

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED
 USE ONLY: [] DESK REVIEWED

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

[] RE-OPENING
 [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY REHAB INSTITUTE OF ST. LOUIS (26-3028) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2007 AND ENDING 05/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	217091		28257	2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	217091		28257	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: 4455 DUNCAN AVE
 1.01 CITY: ST. LOUIS

STATE: MO

P.O.BOX:
 ZIP CODE: 63110-

COUNTY: ST. LOUIS

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	REHAB INSTITUTE OF ST. LOUIS	26-3028	04/02/2001	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							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: 06/01/2007	TO: 05/31/2008				17
18	TYPE OF CONTROL		1	2				18
			5					
19	HOSPITAL			5				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?			NO				21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		Y	41180	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.			NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.								23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.								24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.								24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			NO					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			NO					25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			NO					25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO			NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO			NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES				
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	YES		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	019005	40
40.01	NAME: HEALTHSOUTH CORPORATION	FI/CONTRACTOR'S NAME: CAHABA GBA	FI/CONTRACTOR'S NUMBER: 00010	40.01
40.02	STREET: 3660 GRANDVIEW PARKWAY, SUITE 200		P.O.BOX:	40.02
40.03	CITY: BIRMINGHAM		STATE: AL ZIP CODE: 35243	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 81930 PAID LOSSES: 90942 AND/OR SELF INSURANCE:						54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					NO	55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE / /	Y/N 1 LIMIT 2 Y/N 3 FEES 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					NO	57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					YES	58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					YES NO	58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO	59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? 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	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14			
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		785	314	1700		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		785	314	1700		12
13 RPCH VISITS						13
14 SUBPROVIDER I						14
15 SKILLED NURSING FACILITY						15
16 NURSING FACILITY						16
17 OTHER LONG TERM CARE						17
18 HOME HEALTH AGENCY						18
20 ASC (DISTINCT PART)						20
21 HOSPICE (DISTINCT PART)						21
23 O/P REHAB PROVIDER						23
24 RHC I						24
25 TOTAL						25
26 OBSERVATION BED DAYS						26
27 AMBULANCE TRIPS						27
28 EMPLOYEE DISCOUNT DAYS						28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	12630615			558043.20			1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES		860		27.04			8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	295988			6565.00		INVOICES	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	394732			2065.00		INVOICES/TIME STUDIES	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	705700			14328.32		HO ALLOCATION	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	3463583					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	236					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	2016900	-60314		77771.20			22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	241895	1309		14705.60			24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	271886	2740		25563.20			26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	491959	5433		35859.20			27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	222954	-3224		7716.80			30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	153573	2268		8798.40			33
34	SOCIAL SERVICE	288113	-29376		11065.60			34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	12630615		12630615	558043.20	22.63	1
2	EXCLUDED AREA SALARIES		860	860	27.04	31.80	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	12630615	-860	12629755	558016.16	22.63	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1396420		1396420	22958.32	60.82	4
5	SUBTOTAL WAGE-RELATED COSTS	3463583		3463583		27.42%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	17490618	-860	17489758	580974.48	30.10	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	3687280	-81164	3606116	181480.00	19.87	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1284747	1284747	54801	1339548	1348753	2688301	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		587585	587585	10360	597945	-22613	575332	4
5	0500 EMPLOYEE BENEFITS		3397367	3397367	62586	3459953	55679	3515632	5
6	0600 ADMINISTRATIVE & GENERAL	2016900	3562284	5579184	-899185	4679999	3315821	7995820	6
8	0800 OPERATION OF PLANT	241895	325618	567513	495701	1063214	-118991	944223	8
9	0900 LAUNDRY & LINEN SERVICE		140059	140059	12101	152160		152160	9
10	1000 HOUSEKEEPING	271886	92990	364876	-7496	357380	31	357411	10
11	1100 DIETARY	491959	455431	947390	5809	953199	-53182	900017	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	222954	6521	229475	-3224	226251	-290	225961	14
17	1700 MEDICAL RECORDS & LIBRARY	153573	10345	163918	2256	166174	-863	165311	17
18	1800 SOCIAL SERVICE	288113	2956	291069	-29376	261693	-492	261201	18
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	4422030	65484	4487514	196579	4684093	-111089	4573004	25
	ANCILLARY SERVICE COST CENTERS								
41	4100 RADIOLOGY-DIAGNOSTIC		134838	134838		134838	-53548	81290	41
44	4400 LABORATORY		192826	192826		192826	-9180	183646	44
49	4900 RESPIRATORY THERAPY	293331	12041	305372	5037	310409	-112	310297	49
50	5000 PHYSICAL THERAPY	1982302	273852	2256154	580731	2836885	-15521	2821364	50
51	5100 OCCUPATIONAL THERAPY	1215627	318422	1534049	-315941	1218108	-4140	1213968	51
52	5200 SPEECH PATHOLOGY	696731	15617	712348	-155712	556636	-169	556467	52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	47983	376402	424385	7393	431778	-13935	417843	55
56	5600 DRUGS CHARGED TO PATIENTS	285331	808321	1093652	7166	1100818	-7648	1093170	56
59	3550 PSYCHOLOGY								59
	OUTPATIENT SERVICE COST CENTERS								
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		903867	903867		903867	-903867		88
90	9000 OTHER CAPITAL RELATED COSTS		30643	30643	-30643				90
95	SUBTOTALS	12630615	12998216	25628831	-1057	25627774	3404644	29032418	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES								98
100	7950 GUEST MEALS								100
100.01	7951 NRCC - MARKETING				1057	1057		1057	100.01
101	TOTAL	12630615	12998216	25628831		25628831	3404644	29033475	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		29030	1
2 INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		5488	2
3 MARKETING	B	NRCC - MARKETING	100.01	860	197	3
4 PHYSICIAN FEES	C	ADULTS & PEDIATRICS	25		244732	4
5 UTILITIES	D	OPERATION OF PLANT	8		389933	5
6 DRUG RECLASS	E	DRUGS CHARGED TO PATIENTS	56		2293	6
7 DRUG RECLASS	E					7
8 FOOD SUPPLIES	F	DIETARY	11		1758	8
9 FOOD SUPPLIES	F					9
10 FOOD SUPPLIES	F					10
11 LINENS	G	LAUNDRY & LINEN SERVICE	9		12333	11
12 LINENS	G					12
13 HOUSEKEEPING	H	HOUSEKEEPING	10		715	13
14 HOUSEKEEPING	H					14
15 HOUSEKEEPING	H					15
16 HOUSEKEEPING	H					16
17 SECURITY	I	OPERATION OF PLANT	8		100080	17
18 RECLASS DAY TREATMENT	J	OCCUPATIONAL THERAPY	51		2588	18
19 RECLASS DAY TREATMENT	J	SPEECH PATHOLOGY	52		788	19
20 RECLASS PLANT OP	K	OPERATION OF PLANT	8		4760	20
21 RECLASS PAYROLL TAXES	P					21
22 RECLASS FOLLOW UP PHONE CALLS	Q					22
23 MEDICAL SUPPLIES	R	MEDICAL SUPPLIES CHARGED TO P	55		7270	23
24 MEDICAL SUPPLIES	R					24
25 MEDICAL SUPPLIES	R					25
26 PAYROLL TAXES	S	EMPLOYEE BENEFITS	5		62586	26
27 SALARY RECLASS	T	OPERATION OF PLANT	8	1309		27
28 SALARY RECLASS	T	HOUSEKEEPING	10	2740		28
29 SALARY RECLASS	T	DIETARY	11	5433		29
30 SALARY RECLASS	T	MEDICAL RECORDS & LIBRARY	17	2268		30
31 SALARY RECLASS	T	RESPIRATORY THERAPY	49	5037		31
32 SALARY RECLASS	T	PHYSICAL THERAPY	50	589879		32
33 SALARY RECLASS	T	MEDICAL SUPPLIES CHARGED TO P	55	432		33
34 SALARY RECLASS	T	DRUGS CHARGED TO PATIENTS	56	4873		34
35						35
36 TOTAL RECLASSIFICATIONS				612831	864551	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF. 10
			LINE #	SALARY		
	1	6	7	8	9	
1 INSURANCE	A	ADMINISTRATIVE & GENERAL	6		34518	12 1
2 INSURANCE	A					12 2
3 MARKETING	B	ADMINISTRATIVE & GENERAL	6	860	197	3
4 PHYSICIAN FEES	C	ADMINISTRATIVE & GENERAL	6		244732	4
5 UTILITIES	D	ADMINISTRATIVE & GENERAL	6		389933	5
6 DRUG RECLASS	E	ADMINISTRATIVE & GENERAL	6		2005	6
7 DRUG RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	55		288	7
8 FOOD SUPPLIES	F	ADMINISTRATIVE & GENERAL	6		60	8
9 FOOD SUPPLIES	F	PHYSICAL THERAPY	50		1686	9
10 FOOD SUPPLIES	F	MEDICAL RECORDS & LIBRARY	17		12	10
11 LINENS	G	HOUSEKEEPING	10		10951	11
12 LINENS	G	DIETARY	11		1382	12
13 HOUSEKEEPING	H	OCCUPATIONAL THERAPY	51		81	13
14 HOUSEKEEPING	H	MEDICAL SUPPLIES CHARGED TO P	55		21	14
15 HOUSEKEEPING	H	LAUNDRY & LINEN SERVICE	9		232	15
16 HOUSEKEEPING	H	OPERATION OF PLANT	8		381	16
17 SECURITY	I	ADMINISTRATIVE & GENERAL	6		100080	17
18 RECLASS DAY TREATMENT	J	PHYSICAL THERAPY	50		3376	18
19 RECLASS DAY TREATMENT	J					19
20 RECLASS PLANT OP	K	ADMINISTRATIVE & GENERAL	6		4760	20
21 RECLASS PAYROLL TAXES	P					21
22 RECLASS FOLLOW UP PHONE CALLS	Q					22
23 MEDICAL SUPPLIES	R	ADULTS & PEDIATRICS	25		2828	23
24 MEDICAL SUPPLIES	R	PHYSICAL THERAPY	50		4086	24
25 MEDICAL SUPPLIES	R	OCCUPATIONAL THERAPY	51		356	25
26 PAYROLL TAXES	S	ADMINISTRATIVE & GENERAL	6		62586	26
27 SALARY RECLASS	T	ADMINISTRATIVE & GENERAL	6	59454		27
28 SALARY RECLASS	T	NURSING ADMINISTRATION	14	3224		28
29 SALARY RECLASS	T	SOCIAL SERVICE	18	29376		29
30 SALARY RECLASS	T	ADULTS & PEDIATRICS	25	45325		30
31 SALARY RECLASS	T	OCCUPATIONAL THERAPY	51	318092		31
32 SALARY RECLASS	T	SPEECH PATHOLOGY	52	156500		32
33 SALARY RECLASS	T					33
34 SALARY RECLASS	T					34
35						35
36 TOTAL RECLASSIFICATIONS				612831	864551	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								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	18372696					18372696		3
4 BUILDING IMPROVEMENTS	893116	13256		13256		906372		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	3258778	502944		502944	117374	3644348		6
7 SUBTOTAL	22524590	516200		516200	117374	22923416		7
8 RECONCILING ITEMS								8
9 TOTAL	22524590	516200		516200	117374	22923416		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	19279068		19279068	.841021		25771		3
4 NEW CAP REL COSTS-MVBLE EQUIP	3644348		3644348	.158979		4872		4
5 TOTAL	22923416		22923416	1.000000		30643		5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	997943	130768	1491287	29030	39273		2688301	3
4 NEW CAP REL COSTS-MVBLE EQUIP	382300	180120		5488	7424		575332	4
5 TOTAL	1380243	310888	1491287	34518	46697		3263633	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	658440	626307					1284747	3
4 NEW CAP REL COSTS-MVBLE EQUIP	407465	180120					587585	4
5 TOTAL	1065905	806427					1872332	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-110331			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	3001425			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	-470	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37 INTEREST	A	-43718	INTEREST EXPENSE	88	11 37
38					38
39 PROPERTY TAX	A	13502	NEW CAP REL COSTS-BLDG & FIXT	3	13 39
40 PROPERTY TAXES	A	2552	NEW CAP REL COSTS-MVBLE EQUIP	4	13 40
40.10 PROPERTY TAX BOOKED TO RENT	A	-12929	NEW CAP REL COSTS-BLDG & FIXT	3	10 40.10
41 MISCELLANEOUS INCOME	B	-20333	NEW CAP REL COSTS-BLDG & FIXT	3	11 41
42 MISCELLANEOUS INCOME	B	-24426	ADMINISTRATIVE & GENERAL	6	42
42.01 MISC INCOME	B	-50772	DIETARY	11	42.01
42.02 MISCELLANEOUS INCOME	B	-565	MEDICAL RECORDS & LIBRARY	17	42.02
42.03 MISCELLANEOUS INCOME	B	-6090	DRUGS CHARGED TO PATIENTS	56	42.03
42.04 MISCELLANEOUS INCOME	B	-9545	PHYSICAL THERAPY	50	42.04
43 NONALLOWABLE EXPENSES	A	-553713	ADMINISTRATIVE & GENERAL	6	43
44 LOBBYING EXPENSES	A	-399	ADMINISTRATIVE & GENERAL	6	44
44.01 LOBBYING EXPENSES	A	-100	EMPLOYEE BENEFITS	5	44.01
44.02 LOBBYING EXPENSES	A	-596	ADMINISTRATIVE & GENERAL	6	44.02
44.03 LOBBYING	A	-10964	ADMINISTRATIVE & GENERAL	6	44.03
45 PATIENT PHONES	A	-21447	ADMINISTRATIVE & GENERAL	6	45
45.01 PATIENT PHONES	A	-5882	EMPLOYEE BENEFITS	5	45.01
46 PATIENT PHONES	A	-15006	NEW CAP REL COSTS-MVBLE EQUIP	4	9 46
46.01 PATIENT PHONES	A	-4209	ADMINISTRATIVE & GENERAL	6	46.01
46.02 PATIENT TV	A	-539	NEW CAP REL COSTS-MVBLE EQUIP	4	9 46.02
46.03 PATIENT TV	A	-11784	OPERATION OF PLANT	8	46.03
47 PRINTING	A	-5210	ADMINISTRATIVE & GENERAL	6	47
47.01 PRINTING	A	-403	OPERATION OF PLANT	8	47.01
47.02 PRINTING	A	31	HOUSEKEEPING	10	47.02
47.03 PRINTING	A	-2410	DIETARY	11	47.03
47.04 PRINTING	A	-31	NURSING ADMINISTRATION	14	47.04
47.05 PRINTING	A	-298	MEDICAL RECORDS & LIBRARY	17	47.05
47.06 PRINTING	A	-492	SOCIAL SERVICE	18	47.06
47.07 PRINTING	A	-758	ADULTS & PEDIATRICS	25	47.07

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
47.08 PRINTING	A	-112	RESPIRATORY THERAPY	49	47.08
47.09 PRINTING	A	-2055	PHYSICAL THERAPY	50	47.09
47.10 PRINTING	A	-186	OCCUPATIONAL THERAPY	51	47.10
47.11 PRINTING	A	-169	SPEECH PATHOLOGY	52	47.11
47.12 PRINTING	A	-13935	MEDICAL SUPPLIES CHARGED TO PAT	55	47.12
47.13 PRINTING	A	-32	DRUGS CHARGED TO PATIENTS	56	47.13
48 TRANSPORTATION - SALARIES	A	-19407	OPERATION OF PLANT	8	48
48.01 TRANSPORTATION - BENEFITS	A	-4791	EMPLOYEE BENEFITS	5	48.01
48.02 TRANSPORTATION - OTHER	A	-2664	OPERATION OF PLANT	8	48.02
48.03 PATIENT TRANSPORT. DEPRECIATION	A	-1661	NEW CAP REL COSTS-MVBLE EQUIP	4	9 48.03
49 TO OFFSET NONALLOWABLE UNEMPLOYME	A	-665	ADMINISTRATIVE & GENERAL	6	49
49.01 INSURANCE ADJUSTMENT - MEDICAL	A	163222	EMPLOYEE BENEFITS	5	49.01
49.02 INSURANCE ADJUSTMENT	A	-76429	ADMINISTRATIVE & GENERAL	6	49.02
49.03 INSURANCE ADJUSTMENT	A	-96770	EMPLOYEE BENEFITS	5	49.03
49.04 PROFESSIONAL FEES	A	-178035	ADMINISTRATIVE & GENERAL	6	49.04
49.05 CONTRACT SERVICES	A	-94334	ADMINISTRATIVE & GENERAL	6	49.05
49.06 CONTRACT SERVICES	A	-2920	RADIOLOGY-DIAGNOSTIC	41	49.06
49.12 ALLOWABLE FRA EXPENSES	A	1631497	ADMINISTRATIVE & GENERAL	6	49.12
50 TOTAL		3404644			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6	ADMINISTRATIVE & GENERAL		734674	-734674	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	339503		339503	9 2
3	3	NEW CAP REL COSTS-BLDG & FIXT	1511620		1511620	11 3
4	6	ADMINISTRATIVE & GENERAL	1948636		1948636	4
4.01	6	ADMINISTRATIVE & GENERAL	1473281		1473281	4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	12134	12134		10 4.02
4.03	4	NEW CAP REL COSTS-MVBLE EQUIP	-12162	-12162		10 4.03
4.04	5	EMPLOYEE BENEFITS	126334	126334		4.04
4.05	6	ADMINISTRATIVE & GENERAL	-132229	-132229		4.05
4.06	8	OPERATION OF PLANT	-15013	-15013		4.06
4.07	9	LAUNDRY & LINEN SERVICE	-8537	-8537		4.07
4.08	10	HOUSEKEEPING	-13544	-13544		4.08
4.09	11	DIETARY	-36232	-36232		4.09
4.10	14	NURSING ADMINISTRATION	-6027	-6027		4.10
4.11	17	MEDICAL RECORDS & LIBRARY	-6602	-6602		4.11
4.12	18	SOCIAL SERVICE	-12761	-12761		4.12
4.13	25	ADULTS & PEDIATRICS	-209521	-209521		4.13
4.14	41	RADIOLOGY-DIAGNOSTIC	2202	2202		4.14
4.15	44	LABORATORY	-9010	-9010		4.15
4.16	49	RESPIRATORY THERAPY	-11655	-11655		4.16
4.17	50	PHYSICAL THERAPY	-84118	-84118		4.17
4.18	51	OCCUPATIONAL THERAPY	-53702	-53702		4.18
4.19	52	SPEECH PATHOLOGY	-35377	-35377		4.19
4.20	55	MEDICAL SUPPLIES CHARGED TO PAT	-17720	-17720		4.20
4.21	56	DRUGS CHARGED TO PATIENTS	-16737	-16737		4.21
4.22	6	ADMINISTRATIVE & GENERAL	10309	29149	-18840	4.22
4.23	6	ADMINISTRATIVE & GENERAL	359	2389	-2030	4.23
4.24	6	ADMINISTRATIVE & GENERAL		8311	-8311	4.24
4.25	6	ADMINISTRATIVE & GENERAL	79	344	-265	4.25
4.26	6	ADMINISTRATIVE & GENERAL		3046	-3046	4.26
4.27	8	OPERATION OF PLANT	46366	131099	-84733	4.27
4.28	14	NURSING ADMINISTRATION	141	400	-259	4.28
4.29	41	RADIOLOGY-DIAGNOSTIC	81267	131895	-50628	4.29
4.30	44	LABORATORY	156680	156680		4.30
4.31	44	LABORATORY	3811	12991	-9180	4.31
4.32	50	PHYSICAL THERAPY	384	1087	-703	4.32
4.33	50	PHYSICAL THERAPY		3218	-3218	4.33
4.34	51	OCCUPATIONAL THERAPY		6117	-3954	4.34
4.35	56	DRUGS CHARGED TO PATIENTS	638	2164	-1526	4.35
4.37	3	NEW CAP REL COSTS-BLDG & FIXT	94380	94380		10 4.37
4.38	3	NEW CAP REL COSTS-BLDG & FIXT		185663	-185663	10 4.38
4.39	3	NEW CAP REL COSTS-BLDG & FIXT		296947	-296947	10 4.39
4.40	3	NEW CAP REL COSTS-BLDG & FIXT	34280	34280		10 4.40
4.42	4	NEW CAP REL COSTS-MVBLE EQUIP	11533	11533		10 4.42
4.43	6	ADMINISTRATIVE & GENERAL	2062	2062		4.43
4.46	88	INTEREST EXPENSE		860149	-860149	11 4.46
4.47	4	NEW CAP REL COSTS-MVBLE EQUIP	149784	157273	-7489	9 4.47
5		TOTALS	5326999	2325574	3001425	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	B	50.00	HEALTHSOUTH		HEALTHCARE	1
2	B	50.00	BJC HEALTHCARE		HEALTHCARE	2
3	G		HEALTHSOUTH CORP		HEALTHCARE	3
4	G		BARNES JEWISH CHRISTIAN HOSPIT		HEALTHCARE	4
5	G		MCD		EQUIPMENT SUPPLIER	5
5.01	G		MOTORIKA		EQUIPMENT SUPPLIER	5.01

(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:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
	1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	AGGREGATE	244732		244732	171400	1631	134401	6720
101		TOTAL		244732		244732		1631	134401	6720

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			12	13	14	15	16	17	18
10	11								
1 25	ADULTS & PEDIATRICS	AGGREGATE					134401	110331	110331
101	TOTAL						134401	110331	110331

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT	2688301	2688301							3
4 NEW CAP REL COSTS-MVBLE EQUIP	575332		575332						4
5 EMPLOYEE BENEFITS	3515632			3515632					5
6 ADMINISTRATIVE & GENERAL	7995820	133104	28486	544600	8702010	8702010			6
8 OPERATION OF PLANT	944223	56624	12118	67694	1080659	462530	1543189		8
9 LAUNDRY & LINEN SERVICE	152160				152160	65126		217286	9
10 HOUSEKEEPING	357411	10959	2345	76440	447155	191385	6769	4654	10
11 DIETARY	900017	166247	35579	138445	1240288	530852	102679	956	11
12 CAFETERIA									12
14 NURSING ADMINISTRATION	225961	7306	1564	61160	295991	126686	4513		14
17 MEDICAL RECORDS & LIBRARY	165311	14613	3127	43377	226428	96913	9025		17
18 SOCIAL SERVICE	261201	14141	3026	72017	350385	149967	8734		18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	4573004	1220446	261193	1218223	7272866	3112838	753782	127303	25
ANCILLARY SERVICE COST CENTERS									
41 RADIOLOGY-DIAGNOSTIC	81290	6393	1368		89051	38114	3948		41
44 LABORATORY	183646				183646	78602			44
49 RESPIRATORY THERAPY	310297	7306	1564	83048	402215	172151	4513		49
50 PHYSICAL THERAPY	2821364	354561	75881	715946	3967752	1698226	218987	73140	50
51 OCCUPATIONAL THERAPY	1213968	292664	62634	249822	1819088	778582	180757	1209	51
52 SPEECH PATHOLOGY	556467	44368	9495	150369	760699	325584	27403		52
55 MEDICAL SUPPLIES CHARGED TO PAT	417843	38859	8316	13476	478494	204799	24000		55
56 DRUGS CHARGED TO PATIENTS	1093170	19297	4130	80776	1197373	512484	11918		56
59 PSYCHOLOGY									59
OUTPATIENT SERVICE COST CENTERS									
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	29032418	2386888	510826	3515393	28666260	8544839	1357028	207262	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		301384	64500		365884	156601	186143	10024	98
100 GUEST MEALS									100
100.01NRCC - MARKETING	1057	29	6	239	1331	570	18		100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	29033475	2688301	575332	3515632	29033475	8702010	1543189	217286	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	17	18	25	26
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	649963							10
11 DIETARY	43437	1918212						11
12 CAFETERIA		356712	356712					12
14 NURSING ADMINISTRATION	1909		6811	435910				14
17 MEDICAL RECORDS & LIBRARY	3818		7766		343950			17
18 SOCIAL SERVICE	3695		9767			522548		18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	318877	1176683	171601	435910	129936	522548	14022344	25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC	1670				2421		135204	41
44 LABORATORY					2537		264785	44
49 RESPIRATORY THERAPY	1909		9326		5393		595507	49
50 PHYSICAL THERAPY	92640		92308		86921		6229974	50
51 OCCUPATIONAL THERAPY	76467		33064		53855		2943022	51
52 SPEECH PATHOLOGY	11592		17147		19807		1162232	52
55 MEDICAL SUPPLIES CHARGED TO PAT	10153		2662		7436		727544	55
56 DRUGS CHARGED TO PATIENTS	5042		6242		35644		1768703	56
59 PSYCHOLOGY								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	571209	1533395	356694	435910	343950	522548	27849315	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	78746						797398	98
100 GUEST MEALS		384817					384817	100
100.01NRCC - MARKETING	8		18				1945	100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	649963	1918212	356712	435910	343950	522548	29033475	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6 ADMINISTRATIVE & GENERAL		6
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
14 NURSING ADMINISTRATION		14
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	14022344	25
ANCILLARY SERVICE COST CENTERS		
41 RADIOLOGY-DIAGNOSTIC	135204	41
44 LABORATORY	264785	44
49 RESPIRATORY THERAPY	595507	49
50 PHYSICAL THERAPY	6229974	50
51 OCCUPATIONAL THERAPY	2943022	51
52 SPEECH PATHOLOGY	1162232	52
55 MEDICAL SUPPLIES CHARGED TO PAT	727544	55
56 DRUGS CHARGED TO PATIENTS	1768703	56
59 PSYCHOLOGY		59
OUTPATIENT SERVICE COST CENTERS		
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		62
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
95 SUBTOTALS	27849315	95
NONREIMBURSABLE COST CENTERS		
98 PHYSICIANS' PRIVATE OFFICES	797398	98
100 GUEST MEALS	384817	100
100.01NRCC - MARKETING	1945	100.01
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	29033475	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	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL		133104	28486	161590	161590				6
8 OPERATION OF PLANT		56624	12118	68742	8589	77331			8
9 LAUNDRY & LINEN SERVICE					1209		1209		9
10 HOUSEKEEPING		10959	2345	13304	3554	339	26	17223	10
11 DIETARY		166247	35579	201826	9858	5145	5	1151	11
12 CAFETERIA									12
14 NURSING ADMINISTRATION		7306	1564	8870	2353	226		51	14
17 MEDICAL RECORDS & LIBRARY		14613	3127	17740	1800	452		101	17
18 SOCIAL SERVICE		14141	3026	17167	2785	438		98	18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1220446	261193	1481639	57798	37773	708	8449	25
ANCILLARY SERVICE COST CENTERS									
41 RADIOLOGY-DIAGNOSTIC		6393	1368	7761	708	198		44	41
44 LABORATORY					1460				44
49 RESPIRATORY THERAPY		7306	1564	8870	3197	226		51	49
50 PHYSICAL THERAPY		354561	75881	430442	31536	10974	407	2455	50
51 OCCUPATIONAL THERAPY		292664	62634	355298	14458	9058	7	2026	51
52 SPEECH PATHOLOGY		44368	9495	53863	6046	1373		307	52
55 MEDICAL SUPPLIES CHARGED TO PAT		38859	8316	47175	3803	1203		269	55
56 DRUGS CHARGED TO PATIENTS		19297	4130	23427	9517	597		134	56
59 PSYCHOLOGY									59
OUTPATIENT SERVICE COST CENTERS									
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		2386888	510826	2897714	158671	68002	1153	15136	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		301384	64500	365884	2908	9328	56	2087	98
100 GUEST MEALS									100
100.01NRCC - MARKETING		29	6	35	11	1			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		2688301	575332	3263633	161590	77331	1209	17223	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	11	12	14	17	18		26	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	217985							11
12 CAFETERIA	40537	40537						12
14 NURSING ADMINISTRATION			774	12274				14
17 MEDICAL RECORDS & LIBRARY			883	20976				17
18 SOCIAL SERVICE			1110		21598			18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	133718	19500	12274	7929	21598	1781386		1781386 25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC				148		8859		8859 41
44 LABORATORY				155		1615		1615 44
49 RESPIRATORY THERAPY		1060		329		13733		13733 49
50 PHYSICAL THERAPY		10490		5299		491603		491603 50
51 OCCUPATIONAL THERAPY		3757		3283		387887		387887 51
52 SPEECH PATHOLOGY		1949		1207		64745		64745 52
55 MEDICAL SUPPLIES CHARGED TO PAT		303		453		53206		53206 55
56 DRUGS CHARGED TO PATIENTS		709		2173		36557		36557 56
59 PSYCHOLOGY								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	174255	40535	12274	20976	21598	2839591		2839591 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES						380263		380263 98
100 GUEST MEALS	43730					43730		43730 100
100.01NRCC - MARKETING			2			49		49 100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	217985	40537	12274	20976	21598	3263633		3263633 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY	
	3	4	5	6A	6	8	9	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT	91250							3
4 NEW CAP REL COSTS-MVBLE EQUIP		91250						4
5 EMPLOYEE BENEFITS			12630615					5
6 ADMINISTRATIVE & GENERAL	4518	4518	1956586	-8702010	20331465			6
8 OPERATION OF PLANT	1922	1922	243204		1080659	84810		8
9 LAUNDRY & LINEN SERVICE					152160		36134	9
10 HOUSEKEEPING	372	372	274626		447155	372	774	10
11 DIETARY	5643	5643	497392		1240288	5643	159	11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	248	248	219730		295991	248		14
17 MEDICAL RECORDS & LIBRARY	496	496	155841		226428	496		17
18 SOCIAL SERVICE	480	480	258737		350385	480		18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	41426	41426	4376705		7272866	41426	21170	25
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC	217	217			89051	217		41
44 LABORATORY					183646			44
49 RESPIRATORY THERAPY	248	248	298368		402215	248		49
50 PHYSICAL THERAPY	12035	12035	2572181		3967752	12035	12163	50
51 OCCUPATIONAL THERAPY	9934	9934	897535		1819088	9934	201	51
52 SPEECH PATHOLOGY	1506	1506	540231		760699	1506		52
55 MEDICAL SUPPLIES CHARGED TO P	1319	1319	48415		478494	1319		55
56 DRUGS CHARGED TO PATIENTS	655	655	290204		1197373	655		56
59 PSYCHOLOGY								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	81019	81019	12629755	-8702010	19964250	74579	34467	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	10230	10230			365884	10230	1667	98
100 GUEST MEALS								100
100.01 NRCC - MARKETING	1	1	860		1331	1		100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2688301	575332	3515632		8702010	1543189	217286	103
104 UNIT COST MULT-WS B PT I		6.305008				18.195838		104
104 UNIT COST MULT-WS B PT I	29.460833		.278342		.428007		6.013339	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					161590	77331	1209	107
108 UNIT COST MULT-WS B PT III						.911815		108
108 UNIT COST MULT-WS B PT III					.007948		.033459	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	SQUARE FEET	MEALS SERVED	FTE'S	PATIENT DAYS	GROSS REVENUE	PATIENT DAYS	
	10	11	12	14	17	18	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING	84438						10
11 DIETARY	5643	130974					11
12 CAFETERIA		24356	19430				12
14 NURSING ADMINISTRATION	248		371	23775			14
17 MEDICAL RECORDS & LIBRARY	496		423		45288578		17
18 SOCIAL SERVICE	480		532			23775	18
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	41426	80343	9347	23775	17110522	23775	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	217				318777		41
44 LABORATORY					334028		44
49 RESPIRATORY THERAPY	248		508		710016		49
50 PHYSICAL THERAPY	12035		5028		11444493		50
51 OCCUPATIONAL THERAPY	9934		1801		7090799		51
52 SPEECH PATHOLOGY	1506		934		2607862		52
55 MEDICAL SUPPLIES CHARGED TO P	1319		145		979035		55
56 DRUGS CHARGED TO PATIENTS	655		340		4693046		56
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	74207	104699	19429	23775	45288578	23775	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	10230						98
100 GUEST MEALS		26275					100
100.01 NRCC - MARKETING	1		1				100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	649963	1918212	356712	435910	343950	522548	103
104 UNIT COST MULT-WS B PT I	7.697518		18.358827		.007595		104
104 UNIT COST MULT-WS B PT I		14.645746		18.334805		21.978885	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	17223	217985	40537	12274	20976	21598	107
108 UNIT COST MULT-WS B PT III	.203972		2.086310		.000463		108
108 UNIT COST MULT-WS B PT III		1.664338		.516257		.908433	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	14022344		14022344	110331	14132675	25
41 ANCILLARY SERVICE COST CENTERS						
RADIOLOGY-DIAGNOSTIC	135204		135204		135204	41
44 LABORATORY	264785		264785		264785	44
49 RESPIRATORY THERAPY	595507		595507		595507	49
50 PHYSICAL THERAPY	6229974		6229974		6229974	50
51 OCCUPATIONAL THERAPY	2943022		2943022		2943022	51
52 SPEECH PATHOLOGY	1162232		1162232		1162232	52
55 MEDICAL SUPPLIES CHARGED TO	727544		727544		727544	55
56 DRUGS CHARGED TO PATIENTS	1768703		1768703		1768703	56
59 PSYCHOLOGY						59
62 OUTPATIENT SERVICE COST CENTERS						
OBSERVATION BEDS (NON-DISTI						62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	27849315		27849315	110331	27959646	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	27849315		27849315	110331	27959646	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
25	INPATIENT ROUTINE SERV COST CENTERS					
	ADULTS & PEDIATRICS		17110522			25
	ANCILLARY SERVICE COST CENTERS					
41	RADIOLOGY-DIAGNOSTIC	315312		318777	.424133	.424133 41
44	LABORATORY	333925		103	.792703	.792703 44
49	RESPIRATORY THERAPY	709752		264	.838723	.838723 49
50	PHYSICAL THERAPY	5602492	5842001	11444493	.544364	.544364 50
51	OCCUPATIONAL THERAPY	3961416	3129383	7090799	.415048	.415048 51
52	SPEECH PATHOLOGY	1654811	953051	2607862	.445665	.445665 52
55	MEDICAL SUPPLIES CHARGED TO	895557	83478	979035	.743124	.743124 55
56	DRUGS CHARGED TO PATIENTS	4693046		4693046	.376877	.376877 56
59	PSYCHOLOGY					59
	OUTPATIENT SERVICE COST CENTERS					
62	OBSERVATION BEDS (NON-DISTI					62
	OTHER REIMBURSABLE COST CENTERS					
101	SUBTOTAL	35276833	10011745	45288578		101
102	LESS OBSERVATION BEDS					102
103	TOTAL	35276833	10011745	45288578		103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1781386		1781386	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL				1781386		1781386	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	23775	10416			74.93	780471	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	23775	10416				780471	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-3028) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	--- OLD CAPITAL ---		--- NEW CAPITAL ---	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC		8859	318777	74075			.027791	2059 41
44 LABORATORY		1615	334028	124028			.004835	600 44
49 RESPIRATORY THERAPY		13733	710016	379831			.019342	7347 49
50 PHYSICAL THERAPY		491603	11444493	2403037			.042955	103222 50
51 OCCUPATIONAL THERAPY		387887	7090799	1736239			.054703	94977 51
52 SPEECH PATHOLOGY		64745	2607862	676811			.024827	16803 52
55 MEDICAL SUPPLIES CHARGED TO P		53206	979035	274994			.054345	14945 55
56 DRUGS CHARGED TO PATIENTS		36557	4693046	1956336			.007790	15240 56
59 PSYCHOLOGY								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
101 TOTAL		1058205	28178056	7625351				255193 101

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2007 TO 05/31/2008

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					23775		10416	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					23775		10416	101

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2007 TO 05/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (26-3028)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2007 TO 05/31/2008

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 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-3028) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC		318777			74075		41
44 LABORATORY		334028			124028		44
49 RESPIRATORY THERAPY		710016			379831		49
50 PHYSICAL THERAPY		11444493			2403037	11391	50
51 OCCUPATIONAL THERAPY		7090799			1736239	40886	51
52 SPEECH PATHOLOGY		2607862			676811		52
55 MEDICAL SUPPLIES CHARGED TO P		979035			274994	1675	55
56 DRUGS CHARGED TO PATIENTS		4693046			1956336		56
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		28178056			7625351	53952	101

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2007 TO 05/31/2008

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 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (26-3028)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 PSYCHOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	.424133	.424133	.424133			41
44 LABORATORY	.792703	.792703	.792703			44
49 RESPIRATORY THERAPY	.838723	.838723	.838723			49
50 PHYSICAL THERAPY	.544364	.544364	.544364			50
51 OCCUPATIONAL THERAPY	.415048	.415048	.415048			51
52 SPEECH PATHOLOGY	.445665	.445665	.445665			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.743124	.743124	.743124			55
56 DRUGS CHARGED TO PATIENTS	.376877	.376877	.376877			56
59 PSYCHOLOGY						59
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.376877	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] 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.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
41 RADIOLOGY-DIAGNOSTIC								41
44 LABORATORY								44
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY		11391						50
51 OCCUPATIONAL THERAPY		40886						51
52 SPEECH PATHOLOGY								52
55 MEDICAL SUPPLIES CHARGED TO PA		1675						55
56 DRUGS CHARGED TO PATIENTS								56
59 PSYCHOLOGY								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		53952						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		53952						104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY		6201					50
51 OCCUPATIONAL THERAPY		16970					51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO PAT		1245					55
56 DRUGS CHARGED TO PATIENTS							56
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)							62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		24416					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		24416					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1781386		1781386	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL				1781386		1781386	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	23775	4465			74.93	334562	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	23775	4465				334562	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-3028) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	--- OLD CAPITAL ---		--- NEW CAPITAL ---		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
41 RADIOLOGY-DIAGNOSTIC		8859	318777	24688			.027791	686	41
44 LABORATORY		1615	334028	48538			.004835	235	44
49 RESPIRATORY THERAPY		13733	710016	102122			.019342	1975	49
50 PHYSICAL THERAPY		491603	11444493	1013647			.042955	43541	50
51 OCCUPATIONAL THERAPY		387887	7090799	710417			.054703	38862	51
52 SPEECH PATHOLOGY		64745	2607862	319172			.024827	7924	52
55 MEDICAL SUPPLIES CHARGED TO P		53206	979035	144141			.054345	7833	55
56 DRUGS CHARGED TO PATIENTS		36557	4693046	853178			.007790	6646	56
59 PSYCHOLOGY									59
OUTPATIENT SERVICE COST CENTERS									
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS									62
101 TOTAL		1058205	28178056	3215903				107702	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					23775		4465	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					23775		4465	101

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2007 TO 05/31/2008

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (26-3028)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-3028) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC		318777			24688		41
44 LABORATORY		334028			48538		44
49 RESPIRATORY THERAPY		710016			102122		49
50 PHYSICAL THERAPY		11444493			1013647		50
51 OCCUPATIONAL THERAPY		7090799			710417		51
52 SPEECH PATHOLOGY		2607862			319172		52
55 MEDICAL SUPPLIES CHARGED TO P		979035			144141		55
56 DRUGS CHARGED TO PATIENTS		4693046			853178		56
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		28178056			3215903		101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (26-3028)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
ANCILLARY SERVICE COST CENTERS					
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 PSYCHOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	.424133	.424133	.424133			41
44 LABORATORY	.792703	.792703	.792703			44
49 RESPIRATORY THERAPY	.838723	.838723	.838723			49
50 PHYSICAL THERAPY	.544364	.544364	.544364			50
51 OCCUPATIONAL THERAPY	.415048	.415048	.415048			51
52 SPEECH PATHOLOGY	.445665	.445665	.445665			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.743124	.743124	.743124			55
56 DRUGS CHARGED TO PATIENTS	.376877	.376877	.376877			56
59 PSYCHOLOGY						59
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.376877	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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								
41 RADIOLOGY-DIAGNOSTIC								41
44 LABORATORY	1							44
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY	15002							50
51 OCCUPATIONAL THERAPY	6284							51
52 SPEECH PATHOLOGY	2353							52
55 MEDICAL SUPPLIES CHARGED TO PA	232							55
56 DRUGS CHARGED TO PATIENTS								56
59 PSYCHOLOGY								59
OUTPATIENT SERVICE COST CENTERS								
62 OBSERVATION BEDS (NON-DISTINCT)								62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL	23872							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	23872							104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY		1					44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY		8167					50
51 OCCUPATIONAL THERAPY		2608					51
52 SPEECH PATHOLOGY		1049					52
55 MEDICAL SUPPLIES CHARGED TO PAT		172					55
56 DRUGS CHARGED TO PATIENTS							56
59 PSYCHOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		11997					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		11997					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-3028)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	23775						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23775						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23775						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10416						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-3028)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							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	14132675						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14132675						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16945999						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16945999						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.833983						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	712.77						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14132675						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (26-3028)	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	594.43					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6191583					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6191583					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (26-3028)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3720342					48
49 TOTAL PROGRAM INPATIENT COSTS	9911925					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	780471					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	255193					51
52 TOTAL PROGRAM EXCLUDABLE COST	1035664					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	8876261					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (26-3028)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[]	TITLE V-INPT	[XX]	TITLE XVIII-PART A	[]	TITLE XIX-INPT		
			HOSPITAL (PPS) (26-3028)	SUB I	SUB II	SUB III	SUB IV
			1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS						83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		594.43				84
85	OBSERVATION BED COST						85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL							
			HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
		COST 1	2	3	4	5	

86	OLD CAPITAL-RELATED COST		14132675				86
87	NEW CAPITAL-RELATED COST	1781386	14132675	.126047			87
88	NON PHYSICIAN ANESTHETIST		14132675				88
89	MEDICAL EDUCATION		14132675				89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (26-3028)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	23775						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23775						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23775						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4465						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (26-3028)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14022344						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14022344						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16945999						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16945999						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.827472						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	712.77						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14022344						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-3028)	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	589.79					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2633412					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2633412					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (26-3028)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1552151					48
49 TOTAL PROGRAM INPATIENT COSTS	4185563					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	334562					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	107702					51
52 TOTAL PROGRAM EXCLUDABLE COST	442264					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (26-3028)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES	314					54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
PERIOD FROM 06/01/2007 TO 05/31/2008

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

VERSION: 2008.05
10/28/2008 14:24

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

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

NF

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

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
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10/28/2008 14:24

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (26-3028)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	594.43	84
85 OBSERVATION BED COST		85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (26-3028)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		7442422		25
ANCILLARY SERVICE COST CENTERS				
41 RADIOLOGY-DIAGNOSTIC	.424133	74075	31418	41
44 LABORATORY	.792703	124028	98317	44
49 RESPIRATORY THERAPY	.838723	379831	318573	49
50 PHYSICAL THERAPY	.544364	2403037	1308127	50
51 OCCUPATIONAL THERAPY	.415048	1736239	720623	51
52 SPEECH PATHOLOGY	.445665	676811	301631	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.743124	274994	204355	55
56 DRUGS CHARGED TO PATIENTS	.376877	1956336	737298	56
59 PSYCHOLOGY				59
OUTPATIENT SERVICE COST CENTERS				
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		7625351	3720342	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		7625351		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (26-3028)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
25 INPATIENT ROUTINE SERVICE COST CENTERS				
ADULTS & PEDIATRICS		3199945		25
ANCILLARY SERVICE COST CENTERS				
41 RADIOLOGY-DIAGNOSTIC	.424133	24688	10471	41
44 LABORATORY	.792703	48538	38476	44
49 RESPIRATORY THERAPY	.838723	102122	85652	49
50 PHYSICAL THERAPY	.544364	1013647	551793	50
51 OCCUPATIONAL THERAPY	.415048	710417	294857	51
52 SPEECH PATHOLOGY	.445665	319172	142244	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.743124	144141	107115	55
56 DRUGS CHARGED TO PATIENTS	.376877	853178	321543	56
59 PSYCHOLOGY				59
OUTPATIENT SERVICE COST CENTERS				
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		3215903	1552151	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3215903		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
DRG AMOUNT				
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1			1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS			1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1			1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1			1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1			1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED			1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001			1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001			1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997			2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT			2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD			3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I			3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE			3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT			3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996			3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)			3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]			3.06
3.07	SUM OF LINES 3.04-3.06 0.00 0.00			3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1			3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1			3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09			3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10			3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS			3.13
3.14	CURRENT YEAR ALLOWABLE FTE			3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..			3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..			3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO 0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
PERIOD FROM 06/01/2007 TO 05/31/2008

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

VERSION: 2008.05
10/28/2008 14:24

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-3028)	HOSPITAL (26-3028)	HOSPITAL (26-3028)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	24416			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	28872			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	28872			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-3028)	HOSPITAL (26-3028)	HOSPITAL (26-3028)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6150		18.01
19 SUBTOTAL	22722		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	22722		23
24 PRIMARY PAYER PAYMENTS	31		24
25 SUBTOTAL	22691		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	22691		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	22691		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	22691		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(26-3028)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(26-3028)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(26-3028)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (26-3028)

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		12759892		22691	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.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/18/2008 307000		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	307000			3.99
4 TOTAL INTERIM PAYMENTS		13066892		22691	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	217091			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		13283983		22691	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (26-3028)	SUB I	SUB II	SUB III	SUB IV	
1 INPATIENT HOSPITAL SERVICES						1
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	11044136					1.02
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0633					1.03
1.04 INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	1851837					1.04
1.05 OUTLIER PAYMENTS	71909					1.05
1.06 TOTAL PPS PAYMENTS	13635279					1.06
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						1.08
1.09 NET IPF PPS OUTLIER PAYMENTS						1.09
1.10 NET IPF PPS ECT PAYMENTS						1.10
1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.11
1.12 NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.13
1.14 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)						1.16
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18 MEDICAL EDUCATION ADJUSTMENT						1.18
1.19 ADJUSTED NET IPF PPS PAYMENTS						1.19
1.20 STOP LESS PAYMENT FLOOR						1.20
1.21 ADJUSTED NET PAYMENT FLOOR						1.21
1.22 STOP LOSS ADJUSTMENT						1.22
1.23 TOTAL IPF PPS PAYMENTS						1.23
INPATIENT REHABILITATION FACILITY (IRF)						
1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	4.37					1.35
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)	5.28					1.37
1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)	4.37					1.39
1.40 AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	64.959016					1.40
1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR	0.060430					1.41
1.42 MEDICAL EDUCATION ADJUSTMENT	667397					1.42
2 ORGAN ACQUISITION						2
3 COST OF TEACHING PHYSICIANS						3
4 SUBTOTAL	13635279					4
5 PRIMARY PAYER PAYMENTS	89072					5
6 SUBTOTAL	13546207					6
7 DEDUCTIBLES	84032					7
8 SUBTOTAL	13462175					8
9 COINSURANCE	178192					9
10 SUBTOTAL	13283983					10
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)						11
11.01 REDUCED REIMBURSABLE BAD DEBTS						11.01
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						11.02
12 SUBTOTAL	13283983					12
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (26-3028)	SUB I	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER	13283983					17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS	13066892					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM	217091					20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	NF I		
	HOSPITAL (26-3028) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	4185563				1
2	MEDICAL AND OTHER SERVICES	11997				2
3	INTERNS AND RESIDENTS					3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
5	COST OF TEACHING PHYSICIANS					5
6	SUBTOTAL	4197560				6
7	INPATIENT PRIMARY PAYER PAYMENTS					7
8	OUTPATIENT PRIMARY PAYER PAYMENTS					8
9	SUBTOTAL	4197560				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES	3199945				10
11	ANCILLARY SERVICE CHARGES	3239775				11
12	INTERNS AND RESIDENTS SERVICE CHARGES					12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
14	TEACHING PHYSICIANS					14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
16	TOTAL REASONABLE CHARGES	6439720				16
	CUSTOMARY CHARGES					
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
19	RATIO OF LINE 17 TO LINE 18					19
20	TOTAL CUSTOMARY CHARGES	6439720				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2242160				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
23	COST OF COVERED SERVICES	4197560				23
	PROSPECTIVE PAYMENT AMOUNT					
24	OTHER THAN OUTLIER PAYMENTS					24
25	OUTLIER PAYMENTS					25
26	PROGRAM CAPITAL PAYMENTS					26
27	CAPITAL EXCEPTION PAYMENTS					27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
30	SUBTOTAL	4197560				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
32	LESSER OF LINES 30 OR 31	4197560				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	NF I			
	HOSPITAL (26-3028) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
	1	1	1	1	1	1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST					34	
36	SUBTOTAL					4197560	35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL					4197560	40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM 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 UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL					4197560	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					4197560	55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS					4169303	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM					28257	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT 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	2891553			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6478419			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2418639			6
7	INVENTORY	111863			7
8	PREPAID EXPENSES	75188			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	7138384			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	19279068			14
14.01	ACCUMULATED DEPRECIATION	-4691989			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	3649121			18
18.01	ACCUMULATED DEPRECIATION	-2423217			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	15812983			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	4218750			25
26	TOTAL OTHER ASSETS	4218750			26
27	TOTAL ASSETS	27170117			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	591318			28
29	SALARIES, WAGES & FEES PAYABLE	1231575			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	17022527			34
35	OTHER CURRENT LIABILITIES	149671			35
36	TOTAL CURRENT LIABILITIES	18995091			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	1125700			41
42	TOTAL LONG TERM LIABILITIES	1125700			42
43	TOTAL LIABILITIES	20120791			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	7049326			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	7049326			51
52	TOTAL LIABILITIES AND FUND BALANCES	27170117			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	6635327			1
2 NET INCOME (LOSS)	4347157			2
3 TOTAL	10982484			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	10982484			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14 PARTNERSHIP DISTRIBUTION	1759579			14
15 MINORITY INTEREST	2173579			15
16				16
17				17
18 TOTAL DEDUCTIONS	3933158			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	7049326			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	17110522		17110522	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	17110522		17110522	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				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	17110522		17110522	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	18166310		18166310	18
19 ANCILLARY SERVICES		10011745	10011745	19
20 OUTPATIENT SERVICES				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
DIETARY REVENUE				
TOTAL PATIENT REVENUES	35276832	10011745	45288577	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		25628831	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		25628831	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	45288577	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	15896714	2
3	NET PATIENT REVENUES	29391863	3
4	LESS - TOTAL OPERATING EXPENSES	25628831	4
5	NET INCOME FROM SERVICE TO PATIENTS	3763032	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	143820	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	270610	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	BAD DEBT RECOVERY		24
24.01	VENDING		24.01
24.02	MISCELLANEOUS INCOME	169695	24.02
25	TOTAL OTHER INCOME	584125	25
26	TOTAL	4347157	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4347157	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (26-3028)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
ANCILLARY SERVICE COST CENTERS					
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 PSYCHOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
00 GUEST MEALS					00
00.01 NRCC - MARKETING					00.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	43.81		18.78				62.59 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	23.24		7.74				30.98 41
44 LABORATORY	37.13		14.53				51.66 44
49 RESPIRATORY THERAPY	53.50		14.38				67.88 49
50 PHYSICAL THERAPY	21.00	0.10	8.86	0.13			30.09 50
51 OCCUPATIONAL THERAPY	24.49	0.58	10.02	0.09			35.18 51
52 SPEECH PATHOLOGY	25.95		12.24	0.09			38.28 52
55 MEDICAL SUPPLIES CHARGED TO PAT	28.09	0.17	14.72	0.02			43.00 55
56 DRUGS CHARGED TO PATIENTS	41.69		18.18				59.87 56
101 TOTAL CHARGES	16.84	0.12	7.10	0.05			24.11 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	2688301	9.26	-2688301	-15.12			3
4 NEW CAP REL COSTS-MVBLE EQUIP	575332	1.98	-575332	-3.24			4
5 EMPLOYEE BENEFITS	3515632	12.11	-3515632	-19.77			5
6 ADMINISTRATIVE & GENERAL	7995820	27.54	-7995820	-44.97			6
8 OPERATION OF PLANT	944223	3.25	-944223	-5.31			8
9 LAUNDRY & LINEN SERVICE	152160	.52	-152160	-.86			9
10 HOUSEKEEPING	357411	1.23	-357411	-2.01			10
11 DIETARY	900017	3.10	-900017	-5.06			11
12 CAFETERIA							12
14 NURSING ADMINISTRATION	225961	.78	-225961	-1.27			14
17 MEDICAL RECORDS & LIBRARY	165311	.57	-165311	-.93			17
18 SOCIAL SERVICE	261201	.90	-261201	-1.47			18
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	4573004	15.75	9449340	53.14	14022344	48.30	25
ANCILLARY SERVICE COST CENTERS							
41 RADIOLOGY-DIAGNOSTIC	81290	.28	53914	.30	135204	.47	41
44 LABORATORY	183646	.63	81139	.46	264785	.91	44
49 RESPIRATORY THERAPY	310297	1.07	285210	1.60	595507	2.05	49
50 PHYSICAL THERAPY	2821364	9.72	3408610	19.17	6229974	21.46	50
51 OCCUPATIONAL THERAPY	1213968	4.18	1729054	9.72	2943022	10.14	51
52 SPEECH PATHOLOGY	556467	1.92	605765	3.41	1162232	4.00	52
55 MEDICAL SUPPLIES CHARGED TO PAT	417843	1.44	309701	1.74	727544	2.51	55
56 DRUGS CHARGED TO PATIENTS	1093170	3.77	675533	3.80	1768703	6.09	56
59 PSYCHOLOGY							59
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES			797398	4.48	797398	2.75	98
100 GUEST MEALS			384817	2.16	384817	1.33	100
100.01 NRCC - MARKETING	1057		888		1945	.01	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	29033475	100.00	0	.00	29033475	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
41 RADIOLOGY-DIAGNOSTIC	8859	318777	.027791	74075	2059	41
44 LABORATORY	1615	334028	.004835	124028	600	44
49 RESPIRATORY THERAPY	13733	710016	.019342	379831	7347	49
50 PHYSICAL THERAPY	491603	11444493	.042955	2403037	103222	50
51 OCCUPATIONAL THERAPY	387887	7090799	.054703	1736239	94977	51
52 SPEECH PATHOLOGY	64745	2607862	.024827	676811	16803	52
55 MEDICAL SUPPLIES CHARGED TO PAT	53206	979035	.054345	274994	14945	55
56 DRUGS CHARGED TO PATIENTS	36557	4693046	.007790	1956336	15240	56
59 PSYCHOLOGY						59
OUTPATIENT SERVICE COST CENTERS						
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
101 TOTAL	1058205	28178056		7625351	255193	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1781386		1781386	23775	74.93	10416	780471 25
101	TOTAL	1781386		1781386			10416	780471 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							780471	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							255193	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1035664	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						785		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						10416		
PER DISCHARGE CAPITAL COSTS							1319.32	
PER DIEM CAPITAL COSTS							99.43	

I. COST TO CHARGE RATIO FOR FREESTANDING IRF

1. TOTAL MEDICARE COSTS	9911925
(WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINES 25-30 + WKST D PART IV COL 7 LINE 101))	
2. TOTAL MEDICARE CHARGES	15067773
(WKST D-4 COLUMN 2 LINES 25-30 + LINE 103)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.658

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS	1035664
(WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.069

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS.	1245
(WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS.	1675
(WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.743