339		132339	44
46 WHOLE BLOOD & PACKED RED BLOOD				647	6285		6285	46
49 RESPIRATORY THERAPY		300		7746	66489		66489	49
50 PHYSICAL THERAPY		19		4091	190243		190243	50
52 SPEECH PATHOLOGY				471	1186		1186	52
55 MEDICAL SUPPLIES CHARGED TO PAT		21450		10611	53182		53182	55
56 DRUGS CHARGED TO PATIENTS		6675	27386	11817	56979		56979	56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	1532	33	8950	3862	60878		60878	59.01
59.02 PSYCHIATRIC SERVICES	1787	1		218	17073		17073	59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1499	29		705	49824		49824	60
61 EMERGENCY	4853	211		4517	144598		144598	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	45925	31191	36336	103830	1593252		1593252	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					8065		8065	96
97 RESEARCH					46		46	97
98 PHYSICIANS' PRIVATE OFFICES					18654		18654	98
99 NONPAID WORKERS					5		5	99
99.01 CARDIAC REHAB					12714		12714	99.01
100 NON-ALLOWABLE COSTS					961		961	100
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	45925	31191	36336	103830	1633697		1633697	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQ FEET	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICA- TION # NON PT. TELEPHONES	DATA PROCESSING TIME SPENT	PURCHASING SUPPLY COS	ADMITTING GROSS CHARGES	
	3	4	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT	86527							3
4 NEW CAP REL COSTS-MVBLE EQUIP		86527						4
5 EMPLOYEE BENEFITS	613	613	7738993					5
6.01 COMMUNICATIONS	112	112	41786	247				6.01
6.02 DATA PROCESSING	392	392	138518	4	1386972			6.02
6.03 PURCHASING	2146	2146	52285	3	4305	2005453		6.03
6.04 ADMITTING	306	306	113766	4	54452	15883	29463521	6.04
6.05 CREDIT AND COLLECTIONS	2011	2011	146635	10	68949	8827		6.05
6.06 OTHER ADMINISTRATIVE & GENERA	10456	10456	475115	44	101779	112109		6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	12783	12783	382714	7	4617	116756		8
9 LAUNDRY & LINEN SERVICE	713	713	40714	1	96	67821		9
10 HOUSEKEEPING	1282	1282	247567	1	2743	46328		10
11 DIETARY	1094	1094	129721	4	14469	23295		11
12 CAFETERIA	1835	1835	137634	1				12
14 NURSING ADMINISTRATION	1409	1409	387587	10	35913	7139		14
15 CENTRAL SERVICES & SUPPLY	1200	1200	45374	4	3712	2656		15
16 PHARMACY	1119	1119	264271	5	53937	25018		16
17 MEDICAL RECORDS & LIBRARY	3696	3696	353411	24	138360	31835		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	9586	9586	1589253	17	363405	49671	2760358	25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8401	8401	513049	18	32716	91187	1910766	37
37.01 AMBULATORY SURGERY								37.01
41 RADIOLOGY-DIAGNOSTIC	4857	4857	716391	17	16139	158197	7014733	41
44 LABORATORY	2460	2460	688506	12	322029	687730	5093635	44
46 WHOLE BLOOD & PACKED RED BLOO	144	144	24654	1	6749		183714	46
49 RESPIRATORY THERAPY	1786	1786	256552	10	19808	26583	2198802	49
50 PHYSICAL THERAPY	8278	8278	367352	13	45638	21642	1161317	50
52 SPEECH PATHOLOGY					368		133650	52
55 MEDICAL SUPPLIES CHARGED TO P						479299	3011801	55
56 DRUGS CHARGED TO PATIENTS							3354315	56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	1354	1354	88859	4	6715	3945	1096235	59.01
59.02 PSYCHIATRIC SERVICES	487	487	103602	2	7419	1525	61934	59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1783	1783	86903	15	37271	3535	200003	60
61 EMERGENCY	4688	4688	281411	11	26142	21210	1282258	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	84991	84991	7673630	242	1367731	2002191	29463521	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	318	318	4966	2				96
97 RESEARCH			8784					97
98 PHYSICIANS' PRIVATE OFFICES	742	742						98
99 NONPAID WORKERS						268		99
99.01 CARDIAC REHAB	476	476	28123	1	1883	2994		99.01
100 NON-ALLOWABLE COSTS			23490	2	17358			100
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	435445	1198252	2372928	110769	321286	84152	185573	103
104 UNIT COST MULT-WS B PT I		13.848302		448.457490		.041962		104
104 UNIT COST MULT-WS B PT I	5.032475		.306620		.231646		.006298	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			11574	2178	7644	40646	6605	107
108 UNIT COST MULT-WS B PT III				8.817814		.020268		108
108 UNIT COST MULT-WS B PT III			.001496		.005511		.000224	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & COLLECTION	RECON- CILIATION	ADMINISTRA	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	GROSS CHARGES		TIVE & GENERAL ACCUM COST	OF PLANT SQ FEET	AND LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	PATIENT DAYS	SALARIES
	6.05	6A.06	6.06	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT AND COLLECTIONS	29463521							6.05
6.06 OTHER ADMINISTRATIVE & GENERA		-1395503	16206159					6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT			1236978	51886				8
9 LAUNDRY & LINEN SERVICE			137797	713	4440			9
10 HOUSEKEEPING			392032	1282		49891		10
11 DIETARY			293173	1094		1094	4440	11
12 CAFETERIA			256712	1835		1835		5832538 12
14 NURSING ADMINISTRATION			562572	1409		1409		387587 14
15 CENTRAL SERVICES & SUPPLY			87390	1200		1200		45374 15
16 PHARMACY			426899	1119		1119		264271 16
17 MEDICAL RECORDS & LIBRARY			621496	3696		3696		353411 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2760358		2483245	9586	4440	9586	4440	1589253 25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1910766		1349220	8401		8401		513049 37
37.01 AMBULATORY SURGERY								37.01
41 RADIOLOGY-DIAGNOSTIC	7014733		1457766	4857		4857		716391 41
44 LABORATORY	5093635		1877709	2460		2460		688506 44
46 WHOLE BLOOD & PACKED RED BLOO	183714		122399	144		144		24654 46
49 RESPIRATORY THERAPY	2198802		629000	1786		1786		256552 49
50 PHYSICAL THERAPY	1161317		766463	2456		2456		367352 50
52 SPEECH PATHOLOGY	133650		40771					52
55 MEDICAL SUPPLIES CHARGED TO P	3011801		544265					55
56 DRUGS CHARGED TO PATIENTS	3354315		477234					56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	1096235		840521	1354		1354		88859 59.01
59.02 PSYCHIATRIC SERVICES	61934		150557	487		487		103602 59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	200003		169959	1783		1783		86903 60
61 EMERGENCY	1282258		1139872	4688		4688		281411 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	29463521	-1395503	16064030	50350	4440	48355	4440	5767175 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			13554	318		318		4966 96
97 RESEARCH			2693					97
98 PHYSICIANS' PRIVATE OFFICES			24981	742		742		8784 98
99 NONPAID WORKERS			11					99
99.01 CARDIAC REHAB			51288	476		476		28123 99.01
100 NON-ALLOWABLE COSTS			49602					23490 100
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	340923		1395503	1343493	168125	458984	356810	343213 103
104 UNIT COST MULT-WS B PT I	.011571		.086109		37.865991		80.362613	104
104 UNIT COST MULT-WS B PT I				25.893170		9.199735		.058845 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	38835		201349	259743	20189	36828	31364	48592 107
108 UNIT COST MULT-WS B PT III	.001318		.012424		4.547072		7.063964	108
108 UNIT COST MULT-WS B PT III				5.006032		.738169		.008331 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION SALARIES	CENTRAL SERVICES & SUPPLY COSTED REQUIS	PHARMACY COSTED REQUIS	MEDICAL RECORDS + LIBRARY GROSS CHARGES	
	14	15	16	17	
GENERAL SERVICE COST CENTERS					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CREDIT AND COLLECTIONS					6.05
6.06 OTHER ADMINISTRATIVE & GENERA					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
14 NURSING ADMINISTRATION	2663077				14
15 CENTRAL SERVICES & SUPPLY		696987			15
16 PHARMACY		721	4450550		16
17 MEDICAL RECORDS & LIBRARY		72		29472521	17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	1589253	18386		2769358	25
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	513049	28957		1910766	37
37.01 AMBULATORY SURGERY					37.01
41 RADIOLOGY-DIAGNOSTIC		6063		7014733	41
44 LABORATORY		1075		5093635	44
46 WHOLE BLOOD & PACKED RED BLOO				183714	46
49 RESPIRATORY THERAPY		6696		2198802	49
50 PHYSICAL THERAPY		430		1161317	50
52 SPEECH PATHOLOGY				133650	52
55 MEDICAL SUPPLIES CHARGED TO P		479299		3011801	55
56 DRUGS CHARGED TO PATIENTS		149161	3354315	3354315	56
59 CARDIAC REHAB					59
59.01 CHEMOTHERAPY	88859	735	1096235	1096235	59.01
59.02 PSYCHIATRIC SERVICES	103602	21		61934	59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	86903	651		200003	60
61 EMERGENCY	281411	4719		1282258	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS	2663077	696986	4450550	29472521	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
99.01 CARDIAC REHAB		1			99.01
100 NON-ALLOWABLE COSTS					100
100.01 TRANSITIONAL CARE					100.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	683268	139697	518624	825525	103
104 UNIT COST MULT-WS B PT I	.256571		.116530		104
104 UNIT COST MULT-WS B PT I		.200430		.028010	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	45925	31191	36336	103830	107
108 UNIT COST MULT-WS B PT III	.017245		.008164		108
108 UNIT COST MULT-WS B PT III		.044751		.003523	108

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	5	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	4140945					25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1981364					37
37.01 AMBULATORY SURGERY						37.01
41 RADIOLOGY-DIAGNOSTIC	1993591					41
44 LABORATORY	2309128					44
46 WHOLE BLOOD & PACKED RED BL	144590					46
49 RESPIRATORY THERAPY	823866					49
50 PHYSICAL THERAPY	972882					50
52 SPEECH PATHOLOGY	48026					52
55 MEDICAL SUPPLIES CHARGED TO	771560					55
56 DRUGS CHARGED TO PATIENTS	1033058					56
59 CARDIAC REHAB						59
59.01 CHEMOTHERAPY	1147037					59.01
59.02 PSYCHIATRIC SERVICES	215027					59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	280308					60
61 EMERGENCY	1528164					61
62 OBSERVATION BEDS (NON-DISTI	103379		103379		103379	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	17492925		103379		103379	101
102 LESS OBSERVATION BEDS	103379		103379		103379	102
103 TOTAL	17389546					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			
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	2663476		2663476			25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	388351	1522415	1910766	1.036947		37
37.01 AMBULATORY SURGERY						37.01
41 RADIOLOGY-DIAGNOSTIC	964237	6050497	7014734	.284201		41
44 LABORATORY	1417997	3730737	5148734	.448485		44
46 WHOLE BLOOD & PACKED RED BL	116898	66816	183714	.787039		46
49 RESPIRATORY THERAPY	813664	1385138	2198802	.374689		49
50 PHYSICAL THERAPY	269452	891865	1161317	.837740		50
52 SPEECH PATHOLOGY	14959	118691	133650	.359342		52
55 MEDICAL SUPPLIES CHARGED TO	1163365	1848437	3011802	.256179		55
56 DRUGS CHARGED TO PATIENTS	1760996	1593319	3354315	.307979		56
59 CARDIAC REHAB						59
59.01 CHEMOTHERAPY	7515	1088720	1096235	1.046342		59.01
59.02 PSYCHIATRIC SERVICES	2500	59434	61934	3.471873		59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	239	199764	200003	1.401519		60
61 EMERGENCY	6450	1275808	1282258	1.191776		61
62 OBSERVATION BEDS (NON-DISTI	1170	95712	96882	1.067061	1.067061	1.067061 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	9591269	19927353	29518622			101
102 LESS OBSERVATION BEDS						102
103 TOTAL			29518622			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1338) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC	
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							
37.01 OPERATING ROOM	1.036947	1.036947	1.036947				37
41 AMBULATORY SURGERY							37.01
41 RADIOLOGY-DIAGNOSTIC	.284201	.284201	.284201				41
44 LABORATORY	.448485	.448485	.448485				44
46 WHOLE BLOOD & PACKED RED BLOOD	.787039	.787039	.787039				46
49 RESPIRATORY THERAPY	.374689	.374689	.374689				49
50 PHYSICAL THERAPY	.837740	.837740	.837740				50
52 SPEECH PATHOLOGY	.359342	.359342	.359342				52
55 MEDICAL SUPPLIES CHARGED TO PAT	.256179	.256179	.256179				55
56 DRUGS CHARGED TO PATIENTS	.307979	.307979	.307979				56
59 CARDIAC REHAB							59
59.01 CHEMOTHERAPY	1.046342	1.046342	1.046342				59.01
59.02 PSYCHIATRIC SERVICES	3.471873	3.471873	3.471873				59.02
60 OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	1.401519	1.401519	1.401519				60
61 EMERGENCY	1.191776	1.191776	1.191776				61
62 OBSERVATION BEDS (NON-DISTINCT	1.067061	1.067061	1.067061				62
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1.307979	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	5335	2
2.01 VACCINE CHARGES - HEPATITIS B		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	1643	3
3.01 VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1338) [] 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) (SEE INSTRU.)	PPS SERVICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SERVICES (SEE INSTRU.)	PPS SERVICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
OPERATING ROOM	619523							37
37.01 AMBULATORY SURGERY								37.01
41 RADIOLOGY-DIAGNOSTIC	2329536							41
44 LABORATORY	1386355							44
46 WHOLE BLOOD & PACKED RED BLOOD	49269							46
49 RESPIRATORY THERAPY	812976							49
50 PHYSICAL THERAPY	205529							50
52 SPEECH PATHOLOGY	48244							52
55 MEDICAL SUPPLIES CHARGED TO PA	736266							55
56 DRUGS CHARGED TO PATIENTS	538746							56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	997421							59.01
59.02 PSYCHIATRIC SERVICES	8565							59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	105423							60
61 EMERGENCY	432308							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	30117							62
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL	8300278							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	8300278							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1338) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	642413						37
37.01 AMBULATORY SURGERY							37.01
41 RADIOLOGY-DIAGNOSTIC	662056						41
44 LABORATORY	621759						44
46 WHOLE BLOOD & PACKED RED BLOOD	38777						46
49 RESPIRATORY THERAPY	304613						49
50 PHYSICAL THERAPY	172180						50
52 SPEECH PATHOLOGY	17336						52
55 MEDICAL SUPPLIES CHARGED TO PAT	188616						55
56 DRUGS CHARGED TO PATIENTS	165922						56
59 CARDIAC REHAB							59
59.01 CHEMOTHERAPY	1043643						59.01
59.02 PSYCHIATRIC SERVICES	29737						59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	147752						60
61 EMERGENCY	515214						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	32137						62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	4582155						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	4582155						104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	4531						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	3780						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3780						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	328						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	328						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	47						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	48						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2471						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	328						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	328						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 (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	98.89						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	101.86						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4140945						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	4648						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4889						25
26 TOTAL SWING-BED COST	620496						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3520449						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2319978						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2319978						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.517449						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	613.75						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	3520449						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 (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	931.34					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2301341					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2301341					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1669040					48
49 TOTAL PROGRAM INPATIENT COSTS	3970381					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	305480					60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	305480					61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	610960					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. 14-1338 MEMORIAL HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 09:12

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 09:12

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	111	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	931.34	84
85 OBSERVATION BED COST	103379	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-1338) [] SNF [] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		1565429		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1.036947	233310	241930	37
37.01 AMBULATORY SURGERY				37.01
41 RADIOLOGY-DIAGNOSTIC	.284201	544683	154799	41
44 LABORATORY	.448485	877938	393742	44
46 WHOLE BLOOD & PACKED RED BLOOD	.787039	92982	73180	46
49 RESPIRATORY THERAPY	.374689	588985	220686	49
50 PHYSICAL THERAPY	.837740	110251	92362	50
52 SPEECH PATHOLOGY	.359342	7793	2800	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.256179	792646	203059	55
56 DRUGS CHARGED TO PATIENTS	.307979	873704	269082	56
59 CARDIAC REHAB				59
59.01 CHEMOTHERAPY	1.046342	4508	4717	59.01
59.02 PSYCHIATRIC SERVICES	3.471873	2266	7867	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.401519			60
61 EMERGENCY	1.191776	2994	3568	61
62 OBSERVATION BEDS (NON-DISTINCT	1.067061	1170	1248	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		4133230	1669040	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4133230		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-Z338)	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
25 INPATIENT ROUTINE SERVICE COST CENTERS				
ADULTS & PEDIATRICS				25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1.036947	123	128	37
37.01 AMBULATORY SURGERY				37.01
41 RADIOLOGY-DIAGNOSTIC	.284201	33713	9581	41
44 LABORATORY	.448485	108876	48829	44
46 WHOLE BLOOD & PACKED RED BLOOD	.787039	6850	5391	46
49 RESPIRATORY THERAPY	.374689	84399	31623	49
50 PHYSICAL THERAPY	.837740	131600	110247	50
52 SPEECH PATHOLOGY	.359342	5525	1985	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.256179	105721	27084	55
56 DRUGS CHARGED TO PATIENTS	.307979	160895	49552	56
59 CARDIAC REHAB				59
59.01 CHEMOTHERAPY	1.046342			59.01
59.02 PSYCHIATRIC SERVICES	3.471873	107	371	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.401519			60
61 EMERGENCY	1.191776			61
62 OBSERVATION BEDS (NON-DISTINCT	1.067061			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		637809	284791	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		637809		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1						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						2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD						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	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1338)	HOSPITAL (14-1338)	HOSPITAL (14-1338)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	4583798			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	4583798			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	4629636			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1338)	HOSPITAL (14-1338)	HOSPITAL (14-1338)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	29350		18
18.01 COINSURANCE	1380426		18.01
19 SUBTOTAL	3219860		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	3219860		23
24 PRIMARY PAYER PAYMENTS	1120		24
25 SUBTOTAL	3218740		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	138208		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	138208		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	138208		27.02
28 SUBTOTAL	3356948		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
OTHER ADJUSTMENTS			
30 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			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	3356948		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2626289		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	730659		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-1338)
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
(14-1338)
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
(14-1338)
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 (14-1338)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3248048		2492856	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.		52965		133433	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.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		3301013		2626289	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	267675		730659	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		3568688		3356948	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (14-Z338)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		747110		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	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.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		747110		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	150387		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		897497		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF	
		PART A	PART B	(14-Z338)		
	1	1	2	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	617070				1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES	287639				3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS	656				5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL	904709				8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL	904709				10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL	904709				12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	7212				13
14	80% OF PART B COSTS					14
15	SUBTOTAL	897497				15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL	897497				18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS	747110				20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM	150387				21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF I
1	INPATIENT SERVICES	3970381				1
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)					1.01
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	3970381				4
5	PRIMARY PAYER PAYMENTS	3008				5
6	TOTAL COST	4007047				6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7	ROUTINE SERVICE CHARGES					7
8	ANCILLARY SERVICE CHARGES					8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE					9
10	TEACHING PHYSICIANS					10
11	TOTAL REASONABLE CHARGES					11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					12
13	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					13
14	RATIO OF LINE 12 TO LINE 13					14
15	TOTAL CUSTOMARY CHARGES					15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF I
18	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
19	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					18
20	COST OF COVERED SERVICES	4007047				19
21	DEDUCTIBLES	479631				20
22	EXCESS REASONABLE COST					21
23	SUBTOTAL	3527416				22
24	COINSURANCE	7936				23
25	SUBTOTAL	3519480				24
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	49208				25
27.01	REDUCED REIMBURSABLE BAD DEBTS	49208				25.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	49158				25.02
28	SUBTOTAL	3568688				26
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					27
30	ADJ. PENDING CORRECT SNF PS & R					28
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					29
32	SUBTOTAL	3568688				30
33	SEQUESTRATION ADJUSTMENT					31
34	INTERIM PAYMENTS	3301013				32
35.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					32.01
36	BALANCE DUE PROVIDER/PROGRAM	267675				33
37	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					34

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	2968332			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	5787122			4
5	OTHER RECEIVABLES	765405			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3797473			6
7	INVENTORY	156757			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	548719			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	6428862			11
FIXED ASSETS					
12	LAND	188973			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	418652			13
13.01	ACCUMULATED DEPRECIATION	-378614			13.01
14	BUILDINGS	11815946			14
14.01	ACCUMULATED DEPRECIATION	-4434098			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	947664			16
16.01	ACCUMULATED DEPRECIATION	-870300			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	8193438			18
18.01	ACCUMULATED DEPRECIATION	-5179904			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	10701757			21
OTHER ASSETS					
22	INVESTMENTS	12721869			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	12721869			26
27	TOTAL ASSETS	29852488			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	700760			28
29	SALARIES, WAGES & FEES PAYABLE	1073952			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	1774712			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES				42
43	TOTAL LIABILITIES	1774712			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	28077776			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	28077776			51
52	TOTAL LIABILITIES AND FUND BALANCES	29852488			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	25075945			1
2 NET INCOME (LOSS)	3001830			2
3 TOTAL	28077775			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	1			4
5 RESTRICTED FUND BALANCE CHANGE				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1			10
11 SUBTOTAL	28077776			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CORRECTION				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	28077776			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	2663476		2663476	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	2663476		2663476	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT				11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				16
17 TOTAL INPATIENT ROUTINE CARE SERVICES	2663476		2663476	17
18 ANCILLARY SERVICES	7113133	21059649	28172782	18
19 OUTPATIENT SERVICES				19
20 HOME HEALTH AGENCY				20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
24 LABORATORY GROSSUP		55099	55099	24
24.01 PROFESSIONAL FEES	-168498	-1204241	-1372739	24.01
25 TOTAL PATIENT REVENUES	9608111	19910507	29518618	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		19428496	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 TOTAL DEDUCTIONS			38
39 TOTAL OPERATING EXPENSES		19428496	39
40			40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	29518618	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	9463784	2
3	NET PATIENT REVENUES	20054834	3
4	LESS - TOTAL OPERATING EXPENSES	19428496	4
5	NET INCOME FROM SERVICE TO PATIENTS	626338	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	35964	6
7	INCOME FROM INVESTMENTS	541038	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1423	10
11	REBATES AND REFUNDS OF EXPENSES	33683	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	39764	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	8964	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	646	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	REPLACEMENT TAX	26035	24
24.03	INTEREST INCOME OTHER	107834	24.03
24.04	CARELINK REVENUE	1460	24.04
24.05	DR OFFICE BLDG	60985	24.05
24.06	DIALYSIS BLDG REVENUE	41400	24.06
24.07	NON ALLOWABLE INCOME	1545	24.07
24.08	MEALS ON WHEELS	7000	24.08
24.09	MAINTENANCE EMPLOYEES		24.09
24.10	US CONSUMER REVENUES	2909	24.10
24.12	MD PROF FEES NOT INCLUDED ON WKST C	1372739	24.12
24.13	MISC	53674	24.13
24.14	TRANSITIONAL CARE REVENUE		24.14
24.15	MRI TECH	10339	24.15
24.16	HEALTHY HEART	9883	24.16
24.17	GAIN ON ASSETS	3492	24.17
24.18	MISC	34979	24.18
24.19	GRANTS	64998	24.19
24.20	OTHER	6498	24.20
25	TOTAL OTHER INCOME	2467252	25
26	TOTAL	3093590	26
27	CARELINK EXPENSE	513	27
27.01	DR OFFICE BLDG DEPRECIATION	12525	27.01
27.02	MAINTENANCE SALARIES		27.02
27.03	DEPRECIATION	4313	27.03
27.04	LOSS ON ASSETS		27.04
27.05	DIALYSIS DEPRECIATION	13663	27.05
27.06	LOSS ON ASSETS		27.06
27.07	DIALYSIS OTHER	281	27.07
27.08	GROSSUP OF LABORATORY CHARGES	55099	27.08
27.09	OTHER	5366	27.09
27.10	MISC		27.10
28	MISC		28
29			29
30	TOTAL OTHER EXPENSES	91760	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	3001830	31

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					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CREDIT AND COLLECTIONS					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
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
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY SURGERY					37.01
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
59.01 CHEMOTHERAPY					59.01
59.02 PSYCHIATRIC SERVICES					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
99.01 CARDIAC REHAB					99.01
00 NON-ALLOWABLE COSTS					00
00.01 TRANSITIONAL CARE					00.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	65.37		5.26				70.63 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	12.21	32.42	1.10	6.65			52.38 37
41 RADIOLOGY-DIAGNOSTIC	7.76	33.21	0.79	7.80			49.56 41
44 LABORATORY	17.05	26.93	1.24	7.17			52.39 44
46 WHOLE BLOOD & PACKED RED BLOOD	50.61	26.82	0.51	4.56			82.50 46
49 RESPIRATORY THERAPY	26.79	36.97	1.27	2.92			67.95 49
50 PHYSICAL THERAPY	9.49	17.70	0.20	5.46			32.85 50
52 SPEECH PATHOLOGY	5.83	36.10					41.93 52
55 MEDICAL SUPPLIES CHARGED TO PAT	26.32	24.45	2.16	6.36			59.29 55
56 DRUGS CHARGED TO PATIENTS	26.05	16.06	2.42	4.86			49.39 56
59.01 CHEMOTHERAPY	0.41	90.99	0.01	1.90			93.31 59.01
59.02 PSYCHIATRIC SERVICES	3.66	13.83	0.21				17.70 59.02
60 CLINIC		52.71	0.07	5.35			58.13 60
61 EMERGENCY	0.23	33.71	0.01	18.98			52.93 61
62 OBSERVATION BEDS (NON-DISTINCT)	1.21	31.09		10.75			43.05 62
101 TOTAL CHARGES	14.00	28.12	1.08	6.16			49.36 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT	435445	2.47	-435445	-5.07		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	1198252	6.81	-1198252	-13.95		4	
5	EMPLOYEE BENEFITS	2361354	13.42	-2361354	-27.49		5	
6.01	COMMUNICATIONS	95842	.54	-95842	-1.12		6.01	
6.02	DATA PROCESSING	269618	1.53	-269618	-3.14		6.02	
6.03	PURCHASING	25260	.14	-25260	-.29		6.03	
6.04	ADMITTING	129838	.74	-129838	-1.51		6.04	
6.05	CREDIT AND COLLECTIONS	237166	1.35	-237166	-2.76		6.05	
6.06	OTHER ADMINISTRATIVE & GENERAL	1004391	5.71	-1004391	-11.69		6.06	
7	MAINTENANCE & REPAIRS						7	
8	OPERATION OF PLANT	869173	4.94	-869173	-10.12		8	
9	LAUNDRY & LINEN SERVICE	108535	.62	-108535	-1.26		9	
10	HOUSEKEEPING	288890	1.64	-288890	-3.36		10	
11	DIETARY	226618	1.29	-226618	-2.64		11	
12	CAFETERIA	179416	1.02	-179416	-2.09		12	
14	NURSING ADMINISTRATION	404023	2.30	-404023	-4.70		14	
15	CENTRAL SERVICES & SUPPLY	48055	.27	-48055	-.56		15	
16	PHARMACY	308955	1.76	-308955	-3.60		16	
17	MEDICAL RECORDS & LIBRARY	399200	2.27	-399200	-4.65		17	
18	SOCIAL SERVICE						18	
20	NONPHYSICIAN ANESTHETISTS						20	
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	1671748	9.50	2469197	28.74	4140945	23.53	25
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	979671	5.57	1001693	11.66	1981364	11.26	37
37.01	AMBULATORY SURGERY							37.01
41	RADIOLOGY-DIAGNOSTIC	1003043	5.70	990548	11.53	1993591	11.33	41
44	LABORATORY	1420296	8.07	888832	10.35	2309128	13.12	44
46	WHOLE BLOOD & PACKED RED BLOOD	106827	.61	37763	.44	144590	.82	46
49	RESPIRATORY THERAPY	467137	2.65	356729	4.15	823866	4.68	49
50	PHYSICAL THERAPY	459469	2.61	513413	5.98	972882	5.53	50
52	SPEECH PATHOLOGY	38298	.22	9728	.11	48026	.27	52
55	MEDICAL SUPPLIES CHARGED TO PAT	470335	2.67	301225	3.51	771560	4.38	55
56	DRUGS CHARGED TO PATIENTS	417296	2.37	615762	7.17	1033058	5.87	56
59	CARDIAC REHAB							59
59.01	CHEMOTHERAPY	764605	4.34	382432	4.45	1147037	6.52	59.01
59.02	PSYCHIATRIC SERVICES	105809	.60	109218	1.27	215027	1.22	59.02
60	CLINIC	90565	.51	189743	2.21	280308	1.59	60
61	EMERGENCY	930281	5.29	597883	6.96	1528164	8.68	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
96	GIFT, FLOWER, COFFEE SHOP & CAN	5130	.03	21043	.24	26173	.15	96

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
97	RESEARCH			2925	.03	2925	.02	97
98	PHYSICIANS' PRIVATE OFFICES	10972	.06	42716	.50	53688	.31	98
99	NONPAID WORKERS			12		12		99
99.01	CARDIAC REHAB	32668	.19	41395	.48	74063	.42	99.01
100	NON-ALLOWABLE COSTS	37481	.21	17774	.21	55255	.31	100
100.01	TRANSITIONAL CARE							100.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	17601662	100.00	0	.00	17601662	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4392639
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)	8046505
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.546