

PROVIDER NO. 14-1350 ST. FRANCIS-LITCHFIELD IL
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
11/24/2008 12:53

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

WORKSHEET S
PARTS I & II

INTERMEDIARY [XX] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED _____ [XX] INITIAL
INTERMEDIARY NO. _____ [] FINAL

[] RE-OPENING
[XX] MCR CODE 5

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 ST. FRANCIS-LITCHFIELD IL (14-1350) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	557218	137688	535142	2
3	SWING BED - SNF	45665			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	602883	137688	535142	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: 1215 FRANCISCAN DRIVE P.O.BOX: 1
 1.01 CITY: LITCHFIELD STATE: IL ZIP CODE: 62056 COUNTY: MONTGOMERY 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	ST. FRANCIS-LITCHFIELD IL	14-1350	12/01/2005	N	O	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF	ST. FRANCIS-LITCHFIELD IL	14-Z350	05/31/2007	N	O	O	4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	ST. FRANCIS-TRANSITIONAL CARE	14-5559	09/15/1986	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2007 TO: 06/30/2008 17
 18 TYPE OF CONTROL 1 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 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. 2 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. 2 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)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	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?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N			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	
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55	
			DATE	Y/N	LIMIT	Y/N	FEE\$
			0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO		57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				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)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5638							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF		553							3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		6191							5
6 INTENSIVE CARE UNIT		302							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		600							11
12 TOTAL HOSPITAL		7093						236.87	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY		117						1.52	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								238.39	25
26 OBSERVATION BED DAYS		1019	181	838					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		49							28

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		1021	323	1672	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		1021	323	1672	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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC								7
8	RHB		11						8
9	RHA		5						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC								10
11	RMB		14						11
12	RMA		15						12
12.01	RMX								12.01
12.02	RML		3						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		13						15
16	SE2		45						16
17	SE1		3						17
18	SSC		4						18
19	SSB								19
20	SSA								20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1		4						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		117						46

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1	1	2	3	4	5	
1	A	NURSERY	33	78642	10976	1
2 TO RECLASSIFY L&D AND NURSEY COSTS	A	DELIVERY ROOM & LABOR ROOM	39	365632	51031	2
3 TO RECLASSIFY DRUG COSTS	B	DRUGS CHARGED TO PATIENTS	56		585894	3
4	C	NONPHYSICIAN ANESTHETISTS	20		575308	4
5 TO RECLASSIFY CAFETERIA COSTS	D	CAFETERIA	12	242296	174317	5
6	E					6
7	E					7
8	E					8
9	E					9
10	E					10
11	E					11
12	E					12
13	E					13
14	E					14
15	E					15
16	E					16
17 TO RECLASSIFY LAUNDRY COSTS	E	LAUNDRY & LINEN SERVICE	9		139525	17
18 TO RECLASSIFY PROPERTY INSURANCE	F	OPERATION OF PLANT	8		33517	18
19	G					19
20	G					20
21	G					21
22	G					22
23	G					23
24	G					24
25	G					25
26	G					26
27 TO RECLASSIFY MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO P	55		281194	27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				686570	1851762	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
				LINE #	SALARY	OTHER	
6				8	9		
1		A				1	
2	TO RECLASSIFY L&D AND NURSEY COST	A	ADULTS & PEDIATRICS	25	444274	62007	2
3	TO RECLASSIFY DRUG COSTS	B	PHARMACY	16		585894	3
4		C	ANESTHESIOLOGY	40		575308	4
5	TO RECLASSIFY CAFETERIA COSTS	D	DIETARY	11	242296	174317	5
6		E	DIETARY	11		2365	6
7		E	ADULTS & PEDIATRICS	25		51342	7
8		E	INTENSIVE CARE UNIT	26		6653	8
9		E	SKILLED NURSING FACILITY	34		1125	9
10		E	OPERATING ROOM	37		26244	10
11		E	RADIOLOGY-DIAGNOSTIC	41		15910	11
12		E	LABORATORY	44		157	12
13		E	RESPIRATORY THERAPY	49		311	13
14		E	PHYSICAL THERAPY	50		3107	14
15		E	EMERGENCY	61		21737	15
16		E	OBSERVATION BEDS-DISTINCT	62.01		8335	16
17	TO RECLASSIFY LAUNDRY COSTS	E	PHYSICIANS' PRIVATE OFFICES	98		2239	17
18	TO RECLASSIFY PROPERTY INSURANCE	F	OTHER CAPITAL RELATED COSTS	90		33517	18
19		G	PHARMACY	16		199	19
20		G	NURSERY	33		108	20
21		G	OPERATING ROOM	37		204983	21
22		G	DELIVERY ROOM & LABOR ROOM	39		2723	22
23		G	ANESTHESIOLOGY	40		27344	23
24		G	LABORATORY	44		707	24
25		G	RESPIRATORY THERAPY	49		23150	25
26		G	PHYSICAL THERAPY	50		229	26
27	TO RECLASSIFY MEDICAL SUPPLIES	G	EMERGENCY	61		21751	27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				686570	1851762	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	76883					76883		1
2 LAND IMPROVEMENTS	996996	7220		7220		1004216		2
3 BUILDINGS AND FIXTURES	13350265	1038344		1038344		14388609		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	13538367	1103057		1103057		14641424		6
7 SUBTOTAL	27962511	2148621		2148621		30111132		7
8 RECONCILING ITEMS								8
9 TOTAL	27962511	2148621		2148621		30111132		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	507988						507988 3
4 NEW CAP REL COSTS-MVBLE EQUIP	950980		-2573				948407 4
5 TOTAL	1458968		-2573				1456395 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	507988						507988 3
4 NEW CAP REL COSTS-MVBLE EQUIP	950980						950980 4
5 TOTAL	1458968						1458968 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-1300	RADIOLOGY-DIAGNOSTIC	41	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1670960			12
13 SALE OF SCRAP, WASTE, ETC.	B	-1060	OTHER ADMIN AND GENERAL	6.06	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	172348			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-63382	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-475	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1404	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST	A	-575308	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		SPEECH PATHOLOGY	52	36
	WKST A-8-4				
37 MISCELLANEOUS INCOME	B	-206090	OTHER ADMIN AND GENERAL	6.06	37
37.01 MISCELLANEOUS INCOME	B	-5121	EMPLOYEE BENEFITS	5	37.01
38 REBATES AND REFUNDS	B	-126	CAFETERIA	12	38
39 HOUSEKEEPING REV	B	-54228	HOUSEKEEPING	10	39
40					40
41 MEDICAID PROVIDER TAX	A	-659392	OTHER ADMIN AND GENERAL	6.06	41
42 SELF-INSURANCE PAYMENTS	A	-614611	OTHER ADMIN AND GENERAL	6.06	42
42.01 SELF-INSURANCE PREMIUMS IN EXCESS	A	184	OTHER ADMIN AND GENERAL	6.06	42.01
43 PHYSICIAN RECRUITMENT	A	-348953	OTHER ADMIN AND GENERAL	6.06	43
44 INTEREST EXPENSE	A	-161068	OTHER ADMIN AND GENERAL	6.06	44
45 BAD DEBT EXPENSE	A	-2848217	OTHER ADMIN AND GENERAL	6.06	45
46 LOBBYING/NONALLOW ADVERTISING EXP	A	-215790	OTHER ADMIN AND GENERAL	6.06	46
47 DEPRECIATION LAPSING SCHEDULE	A	-2573	NEW CAP REL COSTS-MVBLE EQUIP	4	11 47
48					48
49					49
50 TOTAL		-7257526			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	EMPLOYEE BENEFITS	EAP SERVICES	7628	7628		1
2	6.06	OTHER ADMIN AND GENERAL	CONTRACTED SERVICES-HSHS	556310	463404	92906	2
3	6.06	OTHER ADMIN AND GENERAL	CONTRACTED SERVICES-CCC	518542	439100	79442	3
4	6.06	OTHER ADMIN AND GENERAL	HOME OFFICE-MISCELLANEOUS	658024	658024		4
4.01	6.06	OTHER ADMIN AND GENERAL	ADMIN-MISCELLANEOUS	21075	21075		4.01
4.02	9	LAUNDRY & LINEN SERVICE	LAUNDRY SERVICES	241870	241870		4.02
4.03	44	LABORATORY	LABORATORY SERVICES	4322	4322		4.03
4.04	53	ELECTROCARDIOLOGY	EKG SERVICES	45094	45094		4.04
4.05	54	ELECTROENCEPHALOGRAPHY	EEG SERVICES	11432	11432		4.05
5		TOTALS		2064297	1891949	172348	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	B HOSPITAL SISTERS HEALTH SYSTEM	100.00			CORPORATE OFFICE	1	
2	G ST. JOSEPH'S HOSPITAL				HOSPITAL	2	
3	G ST. JOHN'S HOSPITAL				HOSPITAL	3	
4	G ST. MARY'S HOSPITAL				HOSPITAL	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: NON-FINANCIAL

PROVIDER NO. 14-1350 ST. FRANCIS-LITCHFIELD IL
 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
 11/24/2008 12:53

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	AGGREGATE	33900	22400	11500			
2	49	RESPIRATORY THERAPY	AGGREGATE	33939	33939				
3	61	EMERGENCY	AGGREGATE	1313263	1256450	56813			
4	40	ANESTHESIOLOGY	AGGREGATE	362171	358171	4000			
101		TOTAL		1743273	1670960	72313			

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	PATIENT	SUBTOTAL	OTHER	
	FOR COST	BLDGS &	MOVABLE	BENEFITS	CASE MGT	ACCOUNTING		ADMIN &	
	ALLOCATION	FIXTURES	EQUIPMENT					GENERAL	
	0	3	4	5	6.04	6.05	5A	6.06	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.04									6.04
6.05									6.05
6.06									6.06
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25									25
26									26
33									33
34									34
ANCILLARY SERVICE COST CENTERS									
37									37
39									39
40									40
41									41
44									44
46.30									46.30
49									49
50									50
52									52
53									53
54									54
55									55
56									56
OUTPATIENT SERVICE COST CENTERS									
61									61
62									62
62.01									62.01
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95									95
NONREIMBURSABLE COST CENTERS									
96									96
98									98
101									101
102									102
103									103
TOTAL	23252018	507988	948407	3870120	610684	716337	23252018	3254040	

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	PHARMACY	
	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	16	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.04									6.04
6.05									6.05
6.06									6.06
7	467673								7
8	174155	1455833							8
9	4169	20679	202516						9
10	5209	25835		607017					10
11	28429	141005	3300		571494				11
12	8076	40055				576018			12
13									13
14	2489	12347		2341		18581	373249		14
15									15
16	4191	20787						974622	16
17	10086	50028		2132		44595			17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	56168	278591	59456	179322	475576	104057	133988	116653	25
26	9074	45007	9285	25122	49488	37162	47852	3740	26
33	2407	11940	3335	4096		3716	4785	64	33
34	2109	10461	1570		7186	7432	9570	1290	34
ANCILLARY SERVICE COST CENTERS									
37	23543	116772	36623	97017		52027	66993	106271	37
39	7091	35170	8854			26014	33497	387	39
40	818	4057		4222				513620	40
41	21174	105021	22202	30556		70609		47719	41
44	14283	70842	219	16553		59460		49911	44
46.30									46.30
49	7512	37259	435	6103		22297		41851	49
50	22583	112009	4336	37411		37162		30824	50
52									52
53									53
54									54
55	7996	39661		2257				1806	55
56				3720		18581			56
OUTPATIENT SERVICE COST CENTERS									
61	15965	79187	38145	74905		48311	62208	44881	61
62									62
62.01	17913	88847	11631	34986	39244	11149	14356	15605	62.01
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	445440	1345560	199391	520743	571494	561153	373249	974622	95
NONREIMBURSABLE COST CENTERS									
96	1067	5292		2633					96
98	21166	104981	3125	83641		14865			98
101									101
102									102
103	467673	1455833	202516	607017	571494	576018	373249	974622	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	25	26	27	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.04					6.04
6.05					6.05
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17	951168				17
18					18
20					20
21					21
22					22
23					23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	350859	3913413		3913413	25
26	86223	1208277		1208277	26
33		178623		178623	33
34	195765	305747		305747	34
ANCILLARY SERVICE COST CENTERS					
37	7050	2940250		2940250	37
39		793667		793667	39
40	4338	818530		818530	40
41	77547	3721071		3721071	41
44	67243	3018382		3018382	44
46.30					46.30
49	21149	706004		706004	49
50	43383	1206408		1206408	50
52					52
53					53
54		21944		21944	54
55		528570		528570	55
56	48263	863593		863593	56
OUTPATIENT SERVICE COST CENTERS					
61	49348	1942781		1942781	61
62					62
62.01		514690		514690	62.01
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30
69.40					69.40
71					71
SPECIAL PURPOSE COST CENTERS					
85.01					85.01
85.02					85.02
95	951168	22681950		22681950	95
NONREIMBURSABLE COST CENTERS					
96		57485		57485	96
98		512583		512583	98
101					101
102					102
103	951168	23252018		23252018	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMITTING CASE MGT 6.04	PATIENT ACCOUNTING 6.05	OTHER ADMIN & GENERAL 6.06	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		9268	2841	12109	12109				5
6.04 ADMITTING/CASE MGT		3658	7752	11410	478	11888			6.04
6.05 PATIENT ACCOUNTING		20668	30643	51311	384		51695		6.05
6.06 OTHER ADMIN AND GENERAL		65922	70352	136274	1131			137405	6.06
7 MAINTENANCE & REPAIRS					312			2764	7
8 OPERATION OF PLANT		152114	8640	160754	63			7574	8
9 LAUNDRY & LINEN SERVICE		3641		3641	3			1050	9
10 HOUSEKEEPING		4549	1465	6014	412			3404	10
11 DIETARY		24830	10788	35618	178			2356	11
12 CAFETERIA		7053		7053	294			3120	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2174	25789	27963	222			1994	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY		3660	8321	11981	460			5612	16
17 MEDICAL RECORDS & LIBRARY		8809	111543	120352	465			4989	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		49058	33807	82865	1442	621	2701	12757	25
26 INTENSIVE CARE UNIT		7925	26082	34007	591	209	910	5291	26
33 NURSERY		2103		2103	95	49	212	876	33
34 SKILLED NURSING FACILITY		1842	3610	5452	43	3	12	416	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		20563	128831	149394	862	1299	5644	14383	37
39 DELIVERY ROOM & LABOR ROOM		6193		6193	443	227	988	4034	39
40 ANESTHESIOLOGY		714	18391	19105		638	2773	1722	40
41 RADIOLOGY-DIAGNOSTIC		18493	322297	340790	1194	3587	15617	19774	41
44 LABORATORY		12475	79822	92297	938	1918	8335	16191	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		6561	17490	24051	298	619	2689	3365	49
50 PHYSICAL THERAPY		19724	14114	33838	609	319	1388	5429	50
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY			6830	6830		5	24	130	54
55 MEDICAL SUPPLIES CHARGED TO PAT		6984		6984		146	635	2818	55
56 DRUGS CHARGED TO PATIENTS						862	3745	4686	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		13944	9810	23754	878	1300	5649	9040	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT		15645	3510	19155	178	86	373	1660	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS		488570	942728	1431298	11973	11888	51695	135435	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		932	367	1299				287	96
98 PHYSICIANS' PRIVATE OFFICES		18486	5312	23798	136			1683	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		507988	948407	1456395	12109	11888	51695	137405	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	PHARMACY	
	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	16	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.04 ADMITTING/CASE MGT									6.04
6.05 PATIENT ACCOUNTING									6.05
6.06 OTHER ADMIN AND GENERAL									6.06
7 MAINTENANCE & REPAIRS	3076								7
8 OPERATION OF PLANT	1146	169537							8
9 LAUNDRY & LINEN SERVICE	27	2408	7129						9
10 HOUSEKEEPING	34	3009		12873					10
11 DIETARY	187	16421	116		54876				11
12 CAFETERIA	53	4665				15185			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	16	1438		50		490	32173		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	28	2421						20502	16
17 MEDICAL RECORDS & LIBRARY	66	5826		45		1176			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	369	32441	2093	3802	45666	2741	11550	2454	25
26 INTENSIVE CARE UNIT	60	5241	327	533	4752	980	4125	79	26
33 NURSERY	16	1391	117	87		98	412	1	33
34 SKILLED NURSING FACILITY	14	1218	55		690	196	825	27	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	155	13598	1289	2057		1372	5775	2235	37
39 DELIVERY ROOM & LABOR ROOM	47	4096	312			686	2887	8	39
40 ANESTHESIOLOGY	5	472		90				10806	40
41 RADIOLOGY-DIAGNOSTIC	139	12230	782	648		1861		1004	41
44 LABORATORY	94	8250	8	351		1567		1050	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	49	4339	15	129		588		880	49
50 PHYSICAL THERAPY	149	13044	153	793		980		648	50
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY									54
55 MEDICAL SUPPLIES CHARGED TO PAT	53	4619		48				38	55
56 DRUGS CHARGED TO PATIENTS				79		490			56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	105	9222	1343	1589		1274	5362	944	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	118	10347	409	742	3768	294	1237	328	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	2930	156696	7019	11043	54876	14793	32173	20502	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	7	616		56					96
98 PHYSICIANS' PRIVATE OFFICES	139	12225	110	1774		392			98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3076	169537	7129	12873	54876	15185	32173	20502	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.04 ADMITTING/CASE MGT				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 OTHER ADMIN AND GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	132919			17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	49031	250533		250533
26 INTENSIVE CARE UNIT	12049	69154		69154
33 NURSERY		5457		5457
34 SKILLED NURSING FACILITY	27357	36308		36308
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	985	199048		199048
39 DELIVERY ROOM & LABOR ROOM		19921		19921
40 ANESTHESIOLOGY	606	36217		36217
41 RADIOLOGY-DIAGNOSTIC	10837	408463		408463
44 LABORATORY	9397	140396		140396
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	2955	39977		39977
50 PHYSICAL THERAPY	6062	63412		63412
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY		6989		6989
55 MEDICAL SUPPLIES CHARGED TO PAT		15341		15341
56 DRUGS CHARGED TO PATIENTS	6744	16606		16606
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	6896	67356		67356
62 OBSERVATION BEDS (NON-DISTINCT)				62
62.01 OBSERVATION BEDS-DISTINCT		38695		38695
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	132919	1413873		1413873
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		2265		2265
98 PHYSICIANS' PRIVATE OFFICES		40257		40257
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	132919	1456395		1456395

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	PATIENT	RECON-	OTHER	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT ACTUAL DEPREC	BENEFITS GROSS SALARIES	CASE MGT GROSS REVENUE	ACCOUNTING GROSS REVENUE	CILIATION	ADMIN & GENERAL ACCUM COST	
	3	4	5	6.04	6.05	6A.06	6.06	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	212606							3
4 NEW CAP REL COSTS-MVBLE EQUIP		950979						4
5 EMPLOYEE BENEFITS	3879	2849	9991280					5
6.04 ADMITTING/CASE MGT	1531	7773	394377	66433390				6.04
6.05 PATIENT ACCOUNTING	8650	30726	316944		66433390			6.05
6.06 OTHER ADMIN AND GENERAL	27590	70543	932861			-3254040	19997978	6.06
7 MAINTENANCE & REPAIRS			257202				402224	7
8 OPERATION OF PLANT	63662	8663	52150				1102312	8
9 LAUNDRY & LINEN SERVICE	1524		2788				152804	9
10 HOUSEKEEPING	1904	1469	340294				495368	10
11 DIETARY	10392	10817	147002				342955	11
12 CAFETERIA	2952		242296				454011	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	910	25859	182999				290260	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	1532	8344	379371				816745	16
17 MEDICAL RECORDS & LIBRARY	3687	111846	383569				726167	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	20532	33899	1189611	3471153	3471153		1856635	25
26 INTENSIVE CARE UNIT	3317	26153	488033	1169286	1169286		770027	26
33 NURSERY	880		78642	273051	273051		127529	33
34 SKILLED NURSING FACILITY	771	3620	35072	14833	14833		60517	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8606	129180	710968	7254896	7254896		2093331	37
39 DELIVERY ROOM & LABOR ROOM	2592		365632	1269501	1269501		587119	39
40 ANESTHESIOLOGY	299	18441		3563744	3563744		250684	40
41 RADIOLOGY-DIAGNOSTIC	7740	323169	985207	20062145	20062145		2877940	41
44 LABORATORY	5221	80039	774201	10714007	10714007		2356436	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	2746	17537	246024	3456755	3456755		489713	49
50 PHYSICAL THERAPY	8255	14152	502495	1784460	1784460		790131	50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY		6849		30559	30559		18873	54
55 MEDICAL SUPPLIES CHARGED TO P	2923			815579	815579		410117	55
56 DRUGS CHARGED TO PATIENTS				4813710	4813710		682048	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	5836	9837	724227	7260648	7260648		1315737	61
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT	6548	3520	147177	479063	479063		241640	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	204479	945285	9879142	66433390	66433390	-3254040	19711323	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	390	368					41707	96
98 PHYSICIANS' PRIVATE OFFICES	7737	5326	112138				244948	98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	PATIENT	RECON-	OTHER
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT ACTUAL DEPREC	BENEFITS GROSS SALARIES	CASE MGT GROSS REVENUE	ACCOUNTING GROSS REVENUE	CILIATION	ADMIN & GENERAL ACCUM COST
	3	4	5	6.04	6.05	6A.06	6.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	507988	948407	3870120	610684	716337		3254040 103
104 UNIT COST MULT-WS B PT I		.997295		.009192			104
104 UNIT COST MULT-WS B PT I	2.389340		.387350		.010783		.162718 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			12109	11888	51695		137405 107
108 UNIT COST MULT-WS B PT III				.000179			108
108 UNIT COST MULT-WS B PT III			.001212		.000778		.006871 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	PHARMACY	
	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	FTEs	DIRECT NRSING HRS	COSTED REQUIS.	
	7	8	9	10	11	12	14	16	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.04									6.04
6.05									6.05
6.06									6.06
7	170956								7
8	63662	107294							8
9	1524	1524	241870						9
10	1904	1904		14522					10
11	10392	10392	3941		44299				11
12	2952	2952					155		12
13									13
14	910	910		56			5	78	14
15									15
16	1532	1532							16
17	3687	3687		51			12	15114	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	20532	20532	71013	4290	36864	28	28	1809	25
26	3317	3317	11089	601	3836	10	10	58	26
33	880	880	3983	98		1	1	1	33
34	771	771	1875		557	2	2	20	34
ANCILLARY SERVICE COST CENTERS									
37	8606	8606	43740	2321		14	14	1648	37
39	2592	2592	10574			7	7	6	39
40	299	299		101				7965	40
41	7740	7740	26516	731		19		740	41
44	5221	5221	261	396		16		774	44
46.30									46.30
49	2746	2746	519	146		6		649	49
50	8255	8255	5179	895		10		478	50
52									52
53									53
54									54
55	2923	2923		54				28	55
56				89		5			56
OUTPATIENT SERVICE COST CENTERS									
61	5836	5836	45557	1792		13	13	696	61
62									62
62.01	6548	6548	13891	837	3042	3	3	242	62.01
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	162829	99167	238138	12458	44299	151	78	15114	95
NONREIMBURSABLE COST CENTERS									
96	390	390		63					96
98	7737	7737	3732	2001		4			98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	PHARMACY COSTED REQUIS.	
	7	8	9	10	11	12	14	16	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	467673	1455833	202516	607017	571494	576018	373249	974622	103
104 UNIT COST MULT-WS B PT I	2.735634		.837293		12.900833		4785.243590		104
104 UNIT COST MULT-WS B PT I		13.568634		41.799821		3716.245161		64.484716	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	3076	169537	7129	12873	54876	15185	32173	20502	107
108 UNIT COST MULT-WS B PT III	.017993		.029475		1.238764		412.474359		108
108 UNIT COST MULT-WS B PT III		1.580116		.886448		97.967742		1.356491	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT	
	17	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.04 ADMITTING/CASE MGT		6.04
6.05 PATIENT ACCOUNTING		6.05
6.06 OTHER ADMIN AND GENERAL		6.06
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY	1754	17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES		22
23 I&R SERVICES-OTHER PRGM COSTS		23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	647	25
26 INTENSIVE CARE UNIT	159	26
33 NURSERY		33
34 SKILLED NURSING FACILITY	361	34
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	13	37
39 DELIVERY ROOM & LABOR ROOM		39
40 ANESTHESIOLOGY	8	40
41 RADIOLOGY-DIAGNOSTIC	143	41
44 LABORATORY	124	44
46.30 BLOOD CLOTTING FACTORS ADMIN		46.30
49 RESPIRATORY THERAPY	39	49
50 PHYSICAL THERAPY	80	50
52 SPEECH PATHOLOGY		52
53 ELECTROCARDIOLOGY		53
54 ELECTROENCEPHALOGRAPHY		54
55 MEDICAL SUPPLIES CHARGED TO P		55
56 DRUGS CHARGED TO PATIENTS	89	56
OUTPATIENT SERVICE COST CENTERS		
61 EMERGENCY	91	61
62 OBSERVATION BEDS (NON-DISTINC		62
62.01 OBSERVATION BEDS-DISTINCT		62.01
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10 CMHC		69.10
69.20 OPT		69.20
69.30 CMHC		69.30
69.40 OPT		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
95 SUBTOTALS	1754	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
98 PHYSICIANS' PRIVATE OFFICES		98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	951168	103
104 UNIT COST MULT-WS B PT I	542.285063	104
104 UNIT COST MULT-WS B PT I		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	132919	107
108 UNIT COST MULT-WS B PT III	75.780502	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	3913413		3913413		3913413	25
26 INTENSIVE CARE UNIT	1208277		1208277		1208277	26
33 NURSERY	178623		178623		178623	33
34 SKILLED NURSING FACILITY	305747		305747		305747	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2940250		2940250		2940250	37
39 DELIVERY ROOM & LABOR ROOM	793667		793667		793667	39
40 ANESTHESIOLOGY	818530		818530		818530	40
41 RADIOLOGY-DIAGNOSTIC	3721071		3721071		3721071	41
44 LABORATORY	3018382		3018382		3018382	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	706004		706004		706004	49
50 PHYSICAL THERAPY	1206408		1206408		1206408	50
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	21944		21944		21944	54
55 MEDICAL SUPPLIES CHARGED TO	528570		528570		528570	55
56 DRUGS CHARGED TO PATIENTS	863593		863593		863593	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1942781		1942781		1942781	61
62 OBSERVATION BEDS (NON-DISTI	553093		553093		553093	62
62.01 OBSERVATION BEDS-DISTINCT	514690		514690		514690	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	23235043		23235043		23235043	101
102 LESS OBSERVATION BEDS	553093		553093		553093	102
103 TOTAL	22681950		22681950		22681950	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	2488272		2488272			25
26 INTENSIVE CARE UNIT	1159476		1159476			26
33 NURSERY	269786		269786			33
34 SKILLED NURSING FACILITY	14709		14709			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1848303	4697838	6546141	.449158	.449158	.449158 37
39 DELIVERY ROOM & LABOR ROOM	588984	462420	1051404	.754864	.754864	.754864 39
40 ANESTHESIOLOGY	723212	2525963	3249175	.251919	.251919	.251919 40
41 RADIOLOGY-DIAGNOSTIC	1762262	18016249	19778511	.188137	.188137	.188137 41
44 LABORATORY	2594692	7726165	10320857	.292455	.292455	.292455 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	507365	1439036	1946401	.362723	.362723	.362723 49
50 PHYSICAL THERAPY	313577	1446075	1759652	.685595	.685595	.685595 50
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	1065	29051	30116	.728649	.728649	.728649 54
55 MEDICAL SUPPLIES CHARGED TO	1809627	1420828	3230455	.163621	.163621	.163621 55
56 DRUGS CHARGED TO PATIENTS	2709882	2049574	4759456	.181448	.181448	.181448 56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	141855	4128189	4270044	.454979	.454979	.454979 61
62 OBSERVATION BEDS (NON-DISTI	157675	842953	1000628	.552746	.552746	.552746 62
62.01 OBSERVATION BEDS-DISTINCT	41686	437377	479063	1.074368	1.074368	1.074368 62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	17132428	45221718	62354146			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	17132428	45221718	62354146			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1350) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.449158	.449158	.449158				37
39 DELIVERY ROOM & LABOR ROOM	.754864	.754864	.754864				39
40 ANESTHESIOLOGY	.251919	.251919	.251919				40
41 RADIOLOGY-DIAGNOSTIC	.188137	.188137	.188137				41
44 LABORATORY	.292455	.292455	.292455				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.362723	.362723	.362723				49
50 PHYSICAL THERAPY	.685595	.685595	.685595				50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY	.728649	.728649	.728649				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.163621	.163621	.163621				55
56 DRUGS CHARGED TO PATIENTS	.181448	.181448	.181448				56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.454979	.454979	.454979				61
62 OBSERVATION BEDS (NON-DISTINCT)	.552746	.552746	.552746				62
62.01 OBSERVATION BEDS-DISTINCT	1.074368	1.074368	1.074368				62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.181448	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)		2
2.01 VACCINE CHARGES - HEPATITIS B		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)		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 (14-1350) [] 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 SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1889581							37
39 DELIVERY ROOM & LABOR ROOM	4696							39
40 ANESTHESIOLOGY	998409							40
41 RADIOLOGY-DIAGNOSTIC	7611189							41
44 LABORATORY	3994238							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	789722							49
50 PHYSICAL THERAPY	557486							50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY	10920							54
55 MEDICAL SUPPLIES CHARGED TO PA	653823							55
56 DRUGS CHARGED TO PATIENTS	1102456							56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1566746							61
62 OBSERVATION BEDS (NON-DISTINCT)	754437							62
62.01 OBSERVATION BEDS-DISTINCT	305606							62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL	20239309							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	20239309							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1350) [] 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	848720						37
39 DELIVERY ROOM & LABOR ROOM	3545						39
40 ANESTHESIOLOGY	251518						40
41 RADIOLOGY-DIAGNOSTIC	1431946						41
44 LABORATORY	1168135						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	286450						49
50 PHYSICAL THERAPY	382210						50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY	7957						54
55 MEDICAL SUPPLIES CHARGED TO PAT	106979						55
56 DRUGS CHARGED TO PATIENTS	200038						56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	712837						61
62 OBSERVATION BEDS (NON-DISTINCT)	417012						62
62.01 OBSERVATION BEDS-DISTINCT	328333						62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	6145680						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	6145680						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5559) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		6546141					37
39 DELIVERY ROOM & LABOR ROOM		1051404					39
40 ANESTHESIOLOGY		3249175					40
41 RADIOLOGY-DIAGNOSTIC		19778511			11479		41
44 LABORATORY		10320857			12632		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1946401			4892		49
50 PHYSICAL THERAPY		1759652			16891		50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		30116					54
55 MEDICAL SUPPLIES CHARGED TO P		3230455			20548		55
56 DRUGS CHARGED TO PATIENTS		4759456			42509		56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		4270044					61
62 OBSERVATION BEDS (NON-DISTINC		1000628					62
62.01 OBSERVATION BEDS-DISTINCT		479063					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		58421903			108951		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5559)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(OTHER) (14-1350)					(PPS) (14-5559)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	7210					117	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6657					117	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	55						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6602					117	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	353						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	200						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4202					117	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	343						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	197						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) (14-1350)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5559)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3913413					305747	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	300157						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3613256					305747	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3448503					14670	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	90139						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3327392					14670	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.047775					20.841650	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1638.89						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	504.00					125.38	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1134.89						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	1189.11						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	65401						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3547855					305747	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) (14-1350)	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	532.95					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2239456					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2239456					41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	1208277	302	4000.92	251	1004231	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	2229287					48
49 TOTAL PROGRAM INPATIENT COSTS	5472974					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) (14-1350)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	182802					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61	104991					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62	287793					TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-1350 ST. FRANCIS-LITCHFIELD IL
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
11/24/2008 12:53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

	SNF (PPS) (14-5559)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	305747	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	2613.22	67
68 PROGRAM ROUTINE SERVICE COST	305747	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	305747	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	36308	71
72 PER DIEM CAPITAL RELATED COSTS	310.32	72
73 PROGRAM CAPITAL RELATED COSTS	36307	73
74 INPATIENT ROUTINE SERVICE COST	269440	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	269440	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	305747	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	30283	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	336030	82

PROVIDER NO. 14-1350 ST. FRANCIS-LITCHFIELD IL
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
11/24/2008 12:53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1019	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	542.78	84
85 OBSERVATION BED COST	553093	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-1350)	<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 type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		2398177		25
26 INTENSIVE CARE UNIT		274594		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.449158	1267463	569291	37
39 DELIVERY ROOM & LABOR ROOM	.754864	1345	1015	39
40 ANESTHESIOLOGY	.251919	429629	108232	40
41 RADIOLOGY-DIAGNOSTIC	.188137	1239954	233281	41
44 LABORATORY	.292455	1704566	498509	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.362723	432648	156931	49
50 PHYSICAL THERAPY	.685595	179725	123219	50
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	.728649	728	530	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.163621	1316510	215409	55
56 DRUGS CHARGED TO PATIENTS	.181448	1773048	321716	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.454979	397	181	61
62 OBSERVATION BEDS (NON-DISTINCT	.552746			62
62.01 OBSERVATION BEDS-DISTINCT	1.074368	906	973	62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		8346919	2229287	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8346919		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5559)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.449158			37
39 DELIVERY ROOM & LABOR ROOM	.754864			39
40 ANESTHESIOLOGY	.251919			40
41 RADIOLOGY-DIAGNOSTIC	.188137	11479	2160	41
44 LABORATORY	.292455	12632	3694	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.362723	4892	1774	49
50 PHYSICAL THERAPY	.685595	16891	11580	50
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	.728649			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.163621	20548	3362	55
56 DRUGS CHARGED TO PATIENTS	.181448	42509	7713	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.454979			61
62 OBSERVATION BEDS (NON-DISTINCT)	.552746			62
62.01 OBSERVATION BEDS-DISTINCT	1.074368			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		108951	30283	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		108951		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-Z350)	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.449158	1655	743	37
39 DELIVERY ROOM & LABOR ROOM	.754864			39
40 ANESTHESIOLOGY	.251919			40
41 RADIOLOGY-DIAGNOSTIC	.188137	7224	1359	41
44 LABORATORY	.292455	52306	15297	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.362723	17740	6435	49
50 PHYSICAL THERAPY	.685595	102421	70219	50
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	.728649			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.163621	72357	11839	55
56 DRUGS CHARGED TO PATIENTS	.181448	150706	27345	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.454979			61
62 OBSERVATION BEDS (NON-DISTINCT)	.552746			62
62.01 OBSERVATION BEDS-DISTINCT	1.074368			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		404409	133237	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		404409		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1350) 1	HOSPITAL (14-1350) 1.01	HOSPITAL (14-1350) 1.02	
1 MEDICAL AND OTHER SERVICES	6145680			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	6145680			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	6207137			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1350) 1	HOSPITAL (14-1350) 1.01	HOSPITAL (14-1350) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	41208		18
18.01 COINSURANCE	3272749		18.01
19 SUBTOTAL	2893180		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	2893180		23
24 PRIMARY PAYER PAYMENTS	1011		24
25 SUBTOTAL	2892169		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	523553		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	523553		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	3415722		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	3415722		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3278034		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	137688		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	176020		36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5559)	SNF (14-5559)	SNF (14-5559)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5559)	SNF (14-5559)	SNF (14-5559)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES			18
18.01 COINSURANCE			18.01
19 SUBTOTAL			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			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-1350)

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		4780268		3278034	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 01/01/2007 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/01/2007 400000		NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-400000			3.99
4 TOTAL INTERIM PAYMENTS		4380268		3278034	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: 0

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (14-Z350)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		358119		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				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	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		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		358119		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			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: 0

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

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	
	1	1	2	1	1	
		PART A (14-Z350)		PART B (14-Z350)		
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		290671			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES		134569			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		540			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		425240			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		425240			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		425240			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		21456			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		403784			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		403784			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		358119			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM		45665			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 (14-1350)	SUB I	SUB II	SUB III	SUB IV	SNF I
1	INPATIENT SERVICES	5472974				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	5472974				4
5	PRIMARY PAYER PAYMENTS					5
6	TOTAL COST	5527704				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 (14-1350)	SUB I	SUB II	SUB III	SUB IV	SNF I
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					18
19	COST OF COVERED SERVICES	5527704				19
20	DEDUCTIBLES	703933				20
21	EXCESS REASONABLE COST					21
22	SUBTOTAL	4823771				22
23	COINSURANCE	8136				23
24	SUBTOTAL	4815635				24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	121851				25
25.01	REDUCED REIMBURSABLE BAD DEBTS	121851				25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					25.02
26	SUBTOTAL	4937486				26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					27
28	OTHER ADJUSTMENTS					28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					29
30	SUBTOTAL	4937486				30
31	SEQUESTRATION ADJUSTMENT					31
32	INTERIM PAYMENTS	4380268				32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					32.01
33	BALANCE DUE PROVIDER/PROGRAM	557218				33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	168798				34

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5559) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
COMPUTATION OF LESSER OF COST OR CHARGES			
10			10
11			11
12			12
13			13
14			14
15			15
16			16
CUSTOMARY CHARGES			
17			17
18			18
19			19
20			20
21			21
22			22
23			23
PROSPECTIVE PAYMENT AMOUNT			
24		31180	24
25			25
26			26
27			27
28			28
29			29
30		31180	30
31			31
32		31180	32
33			33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5559)
 (PPS)
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	31180	35
36	COINSURANCE	2480	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS		38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	28700	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	28700	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	28700	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	28700	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM		58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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	1699116			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	12031592			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7394997			6
7	INVENTORY	490443			7
8	PREPAID EXPENSES	481484			8
9	OTHER CURRENT ASSETS	1682674			9
10	DUE FROM OTHER FUNDS	-1494			10
11	TOTAL CURRENT ASSETS	8988818			11
FIXED ASSETS					
12	LAND	99383			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1050792			13
13.01	ACCUMULATED DEPRECIATION	-918607			13.01
14	BUILDINGS	5449845			14
14.01	ACCUMULATED DEPRECIATION	-4376560			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	10270135			16
16.01	ACCUMULATED DEPRECIATION	-7046486			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	14678734			18
18.01	ACCUMULATED DEPRECIATION	-11697228			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	7510008			21
OTHER ASSETS					
22	INVESTMENTS	22035410			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	159471			25
26	TOTAL OTHER ASSETS	22194881			26
27	TOTAL ASSETS	38693707			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1005067			28
29	SALARIES, WAGES & FEES PAYABLE	1364898			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	962900			35
36	TOTAL CURRENT LIABILITIES	3332865			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	12782103			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	3138320			41
42	TOTAL LONG TERM LIABILITIES	15920423			42
43	TOTAL LIABILITIES	19253288			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	19440419			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	19440419			51
52	TOTAL LIABILITIES AND FUND BALANCES	38693707			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	16263523			1
2 NET INCOME (LOSS)	3321000			2
3 TOTAL	19584523			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS				5
6 CHANGE IN PERM RESTRIC ASSETS				6
7 INVESTMENT INCOME				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	19584523			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CHANGE IN TEMP RESTRICTED ASSETS	144104			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	144104			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	19440419			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	2629494		2629494	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	14833		14833	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	2644327		2644327	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	1169286		1169286	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	1169286		1169286	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	3813613		3813613	18
18.50 ANCILLARY SERVICES	13400937	41136136	54537073	18.50
18.60 OUTPATIENT SERVICES		7055649	7055649	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 OBSERVATION	159595	867457	1027052	26
27 TOTAL PATIENT REVENUES	17374145	49059242	66433387	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		30509544	26
27 ADD (SPECIFY)			27
28 ROUNDING	3		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		30509547	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	66433387	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	33664167	2
3	NET PATIENT REVENUES	32769220	3
4	LESS - TOTAL OPERATING EXPENSES	30509547	4
5	NET INCOME FROM SERVICE TO PATIENTS	2259673	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	35084	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	1426	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	63382	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1404	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	40763	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	309077	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS OPERATING REVENUE	217115	24
24.01	GAIN/LOSS ON SALE OF EQUIPMENT	13703	24.01
24.02	INTEREST INCOME	-46569	24.02
24.03	SALE OF SCRAP	1060	24.03
24.04	HOUSEKEEPING INCOME	54228	24.04
24.05	RECOGNITION OF CHANGE IN PENSION FU	636000	24.05
24.06	GAIN/LOSS ON EXT OF DEBT	-30498	24.06
24.07	NET ASSETS RELEASED/PURCHASE PPE	26152	24.07
24.08	INVESTMENT INCOME	-261000	24.08
25	TOTAL OTHER INCOME	1061327	25
26	TOTAL	3321000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	3321000	31