

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. MARY'S HOSPITAL (14-0026) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, 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
2	SUBPROVIDER I	42327	175966	1
3	SWING BED - SNF			2
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY	2688	-319	4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	45015	175647	9
				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: 111 E. SPRING ST. P.O. BOX: 1
 1.01 CITY: STREATOR STATE: IL ZIP CODE: 61364 COUNTY: LASALLE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL			N	P	P	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	ST. MARY'S EXTENDED CARE FACILITY 14-5594	08/23/1988	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	ST. MARY'S HOME HEALTH 14-7173	12/03/1979	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2008 TO: 06/30/2009 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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. Y 99914 21.03

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. YES 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). NO 21.07

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26		
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:						26.01		
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03		
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:	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.							NO	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					100	0.8286	0.8320	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.					2	14	14	28.02		
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>											
28.03	STAFFING					0.00		N	28.03		
28.04	RECRUITMENT					0.00		N	28.04		
28.05	RETENTION OF EMPLOYEES					0.00		N	28.05		
28.06	TRAINING					0.00		N	28.06		
28.07	OTHER (SPECIFY)								28.07		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?							NO	29		
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.							NO	30		
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.								30.01		
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?								30.02		
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)								30.03		
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.								30.04		
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).							NO	31		
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		
<p style="text-align: right;">V XVIII XIX</p> <p style="text-align: right;">1 2 3</p>											
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?							NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME: HOSPITAL SISTERS HEALTH SYS	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET: 4936 LAVERNA RD.	P.O.BOX: 19456	40.02
40.03	CITY: STRRINGFIELD	STATE: IL ZIP CODE: 62794	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			1		53			
53.01	MDH PERIOD: BEGINNING: 07/01/2008 ENDING: 06/30/2009					53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEEES 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.				NO	58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO	59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1807	326	2771	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		1807	326	2771	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.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	IN COL.3	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	20094828		20094828	909847.00	22.09		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	1172985		1172985	57871.00	20.27		8
8.01 EXCLUDED AREA SALARIES	1882869	-100580	1782289	46353.00	38.45		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1035438		1035438	17870.00	57.94		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	339671		339671	3028.00	112.18		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	1034835		1034835	10683.00	96.87		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	5321024		5321024			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	772843		772843			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	210400		210400	9208.00	22.85		21
22 ADMINISTRATIVE & GENERAL	2598842	29058	2627900	128526.00	20.45		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	131966		131966	899.00	146.79		22.01
23 MAINTENANCE & REPAIRS	552721		552721	23958.00	23.07		23
24 OPERATION OF PLANT	131982		131982	9996.00	13.20		24
25 LAUNDRY & LINEN SERVICE	30465		30465	3085.00	9.88		25
26 HOUSEKEEPING	571602		571602	46687.00	12.24		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	472799		472799	32587.00	14.51		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	74574		74574	6956.00	10.72		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	912057		912057	27313.00	33.39		30
31 CENTRAL SERVICES AND SUPPLY	133479		133479	8653.00	15.43		31
32 PHARMACY	507211		507211	14707.00	34.49		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	452538		452538	29423.00	15.38		33
34 SOCIAL SERVICE		15379	15379	734.00	20.95		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	IN COL.3	5		
1 NET SALARIES	20226794		20226794	910746.00	22.21		1
2 EXCLUDED AREA SALARIES	3055854	-100580	2955274	104224.00	28.36		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	17170940	100580	17271520	806522.00	21.41		3
4 SUBTOTAL OTHER WAGES & REL COSTS	2409944		2409944	31581.00	76.31		4
5 SUBTOTAL WAGE-RELATED COSTS	5321024		5321024		30.81		5
6 TOTAL (SUM OF LINES 3 THRU 5)	24901908	100580	25002488	838103.00	29.83		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	6780636	44437	6825073	342732.00	19.91		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7173

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LASALLE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		455			455	1
2 UNDUPLICATED CENSUS COUNT		274.00		97.00	371.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	3.42		3.42	5
6 DIRECT NURSING SERVICE	4.80		4.80	6
7 NURSING SUPERVISOR	1.70		1.70	7
8 PHYSICAL THERAPY SERVICE	.39		.39	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.02		.02	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.35		.35	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.22		.22	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

	1	3	6	
19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD			1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	9914		50031	20
20.01	1600		50034	20.01
20.02	6120		50298	20.02
20.03			16974	20.03
20.04			37900	20.04
20.05			99914	20.05

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7173

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21	2635		89	19			2743	21
22	487475		16465	3515			507455	22
23	914		1				915	23
24	169090		185				169275	24
25	19						19	25
26	3515						3515	26
27	12						12	27
28	2220						2220	28
29	68						68	29
30	15640						15640	30
31	181		2				183	31
32	19005		210				19215	32
33	3829		92	19			3940	33
34								34
35	696945		16860	3515			717320	35
36	345		34	4			383	36
37								37
38	15824		2727	347			18898	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB		50						5
6	RVA								6
6.01	RVX		16						6.01
6.02	RVL								6.02
7	RHC		22						7
8	RHB		105						8
9	RHA		5						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		94						10
11	RMB		256						11
12	RMA		37						12
12.01	RMX		1253						12.01
12.02	RML		1505						12.02
13	RLB		31						13
14	RLA		34						14
14.01	RLX		222						14.01
15	SE3		923						15
16	SE2		760						16
17	SE1								17
18	SSC		24						18
19	SSB		7						19
20	SSA		70						20
21	CC2								21
22	CC1		2						22
23	CB2								23
24	CB1		7						24
25	CA2								25
26	CA1		4						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		5427						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.387268 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	12477482 28
29	TOTAL GROSS MEDICAID COST	4832129 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	2327085 30
31	UNCOMPENSATED CARE COST	901206 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	4832129 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS								
1 0100 OLD CAP REL COSTS-BLDG & FIXT		16405	16405	3060	19465		19465	1
2 0200 OLD CAP REL COSTS-MVBLE EQUIP		1706	1706	930	2636		2636	2
3 0300 NEW CAP REL COSTS-BLDG & FIXT		1772013	1772013	-111540	1660473	2475	1662948	3
4 0400 NEW CAP REL COSTS-MVBLE EQUIP		2470563	2470563	14506	2485069	16639	2501708	4
5 0500 EMPLOYEE BENEFITS	210400	6438247	6648647		6648647	-1345879	5302768	5
6 0600 ADMINISTRATIVE & GENERAL	2598842	6363084	8961926	-511625	8450301	-1533567	6916734	6
7 0700 MAINTENANCE & REPAIRS	552721	456421	1009142		1009142		1009142	7
8 0800 OPERATION OF PLANT	131982	1050246	1182228		1182228	-256	1181972	8
9 0900 LAUNDRY & LINEN SERVICE	30465	218325	248790		248790		248790	9
10 1000 HOUSEKEEPING	571602	112660	684262		684262		684262	10
11 1100 DIETARY	472799	173515	646314		646314	-18271	628043	11
12 1200 CAFETERIA	74574	84215	158789		158789	-149122	9667	12
13 1300 MAINTENANCE OF PERSONNEL								13
14 1400 NURSING ADMINISTRATION	912057	27451	939508		939508	-1010	938498	14
15 1500 CENTRAL SERVICES & SUPPLY	133479	293782	427261	-267727	159534		159534	15
16 1600 PHARMACY	507211	1026074	1533285	-986672	546613		546613	16
17 1700 MEDICAL RECORDS & LIBRARY	452538	146350	598888		598888	-17427	581461	17
18 1800 SOCIAL SERVICE				15379	15379		15379	18
20 2000 NONPHYSICIAN ANESTHETISTS								20
21 2100 NURSING SCHOOL								21
22 2200 I&R SERVICES-SALARY & FRINGES A								22
23 2300 I&R SERVICES-OTHER PRGM COSTS A								23
24 2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 2500 ADULTS & PEDIATRICS	3014734	577356	3592090		3592090		3592090	25
26 2600 INTENSIVE CARE UNIT	964705	97393	1062098		1062098		1062098	26
33 3300 NURSERY	88037	9661	97698		97698		97698	33
34 3400 SKILLED NURSING FACILITY	1172985	49099	1222084		1222084		1222084	34
ANCILLARY SERVICE COST CENTERS								
37 3700 OPERATING ROOM	1218219	2525051	3743270	-2257410	1485860		1485860	37
39 3900 DELIVERY ROOM & LABOR ROOM	77915	35917	113832		113832		113832	39
40 4000 ANESTHESIOLOGY		113509	113509	540683	654192	-540683	113509	40
41 4100 RADIOLOGY-DIAGNOSTIC	1296373	1475352	2771725		2771725	-3030	2768695	41
44 4400 LABORATORY	1032321	1735803	2768124		2768124		2768124	44
46.30 4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 4900 RESPIRATORY THERAPY	439653	235591	675244	-41047	634197		634197	49
50 5000 PHYSICAL THERAPY	672961	108774	781735	49537	831272		831272	50
51 5100 OCCUPATIONAL THERAPY	79431	147454	226885	-359	226526		226526	51
52 5200 SPEECH PATHOLOGY	50730	13733	64463		64463		64463	52
52.01 3040 AUDIOLOGY	56790	98097	154887		154887		154887	52.01
53 5300 ELECTROCARDIOLOGY	38404	50032	88436		88436	-38130	50306	53
53.01 3951 CARDIAC REHAB	59091	2831	61922		61922		61922	53.01
54 5400 ELECTROENCEPHALOGRAPHY	2413	8418	10831		10831		10831	54
55 5500 MEDICAL SUPPLIES CHARGED TO PAT				2630787	2630787	-700	2630087	55
56 5600 DRUGS CHARGED TO PATIENTS				986672	986672		986672	56
56.01 3480 ONCOLOGY								56.01
59 3950 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS								59
60 6000 CLINIC	155587	5165	160752		160752		160752	60
60.01 6001 OTTAWA CLINIC	258820	315969	574789	12130	586919	-124393	462526	60.01
61 6100 EMERGENCY	884120	1704469	2588589	-51035	2537554	-1506073	1031481	61
62 6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 6310 RHC								63.50
63.60 6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 6910 CMHC								69.10
69.20 6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71 7100 HOME HEALTH AGENCY	677063	56369	733432	-112236	621196		621196	71
SPECIAL PURPOSE COST CENTERS								
85.01 8510 PANCREAS ACQUISITION								85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
88 8800 INTEREST EXPENSE		206971	206971		206971	-206971		88
90 9000 OTHER CAPITAL RELATED COSTS		48856	48856	-48856				90
95 SUBTOTALS	18889022	30272927	49161949	-134823	49027126	-5466398	43560728	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN		25320	25320		25320		25320	96
98 9800 PHYSICIANS' PRIVATE OFFICES	980635	906126	1886761	129770	2016531		2016531	98
100 7950 OTHER NONREIMBURSABLE COST	225171	70780	295951	5053	301004		301004	100
101 TOTAL	20094828	31275153	51369981		51369981	-5466398	45903583	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 SUPPLY CHARGED TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO P	55		267727	1
2 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56		986672	2
3 MED/SURG ER RECLASS	C	MEDICAL SUPPLIES CHARGED TO P	55		51035	3
4 MED/SURG SURGERY RECLASS	D	MEDICAL SUPPLIES CHARGED TO P	55		2257410	4
5 MED/SURG RESP THER RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	55		41047	5
6 MED/SURG P.T. RECLASS	F	MEDICAL SUPPLIES CHARGED TO P	55		5647	6
7 MED/SURG O.T. RECLASS	G	MEDICAL SUPPLIES CHARGED TO P	55		1318	7
8 PHY PRIV OFC DIRECT DEPR	H	PHYSICIANS' PRIVATE OFFICES	98		126708	8
9 P.T. SALARY	I	PHYSICAL THERAPY	50	55184		9
10 MSW SALARY	K	SOCIAL SERVICE	18	15379		10
11 O.T. SALARY	L	OCCUPATIONAL THERAPY	51	959		11
12 HHA COST BILLERS	M	ADMINISTRATIVE & GENERAL	6	29058		12
13 HHA MANAGER SALARY HOSPICE	N	OTHER NONREIMBURSABLE COST	100	5053		13
14 MED SURG HH RECLASS	O	MEDICAL SUPPLIES CHARGED TO P	55		6603	14
15 ANESTHESIA PHY	P	ANESTHESIOLOGY	40		540683	15
16 PHY PRIV OFC DIRECT DEPT	Q	PHYSICIANS' PRIVATE OFFICES	98		3062	16
17 OTTAWA CLINIC DIRECT DEPT	R	OTTAWA CLINIC	60.01		12130	17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				105633	4300042	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 SUPPLY CHARGED TO PATIENTS	A	CENTRAL SERVICES & SUPPLY	15		267727	1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		986672	2
3 MED/SURG ER RECLASS	C	EMERGENCY	61		51035	3
4 MED/SURG SURGERY RECLASS	D	OPERATING ROOM	37		2257410	4
5 MED/SURG RESP THER RECLASS	E	RESPIRATORY THERAPY	49		41047	5
6 MED/SURG P.T. RECLASS	F	PHYSICAL THERAPY	50		5647	6
7 MED/SURG O.T. RECLASS	G	OCCUPATIONAL THERAPY	51		1318	7
8 PHY PRIV OFC DIRECT DEPR	H	NEW CAP REL COSTS-BLDG & FIXT	3		126708	9 8
9 P.T. SALARY	I	HOME HEALTH AGENCY	71	55184		9
10 MSW SALARY	K	HOME HEALTH AGENCY	71	15379		10
11 O.T. SALARY	L	HOME HEALTH AGENCY	71	959		11
12 HHA COST BILLERS	M	HOME HEALTH AGENCY	71	29058		12
13 HHA MANAGER SALARY HOSPICE	N	HOME HEALTH AGENCY	71	5053		13
14 MED SURG HH RECLASS	O	HOME HEALTH AGENCY	71		6603	14
15 ANESTHESIA PHY	P	ADMINISTRATIVE & GENERAL	6		540683	15
16 PHY PRIV OFC DIRECT DEPT	Q	OLD CAP REL COSTS-BLDG & FIXT	1		3062	9 16
17 OTTAWA CLINIC DIRECT DEPT	R	NEW CAP REL COSTS-BLDG & FIXT	3		12130	9 17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				105633	4300042	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	350678					350678	1
2 LAND IMPROVEMENTS	47952					47952	2
3 BUILDINGS AND FIXTURES	7027325				172883	6854442	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	1128067				18249	1109818	6
7 SUBTOTAL	8554022				191132	8362890	7
8 RECONCILING ITEMS							8
9 TOTAL	8554022				191132	8362890	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	795905					795905	1
2 LAND IMPROVEMENTS	801823	63158		63158		864981	2
3 BUILDINGS AND FIXTURES	31518151	9007611		9007611	130093	40395669	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	17596827	2362246		2362246	224583	19734490	6
7 SUBTOTAL	50712706	11433015		11433015	354676	61791045	7
8 RECONCILING ITEMS							8
9 TOTAL	50712706	11433015		11433015	354676	61791045	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	7425955		7425955	.125297	6122			6122 1
2 OLD CAP REL COSTS-MVBLE EQUIP	1128067		1128067	.019034	930			930 2
3 NEW CAP REL COSTS-BLDG & FIXT	33115879		33115879	.558760	27298			27298 3
4 NEW CAP REL COSTS-MVBLE EQUIP	17596827		17596827	.296909	14506			14506 4
5 TOTAL	59266728		59266728	1.000000	48856			48856 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	13343			6122			19465 1
2 OLD CAP REL COSTS-MVBLE EQUIP	1706			930			2636 2
3 NEW CAP REL COSTS-BLDG & FIXT	1635650			27298			1662948 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2487202			14506			2501708 4
5 TOTAL	4137901			48856			4186757 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	16405						16405 1
2 OLD CAP REL COSTS-MVBLE EQUIP	1706						1706 2
3 NEW CAP REL COSTS-BLDG & FIXT	1772013						1772013 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2470563						2470563 4
5 TOTAL	4260687						4260687 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-6880	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-5984	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2211979			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	406642			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-149122	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-17427	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	B	-44479	NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.01 OTHER INCOME	B	-1010	NURSING ADMINISTRATION	14	37.01
37.02 OTHER INCOME DIETARY	B	-17155	DIETARY	11	37.02
37.03 DIETARY INC	B	-991	DIETARY	11	37.03
37.04 X-RAY DEPT INC	B	-330	RADIOLOGY-DIAGNOSTIC	41	37.04
37.08 EDUCATION	B	-5870	ADMINISTRATIVE & GENERAL	6	37.08
37.11 OTHER INCOME	B	-40	EMPLOYEE BENEFITS	5	37.11
37.12 OTHER INCOME	B	-700	MEDICAL SUPPLIES CHARGED TO PAT	55	37.12
37.17 OTHER INCOME	B	-256	OPERATION OF PLANT	8	37.17
37.19 OTHER INCOME	B	-125	DIETARY	11	37.19
37.23 OTHER INCOME	B	-14300	ADMINISTRATIVE & GENERAL	6	37.23
37.25 ASSOC DUE LOBBY	A	-22019	ADMINISTRATIVE & GENERAL	6	37.25
37.26 OTHER INCOME	B	-6613	ADMINISTRATIVE & GENERAL	6	37.26
37.28 OTHER INCOME	B	-80445	ADMINISTRATIVE & GENERAL	6	37.28
37.30 INTEREST EXPENSE	B	-206971	INTEREST EXPENSE	88	37.30
37.33 HSHS SELF IND EXP OFFSET	B	-1345839	EMPLOYEE BENEFITS	5	37.33
37.35 OTHER INCOME	B	-4230	ADMINISTRATIVE & GENERAL	6	37.35
37.38 A&G NON ALLOWABLE	A	-1465954	ADMINISTRATIVE & GENERAL	6	37.38
37.39 OTHER INCOME	B	-262821	ADMINISTRATIVE & GENERAL	6	37.39
37.42 OTHER INCOME	B	-1500	ADMINISTRATIVE & GENERAL	6	37.42
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/20/2009 11:54

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
				COST CENTER 3	LINE NO. 4	
48						48
49						49
50	TOTAL		-5466398			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	CENTRAL MGMT SERVICE	1960999	1617950	343049	1
2							2
3			HOME OFFICE				3
4	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	14148	11673	2475	9 4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	349371	288253	61118	9 4.01
5		TOTALS		2324518	1917876	406642	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
1	B HOSPITAL SISTERS	100.00		6
2				
3				
4				
5				

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

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

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/20/2009 11:54

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
2	53 ELECTROCARDIOLOGY	38130	38130		159800			
3	61 EMERGENCY	1627075	1335669	291406	159800	1575	121002	6050
4	44 LABORATORY	25000		25000	208000	1252	125200	6260
5	41 RADIOLOGY-DIAGNOSTIC	2700	2700		217600			
6	40 ANESTHESIOLOGY	540683	540683		162500			
7	60.01 OTTAWA CLINIC	132460	113035	19425	159800	105	8067	403
101	TOTAL	2366048	2030217	335831		2932	254269	12713

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/20/2009 11:54

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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
				12	13	14	15	16	17	18
	2	53	ELECTROCARDIOLOGY	AGGREGATE						38130
	3	61	EMERGENCY	AGGREGATE				121002	170404	1506073
	4	44	LABORATORY					125200		
	5	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						2700
	6	40	ANESTHESIOLOGY	AGGREGATE						540683
	7	60.01	OTTAWA CLINIC	AGGREGATE				8067	11358	124393
101			TOTAL					254269	181762	2211979

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP-	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	ADMINI-
	FOR COST	REL COSTS	REL COSTS	REL COSTS	REL COSTS	BENEFITS		STRATIVE
	ALLOCATION	BLDG&FIXT	MOV EQUIP	BLDG&FIXT	MOV EQUIP			& GENERAL
	0	1	2	3	4	5	5A	6
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	19465	19465						1
2 OLD CAP REL COSTS-MVBLE EQUIP	2636		2636					2
3 NEW CAP REL COSTS-BLDG & FIXT	1662948			1662948				3
4 NEW CAP REL COSTS-MVBLE EQUIP	2501708				2501708			4
5 EMPLOYEE BENEFITS	5302768	81		6880		5309729		5
6 ADMINISTRATIVE & GENERAL	6916734	4520		386209	398140	701728	8407331	8407331 6
7 MAINTENANCE & REPAIRS	1009142	467		39921	15349	147593	1212472	271858 7
8 OPERATION OF PLANT	1181972	4178		356897	4992	35243	1583282	355000 8
9 LAUNDRY & LINEN SERVICE	248790	167		14232		8135	271324	60836 9
10 HOUSEKEEPING	684262	229		19577	3773	152635	860476	192934 10
11 DIETARY	628043	612		52246	37458	126252	844611	189377 11
12 CAFETERIA	9667	151	2634	12888	704	19913	45957	10304 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	938498	153		13109		243547	1195307	268009 14
15 CENTRAL SERVICES & SUPPLY	159534	260		22229	152383	35643	370049	82972 15
16 PHARMACY	546613	200		17064	150909	135441	850227	190636 16
17 MEDICAL RECORDS & LIBRARY	581461	260		22217	15791	120841	740570	166049 17
18 SOCIAL SERVICE	15379					4107	19486	4369 18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	3592090	1917		163751	68123	805012	4630893	1038324 25
26 INTENSIVE CARE UNIT	1062098	349		29825	102779	257605	1452656	325712 26
33 NURSERY	97698	247		21124	21410	23509	163988	36769 33
34 SKILLED NURSING FACILITY	1222084	777		66367	14520	313222	1616970	362554 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1485860	1217		103985	337785	325301	2254148	505421 37
39 DELIVERY ROOM & LABOR ROOM	113832	305		26091	47172	20806	208206	46684 39
40 ANESTHESIOLOGY	113509	35		3001	129035		245580	55063 40
41 RADIOLOGY-DIAGNOSTIC	2768695	844		72131	722955	346170	3910795	876871 41
44 LABORATORY	2768124	539	2	46063	76978	275661	3167367	710181 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	634197	107		9137	19288	117401	780130	174919 49
50 PHYSICAL THERAPY	831272	231		19751	11149	194437	1056840	236963 50
51 OCCUPATIONAL THERAPY	226526	279		23811	3928	21467	276011	61887 51
52 SPEECH PATHOLOGY	64463	48		4071	48	13546	82176	18425 52
52.01 AUDIOLOGY	154887	37		3181	6882	15165	180152	40393 52.01
53 ELECTROCARDIOLOGY	50306	29		2483	31500	10255	94573	21205 53
53.01 CARDIAC REHAB	61922	180		15360	23271	15779	116512	26124 53.01
54 ELECTROENCEPHALOGRAPHY	10831	84		7212		644	18771	4209 54
55 MEDICAL SUPPLIES CHARGED TO PAT	2630087						2630087	589713 55
56 DRUGS CHARGED TO PATIENTS	986672						986672	221230 56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPEND								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	160752	110		9434	424	41546	212266	47594 60
60.01 OTTAWA CLINIC	462526				12433	69113	544072	121991 60.01
61 EMERGENCY	1031481	539		46028	38623	236087	1352758	303313 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	621196	253		21578		152589	795616	178391 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	43560728	19405	2636	1657853	2447802	4986393	43178331	7796280 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	25320	26		2187	260		27793	6232 96
98 PHYSICIANS' PRIVATE OFFICES	2016531				40425	261859	2318815	519920 98
100 OTHER NONREIMBURSABLE COST	301004	34		2908	13221	61477	378644	84899 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	45903583	19465	2636	1662948	2501708	5309729	45903583	8407331 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	1484330								7
8 OPERATION OF PLANT	575132	2513414							8
9 LAUNDRY & LINEN SERVICE	740	40972	373872						9
10 HOUSEKEEPING	11599	56360	13367	1134736					10
11 DIETARY	39553	150411	3772	4968	1232692				11
12 CAFETERIA	5981	37105		20397		119744			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	19267	37741		2578		5169	1528071		14
15 CENTRAL SERVICES & SUPPLY	72239	63995	5410	20210		1645		616520	15
16 PHARMACY	9464	49127		21330		2780		866	16
17 MEDICAL RECORDS & LIBRARY	3337	63962		1681		5521		12	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	165237	471423	128714	313120	722448	27449	615619	40826	25
26 INTENSIVE CARE UNIT	43800	85863	25636	74376	78295	7479	167737	9355	26
33 NURSERY	679	60814	4540	9339		627	14051	1969	33
34 SKILLED NURSING FACILITY	47488	191065	52161	157831	392193	10886	244140	13747	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	110858	299365	50277	61787	33558	8928	200230	320082	37
39 DELIVERY ROOM & LABOR ROOM	35343	75113	71	29586		548	12295	1666	39
40 ANESTHESIOLOGY	1626	8640						41788	40
41 RADIOLOGY-DIAGNOSTIC	81181	207658	32069	68101		10259		28623	41
44 LABORATORY	43787	132612	788	57678		9554		3459	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	18211	26305		13560		3485	78160	229	49
50 PHYSICAL THERAPY	20905	56862	6491	15428		4856		187	50
51 OCCUPATIONAL THERAPY	4914	68550	2259	8106		587		11	51
52 SPEECH PATHOLOGY	388	11721		2055		196		3	52
52.01 AUDIOLOGY	3785	9159		1681		392		3	52.01
53 ELECTROCARDIOLOGY	4501	7150	1874	897		509	11417	52	53
53.01 CARDIAC REHAB	20092	44221	1327	10684		470	10538	389	53.01
54 ELECTROENCEPHALOGRAPHY	777	20762	279						54
55 MEDICAL SUPPLIES CHARGED TO PAT								131534	55
56 DRUGS CHARGED TO PATIENTS									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL DEPEND									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	7522	27159	3846	12477	3023	979		2152	60
60.01 OTTAWA CLINIC	12509		584					2106	60.01
61 EMERGENCY	39626	132511	40014	115058	3175	7753	173884	14473	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	16610	62120		5417		4660		2539	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1417151	2498746	373479	1028345	1232692	114732	1528071	616071	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	279	6296		859					96
98 PHYSICIANS' PRIVATE OFFICES	65893			105158		2506		269	98
100 OTHER NONREIMBURSABLE COST	1007	8372	393	374		2506		180	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1484330	2513414	373872	1134736	1232692	119744	1528071	616520	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL							6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY	1124430						16
17 MEDICAL RECORDS & LIBRARY		981132					17
18 SOCIAL SERVICE			23855				18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	104	470943		8625100		8625100	25
26 INTENSIVE CARE UNIT		49057		2319966		2319966	26
33 NURSERY		9811		302587		302587	33
34 SKILLED NURSING FACILITY	23	49057		3138115		3138115	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		137358		3982012		3982012	37
39 DELIVERY ROOM & LABOR ROOM				409512		409512	39
40 ANESTHESIOLOGY				352697		352697	40
41 RADIOLOGY-DIAGNOSTIC				5215557		5215557	41
44 LABORATORY				4125426		4125426	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY				1094999		1094999	49
50 PHYSICAL THERAPY				1398532		1398532	50
51 OCCUPATIONAL THERAPY				422325		422325	51
52 SPEECH PATHOLOGY				114964		114964	52
52.01 AUDIOLOGY				235565		235565	52.01
53 ELECTROCARDIOLOGY				142178		142178	53
53.01 CARDIAC REHAB				230357		230357	53.01
54 ELECTROENCEPHALOGRAPHY				44798		44798	54
55 MEDICAL SUPPLIES CHARGED TO PAT				3351334		3351334	55
56 DRUGS CHARGED TO PATIENTS	1114296			2322198		2322198	56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS							59
60 CLINIC				317018		317018	60
60.01 OTTAWA CLINIC	23			681285		681285	60.01
61 EMERGENCY	331	264906		2447802		2447802	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY			22506	1087859		1087859	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	1114777	981132	22506	42362186		42362186	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				41459		41459	96
98 PHYSICIANS' PRIVATE OFFICES	1427			3013988		3013988	98
100 OTHER NONREIMBURSABLE COST	8226		1349	485950		485950	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	1124430	981132	23855	45903583		45903583	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP- REL COSTS BLDG&FIXT 1	OLD CAP- REL COSTS MOV EQUIP 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		81		81	81				5
6		4520		4520	11	4531			6
7		467		467	2	147	616		7
8		4178		4178	1	192	240	4611	8
9		167		167		33		75	9
10		229		229	2	104	5	103	10
11		612		612	2	102	16	276	11
12		151	2634	2785		6	2	68	12
13									13
14		153		153	4	145	8	69	14
15		260		260	1	45	30	117	15
16		200		200	2	103	4	90	16
17		260		260	2	90	1	117	17
18						2			18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		1917		1917	13	553	69	865	25
26		349		349	4	176	18	158	26
33		247		247		20		112	33
34		777		777	5	196	20	351	34
ANCILLARY SERVICE COST CENTERS									
37		1217		1217	5	273	46	549	37
39		305		305		25	15	138	39
40		35		35		30	1	16	40
41		844		844	5	473	34	381	41
44		539	2	541	4	383	18	243	44
46.30									46.30
49		107		107	2	94	8	48	49
50		231		231	3	128	9	104	50
51		279		279		33	2	126	51
52		48		48		10		22	52
52.01		37		37		22	2	17	52.01
53		29		29		11	2	13	53
53.01		180		180		14	8	81	53.01
54		84		84		2		38	54
55						318			55
56						119			56
56.01									56.01
59									59
OUTPATIENT SERVICE COST CENTERS									
60		110		110	1	26	3	50	60
60.01					1	66	5		60.01
61		539		539	4	164	16	243	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		253		253	2	96	7	114	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95		19405	2636	22041	76	4201	589	4584	95
NONREIMBURSABLE COST CENTERS									
96		26		26		3		12	96
98					4	281	27		98
100		34		34	1	46		15	100
101									101
102									102
103		19465	2636	22101	81	4531	616	4611	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	16	17
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9	275							9
10	10	453						10
11	3	2	1013					11
12		8		2869				12
13								13
14		1		124	504			14
15	4	8		39		504		15
16		9		67		1	476	16
17		1		132				603
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	95	125	594	659	203	33		290
26	19	30	64	179	55	8		30
33	3	4		15	5	2		6
34	38	63	322	261	81	11		30
ANCILLARY SERVICE COST CENTERS								
37	37	25	28	214	66	263		84
39		12		13	4	1		39
40						34		40
41	24	27		246		23		41
44	1	23		229		3		44
46.30								46.30
49		5		83	26			49
50	5	6		116				50
51	2	3		14				51
52		1		5				52
52.01		1		9				52.01
53	1			12	4			53
53.01	1	4		11	3			53.01
54								54
55						107		55
56							471	56
56.01								56.01
59								59
OUTPATIENT SERVICE COST CENTERS								
60	3	5	2	23		2		60
60.01						2		60.01
61	29	46	3	186	57	12		163
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71		2		112		2		71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	275	411	1013	2749	504	504	471	603
NONREIMBURSABLE COST CENTERS								
96								96
98		42		60			1	98
100				60			4	100
101								101
102								102
103	275	453	1013	2869	504	504	476	603

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	2				18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		5416		5416	25
26 INTENSIVE CARE UNIT		1090		1090	26
33 NURSERY		414		414	33
34 SKILLED NURSING FACILITY		2155		2155	34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		2807		2807	37
39 DELIVERY ROOM & LABOR ROOM		513		513	39
40 ANESTHESIOLOGY		116		116	40
41 RADIOLOGY-DIAGNOSTIC		2057		2057	41
44 LABORATORY		1445		1445	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		373		373	49
50 PHYSICAL THERAPY		602		602	50
51 OCCUPATIONAL THERAPY		459		459	51
52 SPEECH PATHOLOGY		86		86	52
52.01 AUDIOLOGY		88		88	52.01
53 ELECTROCARDIOLOGY		72		72	53
53.01 CARDIAC REHAB		302		302	53.01
54 ELECTROENCEPHALOGRAPHY		124		124	54
55 MEDICAL SUPPLIES CHARGED TO PAT		425		425	55
56 DRUGS CHARGED TO PATIENTS		590		590	56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPEND					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		225		225	60
60.01 OTTAWA CLINIC		74		74	60.01
61 EMERGENCY		1462		1462	61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY	2	590		590	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	2	21485		21485	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		41		41	96
98 PHYSICIANS' PRIVATE OFFICES		415		415	98
100 OTHER NONREIMBURSABLE COST		160		160	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	2	22101		22101	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		6880		6880	6880				5
6	363519	386209	398140	1147868	909	1148777			6
7		39921	15349	55270	191	37147	92608		7
8		356897	4992	361889	46	48507	35886	446328	8
9		14232		14232	11	8313	46	7276	9
10		19577	3773	23350	198	26362	724	10008	10
11		52246	37458	89704	164	25876	2468	26710	11
12		12888	704	13592	26	1408	373	6589	12
13									13
14		13109		13109	316	36621	1202	6702	14
15		22229	152383	174612	46	11337	4507	11364	15
16		17064	150909	167973	175	26048	590	8724	16
17		22217	15791	38008	157	22689	208	11358	17
18					5	597			18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		163751	68123	231874	1040	141881	10309	83715	25
26		29825	102779	132604	334	44505	2733	15247	26
33		21124	21410	42534	30	5024	42	10799	33
34		66367	14520	80887	406	49539	2963	33929	34
ANCILLARY SERVICE COST CENTERS									
37		103985	337785	441770	422	69060	6916	53161	37
39		26091	47172	73263	27	6379	2205	13338	39
40		3001	129035	132036		7524	101	1534	40
41		72131	722955	795086	449	119815	5065	36876	41
44		46063	76978	123041	357	97039	2732	23549	44
46.30									46.30
49		9137	19288	28425	152	23901	1136	4671	49
50		19751	11149	30900	252	32378	1304	10098	50
51		23811	3928	27739	28	8456	307	12173	51
52		4071	48	4119	18	2518	24	2081	52
52.01		3181	6882	10063	20	5519	236	1626	52.01
53		2483	31500	33983	13	2897	281	1270	53
53.01		15360	23271	38631	20	3570	1254	7853	53.01
54		7212		7212	1	575	48	3687	54
55						80578			55
56						30229			56
56.01									56.01
59									59
OUTPATIENT SERVICE COST CENTERS									
60		9434	424	9858	54	6503	469	4823	60
60.01			12433	12433	90	16669	780		60.01
61		46028	38623	84651	306	41444	2472	23531	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		21578		21578	198	24375	1036	11031	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	363519	1657853	2447802	4469174	6461	1065283	88417	443723	95
NONREIMBURSABLE COST CENTERS									
96		2187	260	2447		851	17	1118	96
98			40425	40425	339	71042	4111		98
100		2908	13221	16129	80	11601	63	1487	100
101									101
102									102
103	363519	1662948	2501708	4528175	6880	1148777	92608	446328	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	29878								9
10	1068	61710							10
11	301	270	145493						11
12		1109		23097					12
13									13
14		140		997	59087				14
15	432	1099		317		203714			15
16		1160		536		286	205492		16
17		91		1065		4		73580	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25									25
26	10286	17029	85269	5294	23807	13487	19	35318	26
33	2049	4045	9241	1443	6486	3090		3679	33
34	363	508		121	543	650		736	34
37	4168	8583	46290	2100	9440	4541	4	3679	37
ANCILLARY SERVICE COST CENTERS									
39	4018	3360	3961	1722	7742	105785		10301	39
40	6	1609		106	475	551			40
41						13804			41
44	2563	3703		1979		9456			44
46.30	63	3137		1843		1143			46.30
49		737		672	3022	76			49
50	519	839		937		62			50
51	181	441		113		4			51
52		112		38		1			52
52.01		91		76		1			52.01
53	150	49		98	441	17			53
53.01	106	581		91	407	129			53.01
54	22								54
55						43452			55
56							203640		56
56.01									56.01
59									59
OUTPATIENT SERVICE COST CENTERS									
60	307	679	357	189		711			60
60.01	47					696	4		60.01
61	3198	6257	375	1495	6724	4781	60	19867	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		295		899		839			71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	29847	55924	145493	22131	59087	203566	203727	73580	95
NONREIMBURSABLE COST CENTERS									
96		47							96
98		5719		483		89	261		98
100	31	20		483		59	1504		100
101									101
102									102
103	29878	61710	145493	23097	59087	203714	205492	73580	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	602			18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		659328		659328
26 INTENSIVE CARE UNIT		225456		225456
33 NURSERY		61350		61350
34 SKILLED NURSING FACILITY		246529		246529
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		708218		708218
39 DELIVERY ROOM & LABOR ROOM		97959		97959
40 ANESTHESIOLOGY		154999		154999
41 RADIOLOGY-DIAGNOSTIC		974992		974992
44 LABORATORY		252904		252904
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		62792		62792
50 PHYSICAL THERAPY		77289		77289
51 OCCUPATIONAL THERAPY		49442		49442
52 SPEECH PATHOLOGY		8911		8911
52.01 AUDIOLOGY		17632		17632
53 ELECTROCARDIOLOGY		39199		39199
53.01 CARDIAC REHAB		52642		52642
54 ELECTROENCEPHALOGRAPHY		11545		11545
55 MEDICAL SUPPLIES CHARGED TO PAT		124030		124030
56 DRUGS CHARGED TO PATIENTS		233869		233869
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS				59
60 CLINIC		23950		23950
60.01 OTTAWA CLINIC		30719		30719
61 EMERGENCY		195161		195161
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	568	60819		60819
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	568	4369735		4369735
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		4480		4480
98 PHYSICIANS' PRIVATE OFFICES		122469		122469
100 OTHER NONREIMBURSABLE COST	34	31491		31491
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	602	4528175		4528175

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ FEET	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ. FEE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	
	1	2	3	4	5			
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	285923							1
2 OLD CAP REL COSTS-MVBLE EQUIP		1705						2
3 NEW CAP REL COSTS-BLDG & FIXT			285923					3
4 NEW CAP REL COSTS-MVBLE EQUIP				2066832				4
5 EMPLOYEE BENEFITS	1183		1183		19884428			5
6 ADMINISTRATIVE & GENERAL	66403		66403	328931	2627900	-8407331	37496252	6
7 MAINTENANCE & REPAIRS	6864		6864	12681	552721		1212472	7
8 OPERATION OF PLANT	61364		61364	4124	131982		1583282	8
9 LAUNDRY & LINEN SERVICE	2447		2447		30465		271324	9
10 HOUSEKEEPING	3366		3366	3117	571602		860476	10
11 DIETARY	8983		8983	30947	472799		844611	11
12 CAFETERIA	2216	1704	2216	582	74574		45957	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2254		2254		912057		1195307	14
15 CENTRAL SERVICES & SUPPLY	3822		3822	125894	133479		370049	15
16 PHARMACY	2934		2934	124676	507211		850227	16
17 MEDICAL RECORDS & LIBRARY	3820		3820	13046	452538		740570	17
18 SOCIAL SERVICE					15379		19486	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	28155		28155	56281	3014734		4630893	25
26 INTENSIVE CARE UNIT	5128		5128	84913	964705		1452656	26
33 NURSERY	3632		3632	17688	88037		163988	33
34 SKILLED NURSING FACILITY	11411		11411	11996	1172985		1616970	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	17879		17879	279067	1218219		2254148	37
39 DELIVERY ROOM & LABOR ROOM	4486		4486	38972	77915		208206	39
40 ANESTHESIOLOGY	516		516	106605			245580	40
41 RADIOLOGY-DIAGNOSTIC	12402		12402	597281	1296373		3910795	41
44 LABORATORY	7920	1	7920	63597	1032321		3167367	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	1571		1571	15935	439653		780130	49
50 PHYSICAL THERAPY	3396		3396	9211	728145		1056840	50
51 OCCUPATIONAL THERAPY	4094		4094	3245	80390		276011	51
52 SPEECH PATHOLOGY	700		700	40	50730		82176	52
52.01 AUDIOLOGY	547		547	5686	56790		180152	52.01
53 ELECTROCARDIOLOGY	427		427	26024	38404		94573	53
53.01 CARDIAC REHAB	2641		2641	19226	59091		116512	53.01
54 ELECTROENCEPHALOGRAPHY	1240		1240		2413		18771	54
55 MEDICAL SUPPLIES CHARGED TO P							2630087	55
56 DRUGS CHARGED TO PATIENTS							986672	56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1622		1622	350	155587		212266	60
60.01 OTTAWA CLINIC				10272	258820		544072	60.01
61 EMERGENCY	7914		7914	31909	884120		1352758	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	3710		3710		571430		795616	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	285047	1705	285047	2022296	18673569	-8407331	34771000	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	376		376	215			27793	96
98 PHYSICIANS' PRIVATE OFFICES				33398	980635		2318815	98
100 OTHER NONREIMBURSABLE COST	500		500	10923	230224		378644	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP-	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	RECON-	ADMINI-	
	REL COSTS	REL COSTS	REL COSTS	REL COSTS	BENEFITS		STRATIVE	
(SQUARE	BLDG&FIXT	MOV EQUIP	BLDG&FIXT	MOV EQUIP	GROSS	CILIATION	& GENERAL	
FEET)	1	DOLLAR VA	SQUARE	DOLLAR VA	FEE	6A	ACCUM	
	OR SQ FEET	OR SQ FEET	FEET	OR SQ. FEE	SALARIES		COST	
	1	2	3	4	5		6	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	19465	2636	1662948	2501708	5309729		8407331	103
104 UNIT COST MULT-WS B PT I		1.546041		1.210407				104
104 UNIT COST MULT-WS B PT I	.068078		5.816069		.267030		.224218	104
105 COST TO BE ALLOC PER B PT II					81		4531	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.000004		.000121	106
107 COST TO BE ALLOC PER B PT III					6880		1148777	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.000346		.030637	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	122340								7
8 OPERATION OF PLANT	47403	150109							8
9 LAUNDRY & LINEN SERVICE	61	2447	525564						9
10 HOUSEKEEPING	956	3366	18791	30376					10
11 DIETARY	3260	8983	5303		133	56679			11
12 CAFETERIA	493	2216		546			3058		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1588	2254			69		132	1740	14
15 CENTRAL SERVICES & SUPPLY	5954	3822	7605		541		42	125481702	15
16 PHARMACY	780	2934			571		71	176329	16
17 MEDICAL RECORDS & LIBRARY	275	3820			45		141	2394	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	13619	28155	180934	8382	33218	701	701	8309876	25
26 INTENSIVE CARE UNIT	3610	5128	36037	1991	3600	191	191	1904112	26
33 NURSERY	56	3632	6382	250		16	16	400718	33
34 SKILLED NURSING FACILITY	3914	11411	73325	4225	18033	278	278	2798090	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9137	17879	70676	1654	1543	228	228	65143864	37
39 DELIVERY ROOM & LABOR ROOM	2913	4486	100	792		14	14	339197	39
40 ANESTHESIOLOGY	134	516						8505505	40
41 RADIOLOGY-DIAGNOSTIC	6691	12402	45081	1823		262		5826050	41
44 LABORATORY	3609	7920	1108	1544		244		704120	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	1501	1571		363		89	89	46675	49
50 PHYSICAL THERAPY	1723	3396	9125	413		124		38130	50
51 OCCUPATIONAL THERAPY	405	4094	3176	217		15		2185	51
52 SPEECH PATHOLOGY	32	700		55		5		559	52
52.01 AUDIOLOGY	312	547		45		10		601	52.01
53 ELECTROCARDIOLOGY	371	427	2634	24		13	13	10660	53
53.01 CARDIAC REHAB	1656	2641	1866	286		12	12	79191	53.01
54 ELECTROENCEPHALOGRAPHY	64	1240	392						54
55 MEDICAL SUPPLIES CHARGED TO P								26772694	55
56 DRUGS CHARGED TO PATIENTS									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL DEPE									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		1622	5407	334	139	25		438022	60
60.01 OTTAWA CLINIC	1031		821					428726	60.01
61 EMERGENCY	3266	7914	56249	3080	146	198	198	2945834	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	1369	3710		145		119		516753	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	116803	149233	525012	27528	56679	2930	1740	125390285	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	23	376			23				96
98 PHYSICIANS' PRIVATE OFFICES	5431				2815	64		54798	98
100 OTHER NONREIMBURSABLE COST	83	500	552	10		64		36619	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	15	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1484330	2513414	373872	1134736	1232692	119744	1528071	616520	103
104 UNIT COST MULT-WS B PT I	12.132827		.711373		21.748655		878.201724		104
104 UNIT COST MULT-WS B PT I		16.743926		37.356334		39.157619		.004913	104
105 COST TO BE ALLOC PER B PT II	616	4611	275	453	1013	2869	504	504	105
106 UNIT COST MULT-WS B PT II	.005035		.000523		.017873		.289655		106
106 UNIT COST MULT-WS B PT II		.030718		.014913		.938195		.000004	106
107 COST TO BE ALLOC PER B PT III	92608	446328	29878	61710	145493	23097	59087	203714	107
108 UNIT COST MULT-WS B PT III	.756972		.056849		2.566965		33.958046		108
108 UNIT COST MULT-WS B PT III		2.973359		2.031538		7.552976		.001623	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	(COSTED REQUIS) 16	(TIME SPENT) 17	(TIME SPENT) 18	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY	99564513			16
17 MEDICAL RECORDS & LIBRARY		100		17
18 SOCIAL SERVICE			7780	18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES				22
23 I&R SERVICES-OTHER PRGM COSTS				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	9177	48		25
26 INTENSIVE CARE UNIT		5		26
33 NURSERY		1		33
34 SKILLED NURSING FACILITY	2000	5		34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		14		37
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC				41
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
52.01 AUDIOLOGY				52.01
53 ELECTROCARDIOLOGY				53
53.01 CARDIAC REHAB				53.01
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO P				55
56 DRUGS CHARGED TO PATIENTS	98667216			56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPE				59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 OTTAWA CLINIC	2000			60.01
61 EMERGENCY	29287	27		61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY			7340	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	98709680	100	7340	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
98 PHYSICIANS' PRIVATE OFFICES	126383			98
100 OTHER NONREIMBURSABLE COST	728450		440	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	SOCIAL	
	(COSTED REQUIS) 16	RECORDS & LIBRARY (TIME SPENT) 17	SERVICE (TIME SPENT) 18	
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	1124430	981132	23855	103
104 UNIT COST MULT-WS B PT I	.011293		3.066195	104
104 UNIT COST MULT-WS B PT I		9811.320000		104
105 COST TO BE ALLOC PER B PT II	476	603	2	105
106 UNIT COST MULT-WS B PT II	.000005		.000257	106
106 UNIT COST MULT-WS B PT II		6.030000		106
107 COST TO BE ALLOC PER B PT III	205492	73580	602	107
108 UNIT COST MULT-WS B PT III	.002064		.077378	108
108 UNIT COST MULT-WS B PT III		735.800000		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	8625100		8625100		8625100	25
26 INTENSIVE CARE UNIT	2319966		2319966		2319966	26
33 NURSERY	302587		302587		302587	33
34 SKILLED NURSING FACILITY	3138115		3138115		3138115	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3982012		3982012		3982012	37
39 DELIVERY ROOM & LABOR ROOM	409512		409512		409512	39
40 ANESTHESIOLOGY	352697		352697		352697	40
41 RADIOLOGY-DIAGNOSTIC	5215557		5215557		5215557	41
44 LABORATORY	4125426		4125426		4125426	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1094999		1094999		1094999	49
50 PHYSICAL THERAPY	1398532		1398532		1398532	50
51 OCCUPATIONAL THERAPY	422325		422325		422325	51
52 SPEECH PATHOLOGY	114964		114964		114964	52
52.01 AUDIOLOGY	235565		235565		235565	52.01
53 ELECTROCARDIOLOGY	142178		142178		142178	53
53.01 CARDIAC REHAB	230357		230357		230357	53.01
54 ELECTROENCEPHALOGRAPHY	44798		44798		44798	54
55 MEDICAL SUPPLIES CHARGED TO	3351334		3351334		3351334	55
56 DRUGS CHARGED TO PATIENTS	2322198		2322198		2322198	56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DE OUTPATIENT SERVICE COST CENTERS						59
60 CLINIC	317018		317018		317018	60
60.01 OTTAWA CLINIC	681285		681285	11358	692643	60.01
61 EMERGENCY	2447802		2447802	170404	2618206	61
62 OBSERVATION BEDS (NON-DISTI	646537		646537		646537	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	41920864		41920864	181762	42102626	101
102 LESS OBSERVATION BEDS	646537		646537		646537	102
103 TOTAL	41274327		41274327	181762	41456089	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	7513000		7513000			25
26 INTENSIVE CARE UNIT	2472320		2472320			26
33 NURSERY	527690		527690			33
34 SKILLED NURSING FACILITY	1645981		1645981			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4118827	9650398	13769225	.289197	.289197	.289197 37
39 DELIVERY ROOM & LABOR ROOM	163930	139090	303020	1.351436	1.351436	1.351436 39
40 ANESTHESIOLOGY	718715	948166	1666881	.211591	.211591	.211591 40
41 RADIOLOGY-DIAGNOSTIC	7584380	21486685	29071065	.179407	.179407	.179407 41
44 LABORATORY	5939379	11844878	17784257	.231971	.231971	.231971 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1540163	156789	1696952	.645274	.645274	.645274 49
50 PHYSICAL THERAPY	965141	1561395	2526536	.553537	.553537	.553537 50
51 OCCUPATIONAL THERAPY	275980	452008	727988	.580126	.580126	.580126 51
52 SPEECH PATHOLOGY	83965	82042	166007	.692525	.692525	.692525 52
52.01 AUDIOLOGY	418	227531	227949	1.033411	1.033411	1.033411 52.01
53 ELECTROCARDIOLOGY	480918	724889	1205807	.117911	.117911	.117911 53
53.01 CARDIAC REHAB	2414	210126	212540	1.083829	1.083829	1.083829 53.01
54 ELECTROENCEPHALOGRAPHY	3234	44197	47431	.944488	.944488	.944488 54
55 MEDICAL SUPPLIES CHARGED TO	4561047	1860138	6421185	.521918	.521918	.521918 55
56 DRUGS CHARGED TO PATIENTS	5309438	1858153	7167591	.323986	.323986	.323986 56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	6397	1012069	1018466	.311270	.311270	.311270 60
60.01 OTTAWA CLINIC		163093	163093	4.177279	4.177279	4.246920 60.01
61 EMERGENCY	2354018	5801069	8155087	.300156	.300156	.321052 61
62 OBSERVATION BEDS (NON-DISTI	60094	2027930	2088024	.309641	.309641	.309641 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	46327449	60250646	106578095			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	46327449	60250646	106578095			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	5416		5416	659328		659328
26 INTENSIVE CARE UNIT	1090		1090	225456		225456
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	414		414	61350		61350
101 TOTAL	6920		6920	946134		946134

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	10072	6749	.54	3644	65.46	441790
26 INTENSIVE CARE UNIT	1284	843	.85	717	175.59	148022
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	563		.74		108.97	
101 TOTAL	11919	7592		4361		589812

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2807	708218	13769225	3511451	.000204	716	.051435	180611
39 DELIVERY ROOM & LABOR ROOM	513	97959	303020		.001693		.323276	39
40 ANESTHESIOLOGY	116	154999	1666881	431233	.000070	30	.092987	40099
41 RADIOLOGY-DIAGNOSTIC	2057	974992	29071065	4627113	.000071	329	.033538	155184
44 LABORATORY	1445	252904	17784257	4283021	.000081	347	.014221	60909
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	373	62792	1696952	908287	.000220	200	.037003	33609
50 PHYSICAL THERAPY	602	77289	2526536	268745	.000238	64	.030591	8221
51 OCCUPATIONAL THERAPY	459	49442	727988	46160	.000631	29	.067916	3135
52 SPEECH PATHOLOGY	86	8911	166007	31430	.000518	16	.053678	1687
52.01 AUDIOLOGY	88	17632	227949	418	.000386		.077351	32
53 ELECTROCARDIOLOGY	72	39199	1205807	402507	.000060	24	.032509	13085
53.01 CARDIAC REHAB	302	52642	212540	1468	.001421	2	.247680	364
54 ELECTROENCEPHALOGRAPHY	124	11545	47431	3234	.002614	8	.243406	787
55 MEDICAL SUPPLIES CHARGED TO P	425	124030	6421185	3405823	.000066	225	.019316	65787
56 DRUGS CHARGED TO PATIENTS	590	233869	7167591	3163232	.000082	259	.032629	103213
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE OUTPATIENT SERVICE COST CENTERS								59
60 CLINIC	225	23950	1018466	5291	.000221	1	.023516	124
60.01 OTTAWA CLINIC	74	30719	163093		.000454		.188353	60.01
61 EMERGENCY	1462	195161	8155087	1939103	.000179	347	.023931	46405
62 OBSERVATION BEDS (NON-DISTINC	406	49423	2088024	59802	.000194	12	.023670	1416
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	12226	3165676	94419104	23088318		2609		714668

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2009.08
 11/20/2009 11:54

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					10072		6749	25
26 INTENSIVE CARE UNIT					1284		843	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					563			33
34 SKILLED NURSING FACILITY					5960		5427	34
35 NURSING FACILITY								35
101 TOTAL					17879		13019	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] 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							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY							52.01
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OTTAWA CLINIC							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		13769225			3511451		1895821 37
39 DELIVERY ROOM & LABOR ROOM		303020					75 39
40 ANESTHESIOLOGY		1666881			431233		142254 40
41 RADIOLOGY-DIAGNOSTIC		29071065			4627113		3283963 41
44 LABORATORY		17784257			4283021		229483 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1696952			908287		17784 49
50 PHYSICAL THERAPY		2526536			268745		4716 50
51 OCCUPATIONAL THERAPY		727988			46160		51
52 SPEECH PATHOLOGY		166007			31430		52
52.01 AUDIOLOGY		227949			418		24564 52.01
53 ELECTROCARDIOLOGY		1205807			402507		124494 53
53.01 CARDIAC REHAB		212540			1468		58263 53.01
54 ELECTROENCEPHALOGRAPHY		47431			3234		5390 54
55 MEDICAL SUPPLIES CHARGED TO P		6421185			3405823		271432 55
56 DRUGS CHARGED TO PATIENTS		7167591			3163232		427448 56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1018466			5291		142975 60
60.01 OTTAWA CLINIC		163093					60.01
61 EMERGENCY		8155087			1939103		545127 61
62 OBSERVATION BEDS (NON-DISTINC		2088024			59802		53153 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		94419104			23088318		7226942 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	2095824				37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY	153846				40
41 RADIOLOGY-DIAGNOSTIC	4225850				41
44 LABORATORY	214276				44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY	18886				49
50 PHYSICAL THERAPY	3832				50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY	20405				52.01
53 ELECTROCARDIOLOGY	162624				53
53.01 CARDIAC REHAB	66550				53.01
54 ELECTROENCEPHALOGRAPHY	11604				54
55 MEDICAL SUPPLIES CHARGED TO P	307093				55
56 DRUGS CHARGED TO PATIENTS	468767				56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	111388				60
60.01 OTTAWA CLINIC	12489				60.01
61 EMERGENCY	497293				61
62 OBSERVATION BEDS (NON-DISTINC	69596				62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8440323				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.289197	.289197	.289197			37
39 DELIVERY ROOM & LABOR ROOM	1.351436	1.351436	1.351436			39
40 ANESTHESIOLOGY	.211591	.211591	.211591			40
41 RADIOLOGY-DIAGNOSTIC	.179407	.179407	.179407			41
44 LABORATORY	.231971	.231971	.231971			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.645274	.645274	.645274			49
50 PHYSICAL THERAPY	.553537	.553537	.553537			50
51 OCCUPATIONAL THERAPY	.580126	.580126	.580126			51
52 SPEECH PATHOLOGY	.692525	.692525	.692525			52
52.01 AUDIOLOGY	1.033411	1.033411	1.033411			52.01
53 ELECTROCARDIOLOGY	.117911	.117911	.117911			53
53.01 CARDIAC REHAB	1.083829	1.083829	1.083829			53.01
54 ELECTROENCEPHALOGRAPHY	.944488	.944488	.944488			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.521918	.521918	.521918			55
56 DRUGS CHARGED TO PATIENTS	.323986	.323986	.323986			56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS						59
60 CLINIC	.311270	.311270	.311270			60
60.01 OTTAWA CLINIC	4.177279	4.177279	4.177279			60.01
61 EMERGENCY	.300156	.300156	.300156			61
62 OBSERVATION BEDS (NON-DISTINCT	.309641	.309641	.309641			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.323986	1
2 PROGRAM VACCINE CHARGES	9386	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	3041	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1895821		2095824				37
39 DELIVERY ROOM & LABOR ROOM		75						39
40 ANESTHESIOLOGY		142254		153846				40
41 RADIOLOGY-DIAGNOSTIC		3283963		4225850				41
44 LABORATORY		229483		214276				44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		17784		18886				49
50 PHYSICAL THERAPY		4716		3832				50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
52.01 AUDIOLOGY		24564		20405				52.01
53 ELECTROCARDIOLOGY		124494		162624				53
53.01 CARDIAC REHAB		58263		66550				53.01
54 ELECTROENCEPHALOGRAPHY		5390		11604				54
55 MEDICAL SUPPLIES CHARGED TO PA		271432		307093				55
56 DRUGS CHARGED TO PATIENTS		427448		468767				56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPEN OUTPATIENT SERVICE COST CENTERS								59
60 CLINIC		142975		111388				60
60.01 OTTAWA CLINIC				12489				60.01
61 EMERGENCY		545127		497293				61
62 OBSERVATION BEDS (NON-DISTINCT		53153		69596				62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		7226942		8440323				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		7226942		8440323				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		548266		606106			37
39 DELIVERY ROOM & LABOR ROOM		101					39
40 ANESTHESIOLOGY		30100		32552			40
41 RADIOLOGY-DIAGNOSTIC		589166		758147			41
44 LABORATORY		53233		49706			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		11476		12187			49
50 PHYSICAL THERAPY		2610		2121			50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY		25385		21087			52.01
53 ELECTROCARDIOLOGY		14679		19175			53
53.01 CARDIAC REHAB		63147		72129			53.01
54 ELECTROENCEPHALOGRAPHY		5091		10960			54
55 MEDICAL SUPPLIES CHARGED TO PAT		141665		160277			55
56 DRUGS CHARGED TO PATIENTS		138487		151874			56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS							59
60 CLINIC		44504		34672			60
60.01 OTTAWA CLINIC				52170			60.01
61 EMERGENCY		163623		149265			61
62 OBSERVATION BEDS (NON-DISTINCT)		16458		21550			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		1847991		2153978			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		1847991		2153978			104

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

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 11/20/2009 11:54

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5594)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST						
	COST	COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM							37	
39 DELIVERY ROOM & LABOR ROOM							39	
40 ANESTHESIOLOGY							40	
41 RADIOLOGY-DIAGNOSTIC							41	
44 LABORATORY							44	
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30	
49 RESPIRATORY THERAPY							49	
50 PHYSICAL THERAPY							50	
51 OCCUPATIONAL THERAPY							51	
52 SPEECH PATHOLOGY							52	
52.01 AUDIOLOGY							52.01	
53 ELECTROCARDIOLOGY							53	
53.01 CARDIAC REHAB							53.01	
54 ELECTROENCEPHALOGRAPHY							54	
55 MEDICAL SUPPLIES CHARGED TO P							55	
56 DRUGS CHARGED TO PATIENTS							56	
56.01 ONCOLOGY							56.01	
59 OTHER ANCILLARY CHEMICAL DEPE							59	
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC							60	
60.01 OTTAWA CLINIC							60.01	
61 EMERGENCY							61	
62 OBSERVATION BEDS (NON-DISTINC							62	
63.50 RHC							63.50	
63.60 FQHC							63.60	
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL							101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5594) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		13769225					37
39 DELIVERY ROOM & LABOR ROOM		303020					39
40 ANESTHESIOLOGY		1666881					40
41 RADIOLOGY-DIAGNOSTIC		29071065			131671		41
44 LABORATORY		17784257			491004		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1696952			364712		49
50 PHYSICAL THERAPY		2526536			544405		50
51 OCCUPATIONAL THERAPY		727988			189280		51
52 SPEECH PATHOLOGY		166007			48895		52
52.01 AUDIOLOGY		227949					52.01
53 ELECTROCARDIOLOGY		1205807			9587		53
53.01 CARDIAC REHAB		212540			683		53.01
54 ELECTROENCEPHALOGRAPHY		47431					54
55 MEDICAL SUPPLIES CHARGED TO P		6421185			189356		55
56 DRUGS CHARGED TO PATIENTS		7167591			987216		56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1018466					60
60.01 OTTAWA CLINIC		163093					60.01
61 EMERGENCY		8155087					61
62 OBSERVATION BEDS (NON-DISTINC		2088024			292		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		94419104			2957101		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5594)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OTTAWA CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [XX] SNF (14-5594)
 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	PROGRAM CHARGES				PROGRAM COSTS			
		OUTPATIENT SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	OUTPATIENT SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B
	1	2	3	4	5	6	7	8	9
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
39 DELIVERY ROOM & LABOR RO									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC									41
44 LABORATORY									44
46.30 BLOOD CLOTTING FACTORS A									46.30
49 RESPIRATORY THERAPY									49
50 PHYSICAL THERAPY									50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
52.01 AUDIOLOGY									52.01
53 ELECTROCARDIOLOGY									53
53.01 CARDIAC REHAB									53.01
54 ELECTROENCEPHALOGRAPHY									54
55 MEDICAL SUPPLIES CHARGED									55
56 DRUGS CHARGED TO PATIENT									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 OTTAWA CLINIC									60.01
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DI									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE CHARGES (S-2 L									65.01
65.02 AMBULANCE CHARGES (S-2 L									65.02
65.03 AMBULANCE CHARGES (S-2 L									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	.323986	1
2 PROGRAM VACCINE CHARGES	3716	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1204	3
3.01 PROGRAM COSTS		3.01

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	5416		5416	659328		659328
26 INTENSIVE CARE UNIT	1090		1090	225456		225456
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	414		414	61350		61350
101 TOTAL	6920		6920	946134		946134

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	10072	937	.54	506	65.46	61336
26 INTENSIVE CARE UNIT	1284	86	.85	73	175.59	15101
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	563	207	.74	153	108.97	22557
101 TOTAL	11919	1230		732		98994

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2807	708218	13769225		.000204		.051435	37
39 DELIVERY ROOM & LABOR ROOM	513	97959	303020		.001693		.323276	39
40 ANESTHESIOLOGY	116	154999	1666881		.000070		.092987	40
41 RADIOLOGY-DIAGNOSTIC	2057	974992	29071065		.000071		.033538	41
44 LABORATORY	1445	252904	17784257		.000081		.014221	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	373	62792	1696952		.000220		.037003	49
50 PHYSICAL THERAPY	602	77289	2526536		.000238		.030591	50
51 OCCUPATIONAL THERAPY	459	49442	727988		.000631		.067916	51
52 SPEECH PATHOLOGY	86	8911	166007		.000518		.053678	52
52.01 AUDIOLOGY	88	17632	227949		.000386		.077351	52.01
53 ELECTROCARDIOLOGY	72	39199	1205807		.000060		.032509	53
53.01 CARDIAC REHAB	302	52642	212540		.001421		.247680	53.01
54 ELECTROENCEPHALOGRAPHY	124	11545	47431		.002614		.243406	54
55 MEDICAL SUPPLIES CHARGED TO P	425	124030	6421185		.000066		.019316	55
56 DRUGS CHARGED TO PATIENTS	590	233869	7167591		.000082		.032629	56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE OUTPATIENT SERVICE COST CENTERS								59
60 CLINIC	225	23950	1018466		.000221		.023516	60
60.01 OTTAWA CLINIC	74	30719	163093		.000454		.188353	60.01
61 EMERGENCY	1462	195161	8155087		.000179		.023931	61
62 OBSERVATION BEDS (NON-DISTINC	406	49423	2088024		.000194		.023670	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	12226	3165676	94419104					101

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2009.08
 11/20/2009 11:54

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	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					10072		937	25
26 INTENSIVE CARE UNIT					1284		86	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					563		207	33
34 SKILLED NURSING FACILITY					5960			34
35 NURSING FACILITY								35
101 TOTAL					17879		1230	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] 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			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							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY							52.01
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OTTAWA CLINIC							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		13769225					37
39 DELIVERY ROOM & LABOR ROOM		303020					39
40 ANESTHESIOLOGY		1666881					40
41 RADIOLOGY-DIAGNOSTIC		29071065					41
44 LABORATORY		17784257					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1696952					49
50 PHYSICAL THERAPY		2526536					50
51 OCCUPATIONAL THERAPY		727988					51
52 SPEECH PATHOLOGY		166007					52
52.01 AUDIOLOGY		227949					52.01
53 ELECTROCARDIOLOGY		1205807					53
53.01 CARDIAC REHAB		212540					53.01
54 ELECTROENCEPHALOGRAPHY		47431					54
55 MEDICAL SUPPLIES CHARGED TO P		6421185					55
56 DRUGS CHARGED TO PATIENTS		7167591					56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1018466					60
60.01 OTTAWA CLINIC		163093					60.01
61 EMERGENCY		8155087					61
62 OBSERVATION BEDS (NON-DISTINC		2088024					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		94419104					101

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/20/2009 11:54

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0026)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OTTAWA CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5594)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	10072					5960	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	10072					5960	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	262					201	3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9810					5759	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)	6749					5427	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5594)	
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	8625100					3138115	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	8625100					3138115	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7657482					1631650	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	220080					60300	29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7437402					1571350	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.126362					1.923277	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	840.00					300.00	32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	758.14					272.85	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	81.86					27.15	34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	92.20					52.22	35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	24156					10496	36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8600944					3127619	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0026)	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	856.34					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5779439					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5779439					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	2319966	1284	1806.83	843	1523158	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	7211475					48
49 TOTAL PROGRAM INPATIENT COSTS	14514072					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	594173					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	717277					51
52 TOTAL PROGRAM EXCLUDABLE COST	1311450					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13202622					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0026)	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

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

	SNF (PPS) (14-5594)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3127619	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	524.77	67
68 PROGRAM ROUTINE SERVICE COST	2847927	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2847927	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	248684	71
72 PER DIEM CAPITAL RELATED COSTS	41.73	72
73 PROGRAM CAPITAL RELATED COSTS	226469	73
74 INPATIENT ROUTINE SERVICE COST	2621458	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2621458	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2847927	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1238508	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	4086435	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) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	755					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	856.34					84
85 OBSERVATION BED COST	646537					85

	COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL		COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL	OBSERVATION BED		
	COST 1	ROUTINE COST (FROM LINE 27) 2		OBSERVATION BED COST (FROM LINE 85) 4	PASS-THROUGH COST COL 3 TIMES COL 4 5		
86 OLD CAPITAL-RELATED COST	5416	8625100	.000628	646537	406	86	
87 NEW CAPITAL-RELATED COST	659328	8625100	.076443	646537	49423	87	
88 NON PHYSICIAN ANESTHETIST		8625100		646537		88	
89 MEDICAL EDUCATION		8625100		646537		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 (PPS) (14-0026)	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)	10072					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	10072					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	262					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9810					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)	937					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	563					15
16 TITLE V OR XIX NURSERY DAYS	207					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 (PPS) (14-0026)	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	8625100						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	8625100						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7657482						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	220080						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7437402						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.126362						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	840.00						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	758.14						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	81.86						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	92.20						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	24156						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8600944						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 (PPS) (14-0026)	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	856.34						38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	802391						39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	802391						41	
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5			
42	NURSERY (TITLES V AND XIX ONLY)	302587	563	537.45	207	111252		42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT	2319966	1284	1806.83	86	155387		43	
44	CORONARY CARE UNIT							44	
45	BURN INTENSIVE CARE UNIT							45	
46	SURGICAL INTENSIVE CARE UNIT							46	
47	OTHER SPECIAL CARE (SPECIFY)							47	
		HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48	
49	TOTAL PROGRAM INPATIENT COSTS	1069030						49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	99726						50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51	
52	TOTAL PROGRAM EXCLUDABLE COST	99726						52	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	969304						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 (PPS) (14-0026)	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

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0026)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	755	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	856.34	84
85 OBSERVATION BED COST	646537	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	5416	8625100	.000628	646537	406	86
87 NEW CAPITAL-RELATED COST	659328	8625100	.076443	646537	49423	87
88 NON PHYSICIAN ANESTHETIST		8625100		646537		88
89 MEDICAL EDUCATION		8625100		646537		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0026) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		5640543		25
26 INTENSIVE CARE UNIT		1578903		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.289197	3511451	1015501	37
39 DELIVERY ROOM & LABOR ROOM	1.351436			39
40 ANESTHESIOLOGY	.211591	431233	91245	40
41 RADIOLOGY-DIAGNOSTIC	.179407	4627113	830136	41
44 LABORATORY	.231971	4283021	993537	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.645274	908287	586094	49
50 PHYSICAL THERAPY	.553537	268745	148760	50
51 OCCUPATIONAL THERAPY	.580126	46160	26779	51
52 SPEECH PATHOLOGY	.692525	31430	21766	52
52.01 AUDIOLOGY	1.033411	418	432	52.01
53 ELECTROCARDIOLOGY	.117911	402507	47460	53
53.01 CARDIAC REHAB	1.083829	1468	1591	53.01
54 ELECTROENCEPHALOGRAPHY	.944488	3234	3054	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.521918	3405823	1777560	55
56 DRUGS CHARGED TO PATIENTS	.323986	3163232	1024843	56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND				59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.311270	5291	1647	60
60.01 OTTAWA CLINIC	4.246920			60.01
61 EMERGENCY	.321052	1939103	622553	61
62 OBSERVATION BEDS (NON-DISTINCT	.309641	59802	18517	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		23088318	7211475	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		23088318		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5594)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.289197			37
39 DELIVERY ROOM & LABOR ROOM	1.351436			39
40 ANESTHESIOLOGY	.211591			40
41 RADIOLOGY-DIAGNOSTIC	.179407	131671	23623	41
44 LABORATORY	.231971	491004	113899	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.645274	364712	235339	49
50 PHYSICAL THERAPY	.553537	544405	301348	50
51 OCCUPATIONAL THERAPY	.580126	189280	109806	51
52 SPEECH PATHOLOGY	.692525	48895	33861	52
52.01 AUDIOLOGY	1.033411			52.01
53 ELECTROCARDIOLOGY	.117911	9587	1130	53
53.01 CARDIAC REHAB	1.083829	683	740	53.01
54 ELECTROENCEPHALOGRAPHY	.944488			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.521918	189356	98828	55
56 DRUGS CHARGED TO PATIENTS	.323986	987216	319844	56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS				59
CLINIC				
60 CLINIC	.311270			60
60.01 OTTAWA CLINIC	4.177279			60.01
61 EMERGENCY	.300156			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.309641	292	90	62
RHC				
63.50 RHC				63.50
FQHC				
63.60 FQHC				63.60
101 TOTAL		2957101	1238508	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2957101		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0026)	<input type="checkbox"/> SNF	<input checked="" 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 type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.289197		37
39 DELIVERY ROOM & LABOR ROOM	1.351436		39
40 ANESTHESIOLOGY	.211591		40
41 RADIOLOGY-DIAGNOSTIC	.179407		41
44 LABORATORY	.231971		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.645274		49
50 PHYSICAL THERAPY	.553537		50
51 OCCUPATIONAL THERAPY	.580126		51
52 SPEECH PATHOLOGY	.692525		52
52.01 AUDIOLOGY	1.033411		52.01
53 ELECTROCARDIOLOGY	.117911		53
53.01 CARDIAC REHAB	1.083829		53.01
54 ELECTROENCEPHALOGRAPHY	.944488		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.521918		55
56 DRUGS CHARGED TO PATIENTS	.323986		56
56.01 ONCOLOGY			56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS			59
CLINIC			
60 CLINIC	.311270		60
60.01 OTTAWA CLINIC	4.246920		60.01
61 EMERGENCY	.321052		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.309641		62
RHC			
63.50 RHC			63.50
FQHC			
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2056908					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2435983					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	5382034					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	377869					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	91.22					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0026)	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	10252794					6
7	13649225					7
7.01						7.01
8	12800117					8
9	847110					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	13647227					16
17	8928					17
18	13638299					18
19	1231472					19
20	34039					20
21	219184					21
21.01	153429					21.01
21.02						21.02
22	12526217					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	12526217					26
27						27
28	12483890					28
28.01						28.01
29	42327					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0026) 1	HOSPITAL (14-0026) 1.01	HOSPITAL (14-0026) 1.02	
1 MEDICAL AND OTHER SERVICES	3041			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1847991	2153978		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1462493	1653727		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.840	0.840		1.03
1.04 LINE 1.01 TIMES LINE 1.03	1552312	1809342		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	94.21	91.40		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	76346	132273		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	3041			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	9386			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	9386			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	9386			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	6345			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3041			17
17.01 TOTAL PPS PAYMENTS	3324839			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0026) 1	HOSPITAL (14-0026) 1.01	HOSPITAL (14-0026) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	823707		18.01
LINE 17.01			
19 SUBTOTAL	2504173		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	2504173		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	2504173		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	131878		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	92315		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2596488		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	2596488		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2420522		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	175966		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5594)	SNF (14-5594)	SNF (14-5594)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES	1204		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO			1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	1204		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	3716		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	3716		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	3716		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	2512		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	1204		17
17.01 TOTAL PPS PAYMENTS			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5594)	SNF (14-5594)	SNF (14-5594)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL	1204		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	1204		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1204		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	1204		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	1204		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1523		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-319		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0026)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0026)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0026)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0026)

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		12217657		2423127
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01	01/27/2009	292313		3.01
TO .02				3.02
PROVIDER .03				NONE
TO .04				3.03
PROGRAM .05				3.04
PROVIDER .51	01/27/2009	26080	01/27/2009	2605
TO .52				3.50
PROGRAM .53				3.51
TO .54				3.52
PROGRAM .54				3.53
				3.54
SUBTOTAL .99		266233		-2605
4 TOTAL INTERIM PAYMENTS		12483890		2420522
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02				5.02
PROVIDER .03				5.03
PROVIDER .50				5.50
TO .51				5.51
PROGRAM .52				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01				6.01
PROVIDER TO .02				6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5594)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1726835		1523
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE NONE	NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1726835		1523
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5594) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	24
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29
30	SUBTOTAL	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5594) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST	34
35	SUBTOTAL	1860297 35
36	COINSURANCE	133462 36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19	37
38	REIMBURSABLE BAD DEBTS	3840 38
38.01	REDUCED REIMBURSABLE BAD DEBTS	38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	2688 38.03
39	UTILIZATION REVIEW	39
40	SUBTOTAL	1729523 40
41	INPATIENT ROUTINE SERVICE COST	41
42	MEDICARE INPATIENT ROUTINE CHARGES	42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	44
45	RATIO OF LINE 43 TO LINE 44	45
46	TOTAL CUSTOMARY CHARGES	46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	49
50	OTHER ADJUSTMENTS	50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	51
52	SUBTOTAL	1729523 52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)	53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1729523 55
56	SEQUESTRATION ADJUSTMENT	56
57	INTERIM PAYMENTS	1726835 57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	57.01
58	BALANCE DUE PROVIDER/PROGRAM	2688 58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	59

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 (PPS)	
		HOSPITAL (14-0026) (PPS)	SUB I	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES						2
3	MEDICAL AND OTHER SERVICES						3
4	INTERNS AND RESIDENTS						4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						5
6	COST OF TEACHING PHYSICIANS						6
7	SUBTOTAL						7
8	INPATIENT PRIMARY PAYER PAYMENTS						8
9	OUTPATIENT PRIMARY PAYER PAYMENTS						9
10	SUBTOTAL						10
11	COMPUTATION OF LESSER OF COST OR CHARGES						11
12	ROUTINE SERVICE CHARGES						12
13	ANCILLARY SERVICE CHARGES						13
14	INTERNS AND RESIDENTS SERVICE CHARGES						14
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE						15
16	TEACHING PHYSICIANS						16
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION						17
18	TOTAL REASONABLE CHARGES						18
19	CUSTOMARY CHARGES						19
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						20
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						21
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						22
23	ACCORDANCE WITH 42 CFR 413.13(E)						23
24	RATIO OF LINE 17 TO LINE 18						24
25	TOTAL CUSTOMARY CHARGES						25
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						26
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						27
28	COST OF COVERED SERVICES						28
29	PROSPECTIVE PAYMENT AMOUNT						29
30	OTHER THAN OUTLIER PAYMENTS						30
31	OUTLIER PAYMENTS						31
32	PROGRAM CAPITAL PAYMENTS						32
33	CAPITAL EXCEPTION PAYMENTS						33
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS						34
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						35
36	SUBTOTAL						36
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						37
38	LESSER OF LINES 30 OR 31						38
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						39

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0026) (PPS)	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					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					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					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT 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	1806117			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	29269339			4
5	OTHER RECEIVABLES	1761036			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-22168582			6
7	INVENTORY	1553061			7
8	PREPAID EXPENSES	564343			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	12785314			11
FIXED ASSETS					
12	LAND	1146583			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	912934			13
13.01	ACCUMULATED DEPRECIATION	-497962			13.01
14	BUILDINGS	39326562			14
14.01	ACCUMULATED DEPRECIATION	-11062090			14.01
15	LEASEHOLD IMPROVEMENTS	922145			15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	7923549			16
16.01	ACCUMULATED DEPRECIATION	-4369831			16.01
17	AUTOMOBILES AND TRUCKS	291079			17
17.01	ACCUMULATED DEPRECIATION	-257216			17.01
18	MAJOR MOVABLE EQUIPMENT	20553229			18
18.01	ACCUMULATED DEPRECIATION	-13611019			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	41277963			21
OTHER ASSETS					
22	INVESTMENTS	30890901			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2221025			25
26	TOTAL OTHER ASSETS	33111926			26
27	TOTAL ASSETS	87175203			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1991827			28
29	SALARIES, WAGES & FEES PAYABLE	2455501			29
30	PAYROLL TAXES PAYABLE	-1253			30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	1676296			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	1125			34
35	OTHER CURRENT LIABILITIES	3479098			35
36	TOTAL CURRENT LIABILITIES	9602594			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	10037783			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	11202308			41
42	TOTAL LONG TERM LIABILITIES	21240091			42
43	TOTAL LIABILITIES	30842685			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	56332518			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	56332518			51
52	TOTAL LIABILITIES AND FUND BALANCES	87175203			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	68137028			1
2 NET INCOME (LOSS)	-4934097			2
3 TOTAL	63202931			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	-381904			4
5 NET ASSET RELEASED FROM RESTRICTION	21813			5
6 REV AUDIT ENTRY CORRECT PREV YR POS				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	-360091			10
11 SUBTOTAL	62842840			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO AFFILIATE				13
14 CUM EFF OF CHNG IN ACCOUNTING PRINC				14
15 MINIMUM PENSION LIABILITY	6510322			15
16				16
17				17
18 TOTAL DEDUCTIONS	6510322			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	56332518			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	7594928		7594928	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	1645981		1645981	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	9240909		9240909	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	2495431		2495431	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	2495431		2495431	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	11736340		11736340	18
18.50 ANCILLARY SERVICES	36501379	65318385	101819764	18.50
18.60 OUTPATIENT SERVICES		2066506	2066506	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		875111	875111	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE		197010	197010	25
TOTAL PATIENT REVENUES	48237719	68457012	116694731	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		51369981	26
27 ADD (SPECIFY)			27
28 DEPR. DIFFERENCE			28
29 ROUNDING			29
30 LAP SCH DEP ADJUSTMENT			30
31 LAP SCH DEP ADJUSTMENT	2280		31
32 TOTAL ADDITIONS		2280	32
33 DEDUCT (SPECIFY)			33
34 LAP SCH DEP ADJUSTMENT	-2531		34
35 ROUNDING	-5		35
36 DEPR. DIFFERENCE			36
37 TOTAL DEDUCTIONS	-2536		37
38 TOTAL OPERATING EXPENSES		51369725	38

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	116694731	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	67376352	2
3	NET PATIENT REVENUES	49318379	3
4	LESS - TOTAL OPERATING EXPENSES	51369725	4
5	NET INCOME FROM SERVICE TO PATIENTS	-2051346	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	394938	6
7	INCOME FROM INVESTMENTS	-1943063	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	6880	10
11	REBATES AND REFUNDS OF EXPENSES	-34242	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	149246	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	17155	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	17427	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	35649	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	194607	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	NON OPERATING UNREALIZED GAIN (LOSS)	-1661829	24.01
24.02	WK COMP & G/P LIABILITY FUND INCOME	-186655	24.02
24.03	OTHER REVENUE	127136	24.03
25	TOTAL OTHER INCOME	-2882751	25
26	TOTAL	-4934097	26
27			27
28	FREIGHT		28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-4934097	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7173

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	306843				49766	356609
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	294133					294133
7 PHYSICAL THERAPY	55184					55184
8 OCCUPATIONAL THERAPY	959					959
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES	15379					15379
11 HOME HEALTH AIDE	4565					4565
12 SUPPLIES					6603	6603
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	677063				56369	733432

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7173

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL	-34111	322498		322498	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		294133		294133	6
7 PHYSICAL THERAPY	-55184				7
8 OCCUPATIONAL THERAPY	-959				8
9 SPEECH PATHOLOGY					9
10 MEDICAL SOCIAL SERVICES	-15379				10
11 HOME HEALTH AIDE		4565		4565	11
12 SUPPLIES	-6603				12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-112236	621196		621196	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7173

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
1 GENERAL SERVICE COST CENTER								1
2 CAPITAL RELATED-BLDG & FIXT								2
3 CAPITAL RELATED-MOVABLE EQUIP								3
4 PLANT OPERATION & MAINTENANCE								4
5 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	322498					322498	322498	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	294133					294133	317569	6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH PATHOLOGY								9
10 MEDICAL SOCIAL SERVICES								10
11 HOME HEALTH AIDE	4565					4565	4929	11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	621196					621196		24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-322498	298698	5
6 SKILLED NURSING CARE						294133	6
7 PHYSICAL THERAPY							7
8 OCCUPATIONAL THERAPY							8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						4565	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-322498	298698	24
25 COST TO BE ALLOC (PER W/S H)						322498	25
26 UNIT COST MULTIPLIER						1.079679	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7173

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		207229		207229			1
2 SKILLED NURSING CARE		845009		845009	198847	1043856	2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES		22506		22506	5296	27802	6
7 HOME HEALTH AIDE		13115		13115	3086	16201	7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		1087859		1087859	207229	1087859	20
21 UNIT COST MULTIPLIER					.235319		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ FEET	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ. FEE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	3710		3710		272732		94659	1369	1
2 SKILLED NURSING CARE					294133		690244		2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE					4565		10713		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	3710		3710		571430		795616	1369	20
21 TOTAL COST TO BE ALLOCATED	253		21578		152589		178391	16610	21
22 UNIT COST MULTIPLIER	.068194		5.816173		.267030		.224217		22
22 UNIT COST MULTIPLIER								12.132944	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	MAINT OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL	3710		145		119			516753	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	3710		145		119			516753	20
21 TOTAL COST TO BE ALLOCATED	62120		5417		4660			2539	21
22 UNIT COST MULTIPLIER	16.743935		37.358621		39.159664				22
22 UNIT COST MULTIPLIER								.004913	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		1043856		1043856	3219	324.28	1
2	PHYSICAL THERAPY			121452	121452	1186	102.40	2
3	OCCUPATIONAL THERAPY			2254	2254	21	107.33	3
4	SPEECH PATHOLOGY			2050	2050	16	128.13	4
5	MEDICAL SOCIAL SERV		27802		27802	83	334.96	5
6	HOME HEALTH AIDE SERV		16201		16201	190	85.27	6
7	TOTAL		1087859	125756	1213615	4715		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	9914					8
8.01	SKILLED NURSING CARE	1600					8.01
8.02	SKILLED NURSING CARE	6120					8.02
9	PHYSICAL THERAPY	9914					9
9.01	PHYSICAL THERAPY	1600					9.01
9.02	PHYSICAL THERAPY	6120					9.02
10	OCCUPATIONAL THERAPY	9914					10
10.01	OCCUPATIONAL THERAPY	1600					10.01
10.02	OCCUPATIONAL THERAPY	6120					10.02
11	SPEECH PATHOLOGY	9914					11
11.01	SPEECH PATHOLOGY	1600					11.01
11.02	SPEECH PATHOLOGY	6120					11.02
12	MEDICAL SOCIAL SERV	9914					12
12.01	MEDICAL SOCIAL SERV	1600					12.01
12.02	MEDICAL SOCIAL SERV	6120					12.02
13	HOME HEALTH AIDE SERV	9914					13
13.01	HOME HEALTH AIDE SERV	1600					13.01
13.02	HOME HEALTH AIDE SERV	6120					13.02
14	TOTAL						14

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

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

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		10503	10503	20124	.521914	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17.01
17.02	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					6120		17.02
18	PER BENEFICIARY COST LIMITATION					9914		18
18.01	PER BENEFICIARY COST LIMITATION					1600		18.01
18.02	PER BENEFICIARY COST LIMITATION					6120		18.02
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

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

COST PER VISIT COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	11
1	SKILLED NURSING CARE	1992	751	645966	243534	889500
2	PHYSICAL THERAPY	788	127	80691	13005	93696
3	OCCUPATIONAL THERAPY	19		2039		2039
4	SPEECH PATHOLOGY	12		1538		1538
5	MEDICAL SOCIAL SERV	55	13	18423	4354	22777
6	HOME HEALTH AIDE SERV	131	52	11170	4434	15604
7	TOTAL	2997	943	759827	265327	1025154

LIMITATION COST COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	11
8	SKILLED NURSING CARE					8
8.01	SKILLED NURSING CARE					8.01
8.02	SKILLED NURSING CARE					8.02
9	PHYSICAL THERAPY					9
9.01	PHYSICAL THERAPY					9.01
9.02	PHYSICAL THERAPY					9.02
10	OCCUPATIONAL THERAPY					10
10.01	OCCUPATIONAL THERAPY					10.01
10.02	OCCUPATIONAL THERAPY					10.02
11	SPEECH PATHOLOGY					11
11.01	SPEECH PATHOLOGY					11.01
11.02	SPEECH PATHOLOGY					11.02
12	MEDICAL SOCIAL SERV					12
12.01	MEDICAL SOCIAL SERV					12.01
12.02	MEDICAL SOCIAL SERV					12.02
13	HOME HEALTH AIDE SERV					13
13.01	HOME HEALTH AIDE SERV					13.01
13.02	HOME HEALTH AIDE SERV					13.02
14	TOTAL					14

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7173

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	554017	165975	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	3290	5177	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	2459	616	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	559766	171768	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	559766	171768	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	559766	171768	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	559766	171768	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	559766	171768	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	559766	171768	24
25 TOTAL INTERIM PAYMENTS	559766	171768	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7173

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		559766		171768	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		559766		171768	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0026)	HOSPITAL (14-0026)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	813020				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	34090				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4					4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]					
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					5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
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	847110				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0026)	HOSPITAL (14-0026)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPEND					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OTTAWA CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 OTHER NONREIMBURSABLE COST					00

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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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	
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	67.01		9.30				76.31 25
26 INTENSIVE CARE UNIT	65.65		6.70				72.35 26
33 NURSERY			36.77				36.77 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	25.50	13.77					39.27 37
39 DELIVERY ROOM & LABOR ROOM		0.02					0.02 39
40 ANESTHESIOLOGY	25.87	8.53					34.40 40
41 RADIOLOGY-DIAGNOSTIC	15.92	11.30					27.22 41
44 LABORATORY	24.08	1.29					25.37 44
49 RESPIRATORY THERAPY	53.52	1.05					54.57 49
50 PHYSICAL THERAPY	10.64	0.19					10.83 50
51 OCCUPATIONAL THERAPY	6.34						6.34 51
52 SPEECH PATHOLOGY	18.93						18.93 52
52.01 AUDIOLOGY	0.18	10.78					10.96 52.01
53 ELECTROCARDIOLOGY	33.38	10.32					43.70 53
53.01 CARDIAC REHAB	0.69	27.41					28.10 53.01
54 ELECTROENCEPHALOGRAPHY	6.82	11.36					18.18 54
55 MEDICAL SUPPLIES CHARGED TO PAT	53.04	4.23					57.27 55
56 DRUGS CHARGED TO PATIENTS	44.13	5.96					50.09 56
60 CLINIC	0.52	14.04					14.56 60
61 EMERGENCY	23.78	6.68					30.46 61
62 OBSERVATION BEDS (NON-DISTINCT	2.86	2.55					5.41 62
101 TOTAL CHARGES	21.66	6.78					28.44 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY	UTIL	
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----				
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT			
	1	2	3	4	5	6	7		
UTILIZATION PERCENTAGES BASED ON DAYS									
34 SKILLED NURSING FACILITY		91.06						91.06	34
UTILIZATION PERCENTAGES BASED ON CHARGES									
41 RADIOLOGY-DIAGNOSTIC		0.45						0.45	41
44 LABORATORY		2.76						2.76	44
49 RESPIRATORY THERAPY		21.49						21.49	49
50 PHYSICAL THERAPY		21.55						21.55	50
51 OCCUPATIONAL THERAPY		26.00						26.00	51
52 SPEECH PATHOLOGY		29.45						29.45	52
53 ELECTROCARDIOLOGY		0.80						0.80	53
53.01 CARDIAC REHAB		0.32						0.32	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		2.95						2.95	55
56 DRUGS CHARGED TO PATIENTS		13.77						13.77	56
62 OBSERVATION BEDS (NON-DISTINCT		0.01						0.01	62
101 TOTAL CHARGES		2.77						2.77	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	19465	.04	-19465	-.09		1
2	OLD CAP REL COSTS-MVBLE EQUIP	2636	.01	-2636	-.01		2
3	NEW CAP REL COSTS-BLDG & FIXT	1662948	3.62	-1662948	-7.42		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2501708	5.45	-2501708	-11.16		4
5	EMPLOYEE BENEFITS	5302768	11.55	-5302768	-23.66		5
6	ADMINISTRATIVE & GENERAL	6916734	15.07	-6916734	-30.87		6
7	MAINTENANCE & REPAIRS	1009142	2.20	-1009142	-4.50		7
8	OPERATION OF PLANT	1181972	2.57	-1181972	-5.27		8
9	LAUNDRY & LINEN SERVICE	248790	.54	-248790	-1.11		9
10	HOUSEKEEPING	684262	1.49	-684262	-3.05		10
11	DIETARY	628043	1.37	-628043	-2.80		11
12	CAFETERIA	9667	.02	-9667	-.04		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	938498	2.04	-938498	-4.19		14
15	CENTRAL SERVICES & SUPPLY	159534	.35	-159534	-.71		15
16	PHARMACY	546613	1.19	-546613	-2.44		16
17	MEDICAL RECORDS & LIBRARY	581461	1.27	-581461	-2.59		17
18	SOCIAL SERVICE	15379	.03	-15379	-.07		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	3592090	7.83	5033010	22.46	8625100	18.79
26	INTENSIVE CARE UNIT	1062098	2.31	1257868	5.61	2319966	5.05
33	NURSERY	97698	.21	204889	.91	302587	.66
34	SKILLED NURSING FACILITY	1222084	2.66	1916031	8.55	3138115	6.84
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1485860	3.24	2496152	11.14	3982012	8.67
39	DELIVERY ROOM & LABOR ROOM	113832	.25	295680	1.32	409512	.89
40	ANESTHESIOLOGY	113509	.25	239188	1.07	352697	.77
41	RADIOLOGY-DIAGNOSTIC	2768695	6.03	2446862	10.92	5215557	11.36
44	LABORATORY	2768124	6.03	1357302	6.06	4125426	8.99
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	634197	1.38	460802	2.06	1094999	2.39
50	PHYSICAL THERAPY	831272	1.81	567260	2.53	1398532	3.05
51	OCCUPATIONAL THERAPY	226526	.49	195799	.87	422325	.92
52	SPEECH PATHOLOGY	64463	.14	50501	.23	114964	.25
52.01	AUDIOLOGY	154887	.34	80678	.36	235565	.51
53	ELECTROCARDIOLOGY	50306	.11	91872	.41	142178	.31
53.01	CARDIAC REHAB	61922	.13	168435	.75	230357	.50
54	ELECTROENCEPHALOGRAPHY	10831	.02	33967	.15	44798	.10
55	MEDICAL SUPPLIES CHARGED TO PAT	2630087	5.73	721247	3.22	3351334	7.30
56	DRUGS CHARGED TO PATIENTS	986672	2.15	1335526	5.96	2322198	5.06
56.01	ONCOLOGY						56.01

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59 OTHER ANCILLARY CHEMICAL DEPEND							59
60 CLINIC	160752	.35	156266	.70	317018	.69	60
60.01 OTTAWA CLINIC	462526	1.01	218759	.98	681285	1.48	60.01
61 EMERGENCY	1031481	2.25	1416321	6.32	2447802	5.33	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	621196	1.35	466663	2.08	1087859	2.37	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	25320	.06	16139	.07	41459	.09	96
98 PHYSICIANS' PRIVATE OFFICES	2016531	4.39	997457	4.45	3013988	6.57	98
100 OTHER NONREIMBURSABLE COST	301004	.66	184946	.83	485950	1.06	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	45903583	100.00	0	.00	45903583	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	711025	13769225	.051639	3511451	181327	37
39 DELIVERY ROOM & LABOR ROOM	98472	303020	.324969			39
40 ANESTHESIOLOGY	155115	1666881	.093057	431233	40129	40
41 RADIOLOGY-DIAGNOSTIC	977049	29071065	.033609	4627113	155513	41
44 LABORATORY	254349	17784257	.014302	4283021	61256	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	63165	1696952	.037223	908287	33809	49
50 PHYSICAL THERAPY	77891	2526536	.030829	268745	8285	50
51 OCCUPATIONAL THERAPY	49901	727988	.068547	46160	3164	51
52 SPEECH PATHOLOGY	8997	166007	.054196	31430	1703	52
52.01 AUDIOLOGY	17720	227949	.077737	418	32	52.01
53 ELECTROCARDIOLOGY	39271	1205807	.032569	402507	13109	53
53.01 CARDIAC REHAB	52944	212540	.249101	1468	366	53.01
54 ELECTROENCEPHALOGRAPHY	11669	47431	.246020	3234	795	54
55 MEDICAL SUPPLIES CHARGED TO PAT	124455	6421185	.019382	3405823	66012	55
56 DRUGS CHARGED TO PATIENTS	234459	7167591	.032711	3163232	103472	56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DEPEND OUTPATIENT SERVICE COST CENTERS						59
60 CLINIC	24175	1018466	.023737	5291	125	60
60.01 OTTAWA CLINIC	30793	163093	.188807			60.01
61 EMERGENCY	196623	8155087	.024110	1939103	46752	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	49829	2088024	.023864	59802	1428	62
63.50 RHC						63.50
63.60 FOHC						63.60
101 TOTAL	3177902	94419104		23088318	717277	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	COSTS
							7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	664744		664744	10072	66.00	6749	445434 25
26 INTENSIVE CARE UNIT	226546		226546	1284	176.44	843	148739 26
101 TOTAL	891290		891290			7592	594173 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 594173

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 717277

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 1311450

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	13202622
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	30307764
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.436

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	1311450
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.043

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	3950766
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	15613748
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.253