

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY LORETTO HOSPITAL (14-0083) (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	2	3	4
1	HOSPITAL	1070022	147504	1
2	SUBPROVIDER I			2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	1070022	147504	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: 645 SOUTH CENTRAL AVENUE
 1.01 CITY: CHICAGO

STATE: IL

P.O.BOX:

ZIP CODE: 60646

COUNTY: COOK

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0083	07/01/1966	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2008	TO: 06/30/2009				17
18	TYPE OF CONTROL		1 2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	N 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO			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?			YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	YES	YES	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.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS: 695644	PAID LOSSES:	AND/OR SELF INSURANCE:	1500000					
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 NO	LIMIT 0.00	Y/N 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: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 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)		YES	08/03/2009			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		2208	3148	6505	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		2208	3148	6505	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 IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5	6	
1 SALARIES		2	3	4	5	6	
1 TOTAL SALARIES	26543142		26543142	1029989.00	25.77		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)	131446		131446	8344.00	15.75	LABOR DIST	6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	1039		1039	45.00	23.09	LABOR DIST	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR							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							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	5188437		5188437			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	204		204			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	25823		25823			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	210438		210438	6938.00	30.33		21
22 ADMINISTRATIVE & GENERAL	3551344		3551344	117798.00	30.15		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	78931		78931	728.00	108.42		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	908865		908865	33209.00	27.37		24
25 LAUNDRY & LINEN SERVICE	33781		33781	2455.00	13.76		25
26 HOUSEKEEPING	633047		633047	53341.00	11.87		26
26.01 HOUSEKEEPING UNDER CONTRACT	231835		231835	4080.00	56.82		26.01
27 DIETARY	790592		790592	55910.00	14.14		27
27.01 DIETARY UNDER CONTRACT	129126		129126	2145.25	60.19		27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1435928		1435928	37237.00	38.56		30
31 CENTRAL SERVICES AND SUPPLY	182558		182558	9866.00	18.50		31
32 PHARMACY	528791		528791	20170.00	26.22		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	449809		449809	23306.00	19.30		33
34 SOCIAL SERVICE	50649		50649	2933.00	17.27		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	26851588		26851588	1028598.25	26.11	1
2 EXCLUDED AREA SALARIES	1039		1039	45.00	23.09	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	26850549		26850549	1028553.25	26.11	3
4 SUBTOTAL OTHER WAGES & REL COSTS						4
5 SUBTOTAL WAGE-RELATED COSTS	5188437		5188437		19.32%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	32038986		32038986	1028553.25	31.15	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	9215694		9215694	370116.25	24.90	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

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	12080563	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	12080563	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.620964	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	35213937	28
29	TOTAL GROSS MEDICAID COST	21866587	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	5965232	30
31	UNCOMPENSATED CARE COST	3704194	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	21866587	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								1
2	0200								2
3	0300								3
4	0400		2468653	2468653	-268309	2200344	-23355	2176989	4
5	0500				980265	980265		980265	5
6.01	1160	210438	3454463	3664901	39984	3704885		3704885	6.01
6.04	0640	120779	376657	497436		497436		497436	6.04
6.05	0650	172683	25526	198209		198209		198209	6.05
6.06	0660	326671	60986	387657	46644	434301		434301	6.06
7	0700	2931211	15322850	18254061	-211011	18043050	-4134823	13908227	7
8	0800								8
9	0900	908865	1594517	2503382	80520	2583902		2583902	9
10	1000	33781	280780	314561		314561		314561	10
11	1100	633047	399653	1032700	129420	1162120		1162120	11
12	1200	790592	336825	1127417		1127417		1127417	12
13	1300		348930	348930		348930	-111423	237507	13
14	1400								14
15	1500	1435928	261895	1697823	-49956	1647867		1647867	15
16	1600	182558	694735	877293		877293		877293	16
17	1700	528791	1677132	2205923	-1485298	720625		720625	17
18	1800	449809	478273	928082		928082	-18507	909575	18
20	2000	50649	4294	54943		54943		54943	20
21	2100								21
22	2200	131446	10452	141898		141898		141898	22
23	2300								23
24	2400								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	8732271	1227604	9959875	-107280	9852595	-128135	9724460	25
26	2600	1557672	349665	1907337		1907337	-138400	1768937	26
ANCILLARY SERVICE COST CENTERS									
37	3700	660537	548826	1209363		1209363		1209363	37
40	4000		294173	294173		294173	-269473	24700	40
41	4100	1070350	922874	1993224		1993224	-141667	1851557	41
44	4400	919438	1204505	2123943		2123943		2123943	44
46.30	4650								46.30
49	4900	799230	347643	1146873		1146873	-24000	1122873	49
50	5000	374279	68557	442836		442836	-5331	437505	50
53	5300	199439	75493	274932		274932		274932	53
54	5400	16699	1844	18543		18543		18543	54
55	5500				135931	135931		135931	55
55.30	5530								55.30
56	5600				1485298	1485298		1485298	56
57	5700		216415	216415		216415		216415	57
58.01	3951								58.01
59	3550	620740	784460	1405200	-513252	891948	-195855	696093	59
59.10	3950	111438	13590	125028		125028		125028	59.10
OUTPATIENT SERVICE COST CENTERS									
60	6000	361834	51538	413372		413372		413372	60
60.01	6001								60.01
60.02	6002								60.02
60.03	6003								60.03
60.04	6004								60.04
61	6100	2210423	1974994	4185417	-135931	4049486	-1217547	2831939	61
61.01	4950	505	3248	3753		3753		3753	61.01
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		127025	127025	-127025				88
95		26542103	36009075	62551178		62551178	-6408516	56142662	95
NONREIMBURSABLE COST CENTERS									
98	9800	437	5434	5871		5871		5871	98
100	7950		131771	131771		131771		131771	100
100.10	7951	602	655	1257		1257		1257	100.10
101	TOTAL	26543142	36146935	62690077		62690077	-6408516	56281561	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
			COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
1	DRUGS SOLD	A	DRUGS CHARGED TO PATIENTS	56		1485298	1
2		A					2
3							3
4	INTEREST EXPENSE	B	OTHER ADMINISTRATIVE	6.06		127025	4
5							5
6	MHU RECOVERIES	C	EMPLOYEE BENEFITS	5		39984	6
7		C	BUSINESS OFFICE	6.05		46644	7
8		C	OTHER ADMINISTRATIVE	6.06		373920	8
9		C	OPERATION OF PLANT	8		80520	9
10		C	HOUSEKEEPING	10		129420	10
11							11
12	DEPR EXP	D	NEW CAP REL COSTS-MVBLE EQUIP	4		980265	12
13							13
14	SUPPLIES CHARGED	E	MEDICAL SUPPLIES CHARGED TO P	55		135931	14
15							15
16	CAPITAL INSURANCE EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		711956	16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS					4110963	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 DRUGS SOLD	A	PHARMACY	16		1485298	1
2	A					2
3						3
4 INTEREST EXPENSE	B	INTEREST EXPENSE	88		127025	4
5						5
6 MHU RECOVERIES	C	ADULTS & PEDIATRICS	25		107280	6
7	C	O/P MENTAL HEALTH	59		513252	7
8	C	NURSING ADMINISTRATION	14		49956	8
9	C					9
10	C					10
11						11
12 DEPR EXP	D	NEW CAP REL COSTS-BLDG & FIXT	3		980265	9 12
13						13
14 SUPPLIES CHARGED	E	EMERGENCY	61		135931	14
15						15
16 CAPITAL INSURANCE EXPENSE	F	OTHER ADMINISTRATIVE	6.06		711956	12 16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS					4110963	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	429028					429028		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	24359281	5964134		5964134		30323415		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	3449756					3449756		5
6 MOVABLE EQUIPMENT	13119623	1282544		1282544		14402167		6
7 SUBTOTAL	41357688	7246678		7246678		48604366		7
8 RECONCILING ITEMS								8
9 TOTAL	41357688	7246678		7246678		48604366		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1465033			711956			2176989 3
4 NEW CAP REL COSTS-MVBLE EQUIP	980265						980265 4
5 TOTAL	2445298			711956			3157254 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2468653						2468653 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	2468653						2468653 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	B	-127025	OTHER ADMINISTRATIVE	6.06	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2640852			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-111423	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	-18507	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
37.02 TELEPHONE CAPITAL	B	-2282	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.02
38					38
39					39
40 BAD DEBTS	A	-3465280	OTHER ADMINISTRATIVE	6.06	40
41 LOBBYING EXPENSES	A	-22074	OTHER ADMINISTRATIVE	6.06	41
42 RENTAL INCOME	B	-21073	NEW CAP REL COSTS-BLDG & FIXT	3	9 42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-6408516			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						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

PROVIDER NO. 14-0083 LORETTO 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
 11/28/2009 10:53

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	AGGREGATE	128135	128135					
2	26	INTENSIVE CARE UNIT	AGGREGATE	138400	138400					
3	40	ANESTHESIOLOGY	AGGREGATE	269473	269473					
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	141667	141667					
5	50	PHYSICAL THERAPY	AGGREGATE	5331	5331					
6	59	O/P MENTAL HEALTH	AGGREGATE	195855	195855					
7	61	EMERGENCY	AGGREGATE	1217547	1217547					
8	49	RESPIRATORY THERAPY	AGGREGATE	24000	24000					
9	6.06	OTHER ADMINISTRATIVE	AGGREGATE	520444	520444					
101		TOTAL		2640852	2640852					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	COMMUNI CATIONS 6.01	ADMITTING 6.04	BUSINESS OFFICE 6.05	SUBTOTAL 5A	
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	2176989	2176989							3
4 NEW CAP REL COSTS-MVBLE EQUIP	980265		980265						4
5 EMPLOYEE BENEFITS	3704885	13350	6011	3724246					5
6.01 COMMUNICATIONS	497436	12950	5831	17082	533299				6.01
6.04 ADMITTING	198209	1673	753	24423	5103	230161			6.04
6.05 BUSINESS OFFICE	434301	39322	17706	46201	7655		545185		6.05
6.06 OTHER ADMINISTRATIVE	13908227	459752	207019	414561	150548			15140107	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	2583902	224462	101072	128541	7655			3045632	8
9 LAUNDRY & LINEN SERVICE	314561	27561	12410	4778	2552			361862	9
10 HOUSEKEEPING	1162120	26712	12028	89532	2552			1292944	10
11 DIETARY	1127417	78705	35440	111813	12758			1366133	11
12 CAFETERIA	237507	30592	13775		7655			289529	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1647867	13120	5908	203083	25517			1895495	14
15 CENTRAL SERVICES & SUPPLY	877293	129522	58322	25819	7655			1098611	15
16 PHARMACY	720625	18127	8162	74787	5103			826804	16
17 MEDICAL RECORDS & LIBRARY	909575	40983	18454	63616	17862			1050490	17
18 SOCIAL SERVICE	54943	4850	2184	7163	17862			87002	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	141898	1091	491	18590				162070	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	9724460	330995	149042	1235017	38275	109630	207182	11794601	25
26 INTENSIVE CARE UNIT	1768937	81336	36624	220302	12758	17370	32750	2170077	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1209363	109224	49182	93420	48482	4525	11736	1525932	37
40 ANESTHESIOLOGY	24700	4414	1987		2552	678	2005	36336	40
41 RADIOLOGY-DIAGNOSTIC	1851557	106278	47855	151380	20413	9204	29874	2216561	41
44 LABORATORY	2123943	80318	36166	130036	15310	30445	77358	2493576	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1122873	25002	11258	113035	5103	14849	29829	1321949	49
50 PHYSICAL THERAPY	437505	53581	24127	52934	17862	1069	6320	593398	50
53 ELECTROCARDIOLOGY	274932	6984	3145	28207	7655	6131	14241	341295	53
54 ELECTROENCEPHALOGRAPHY	18543	4741	2135	2362	2552	179	366	30878	54
55 MEDICAL SUPPLIES CHARGED TO PAT	135931					2039	7169	145139	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	1485298					25891	53592	1564781	56
57 RENAL DIALYSIS	216415					732	1380	218527	57
58.01 HYPERBARIC CHAMBER									58.01
59 O/P MENTAL HEALTH	696093	49774	22413	87791	17862		5261	879194	59
59.10 PARTIAL HOSPITALIZATION	125028	72667	32721	15761	5103		16611	267891	59.10
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	413372	30628	13791	51174	17862	107	8061	534995	60
60.01 CICERO CLINIC									60.01
60.02 YMCA CLINIC									60.02
60.03 NORTH AVENUE CLINIC									60.03
60.04 CLINIC #4									60.04
61 EMERGENCY	2831939	46585	20977	312620	43378	7312	41418	3304229	61
61.01 GOLDEN LIFE	3753	32532	14649	71			32	51037	61.01
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
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	56142662	2157831	971638	3724099	525644	230161	545185	56107075	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	5871			62				5933	98
100 PUBLIC RELATIONS	131771	970	437		2552			135730	100
100.10AUSTIN PRIDE	1257	18188	8190	85	5103			32823	100.10
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	56281561	2176989	980265	3724246	533299	230161	545185	56281561	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL 6.06	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
6.01 COMMUNICATIONS									6.01
6.04 ADMITTING									6.04
6.05 BUSINESS OFFICE									6.05
6.06 OTHER ADMINISTRATIVE	15140107								6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1120796	4166428							8
9 LAUNDRY & LINEN SERVICE	133166	80609	575637						9
10 HOUSEKEEPING	475805	78127		1846876					10
11 DIETARY	502738	230195		16482	2115548				11
12 CAFETERIA	106547	89475		96029		581580			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	697544	38372				28445	2659856		14
15 CENTRAL SERVICES & SUPPLY	404290	378824		49393		7537		1938655	15
16 PHARMACY	304265	53018		21940		15408			16
17 MEDICAL RECORDS & LIBRARY	386581	119868		16482		17803			17
18 SOCIAL SERVICE	32017	14186		8214		2240			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	59642	3192				6374			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	4340433	965290	306226	477501	2002511	237475	1614615		25
26 INTENSIVE CARE UNIT	798591	237891	73171	87815	113037	31135	211688		26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	561545	319458	57876	139964		28467	193551		37
40 ANESTHESIOLOGY	13372	12909							40
41 RADIOLOGY-DIAGNOSTIC	815697	310840	32414	96029		33759			41
44 LABORATORY	917638	234912		96029		30444			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	486479	73126		49393		21792			49
50 PHYSICAL THERAPY	218371	156714	7568	83708		10230			50
53 ELECTROCARDIOLOGY	125597	20427				9614			53
54 ELECTROENCEPHALOGRAPHY	11363	13866				6691			54
55 MEDICAL SUPPLIES CHARGED TO PAT	53411							1938655	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	575841								56
57 RENAL DIALYSIS	80418								57
58.01 HYPERBARIC CHAMBER									58.01
59 O/P MENTAL HEALTH	323544	145579		74089		22222	151092		59
59.10 PARTIAL HOSPITALIZATION	98584	212534				4026	27371		59.10
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	196879	89582		137208		11938	81168		60
60.01 CICERO CLINIC									60.01
60.02 YMCA CLINIC									60.02
60.03 NORTH AVENUE CLINIC									60.03
60.04 CLINIC #4									60.04
61 EMERGENCY	1215960	136252	98382	384225		55944	380371		61
61.01 GOLDEN LIFE	18782	95149							61.01
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
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	15075896	4110395	575637	1834501	2115548	581544	2659856	1938655	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	2183					21			98
100 PUBLIC RELATIONS	49949	2837							100
100.10AUSTIN PRIDE	12079	53196		12375		15			100.10
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	15140107	4166428	575637	1846876	2115548	581580	2659856	1938655	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	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
6.01 COMMUNICATIONS								6.01
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	1221435							16
17 MEDICAL RECORDS & LIBRARY		1591224						17
18 SOCIAL SERVICE			143659					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				231278				22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	82662	604596	136014	231278	22793202	-231278	22561924	25
26 INTENSIVE CARE UNIT	19079	95595			3838079		3838079	26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	13263	34258			2874314		2874314	37
40 ANESTHESIOLOGY		5853			68470		68470	40
41 RADIOLOGY-DIAGNOSTIC	492	87202			3592994		3592994	41
44 LABORATORY		225806			3998405		3998405	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	3710	87072			2043521		2043521	49
50 PHYSICAL THERAPY		18448			1088437		1088437	50
53 ELECTROCARDIOLOGY	753	41570			539256		539256	53
54 ELECTROENCEPHALOGRAPHY		1069			63867		63867	54
55 MEDICAL SUPPLIES CHARGED TO PAT		20927			2158132		2158132	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	1000982	156434			3298038		3298038	56
57 RENAL DIALYSIS		4028			302973		302973	57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		15356			1611076		1611076	59
59.10 PARTIAL HOSPITALIZATION		48487			658893		658893	59.10
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2549	23529	3276		1081124		1081124	60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY	95470	120899	4369		5796101		5796101	61
61.01 GOLDEN LIFE		95			165063		165063	61.01
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
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1218960	1591224	143659	231278	55971945	-231278	55740667	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	2475				10612		10612	98
100 PUBLIC RELATIONS					188516		188516	100
100.10AUSTIN PRIDE					110488		110488	100.10
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1221435	1591224	143659	231278	56281561	-231278	56050283	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	COMMUNI	ADMITTING	BUSINESS	
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	CATIONS		OFFICE	
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC					
	0	3	4	4A	5	6.01	6.04	6.05	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		13350	6011	19361	19361				5
6.01 COMMUNICATIONS	22896	12950	5831	41677	89	41766			6.01
6.04 ADMITTING	5088	1673	753	7514	127	400	8041		6.04
6.05 BUSINESS OFFICE	5848	39322	17706	62876	240	600		63716	6.05
6.06 OTHER ADMINISTRATIVE	1868	459752	207019	668639	2154	11785			6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	13616	224462	101072	339150	668	600			8
9 LAUNDRY & LINEN SERVICE		27561	12410	39971	25	200			9
10 HOUSEKEEPING		26712	12028	38740	465	200			10
11 DIETARY		78705	35440	114145	581	999			11
12 CAFETERIA		30592	13775	44367		600			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	5707	13120	5908	24735	1055	1998			14
15 CENTRAL SERVICES & SUPPLY	2174	129522	58322	190018	134	600			15
16 PHARMACY	54	18127	8162	26343	389	400			16
17 MEDICAL RECORDS & LIBRARY	6773	40983	18454	66210	331	1399			17
18 SOCIAL SERVICE		4850	2184	7034	37	1399			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		1091	491	1582	97				22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	16224	330995	149042	496261	6426	2998	3812	24201	25
26 INTENSIVE CARE UNIT		81336	36624	117960	1145	999	609	3829	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5249	109224	49182	163655	485	3797	159	1372	37
40 ANESTHESIOLOGY		4414	1987	6401		200	24	234	40
41 RADIOLOGY-DIAGNOSTIC		106278	47855	154133	787	1599	323	3493	41
44 LABORATORY		80318	36166	116484	676	1199	1068	9044	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		25002	11258	36260	587	400	521	3487	49
50 PHYSICAL THERAPY		53581	24127	77708	275	1399	37	739	50
53 ELECTROCARDIOLOGY		6984	3145	10129	147	600	215	1665	53
54 ELECTROENCEPHALOGRAPHY		4741	2135	6876	12	200	6	43	54
55 MEDICAL SUPPLIES CHARGED TO PAT							72	838	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS							908	6265	56
57 RENAL DIALYSIS							26	161	57
58.01 HYPERBARIC CHAMBER									58.01
59 O/P MENTAL HEALTH	113	49774	22413	72300	456	1399		615	59
59.10 PARTIAL HOSPITALIZATION		72667	32721	105388	82	400		1942	59.10
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1625	30628	13791	46044	266	1399	4	942	60
60.01 CICERO CLINIC									60.01
60.02 YMCA CLINIC									60.02
60.03 NORTH AVENUE CLINIC									60.03
60.04 CLINIC #4									60.04
61 EMERGENCY	1650	46585	20977	69212	1625	3397	257	4842	61
61.01 GOLDEN LIFE		32532	14649	47181				4	61.01
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
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	88885	2157831	971638	3218354	19361	41166	8041	63716	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
100 PUBLIC RELATIONS		970	437	1407		200			100
100.10AUSTIN PRIDE	445	18188	8190	26823		400			100.10
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	89330	2176989	980265	3246584	19361	41766	8041	63716	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL 6.06	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
6.01 COMMUNICATIONS									6.01
6.04 ADMITTING									6.04
6.05 BUSINESS OFFICE									6.05
6.06 OTHER ADMINISTRATIVE	682578								6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	50530	390948							8
9 LAUNDRY & LINEN SERVICE	6004	7564	53764						9
10 HOUSEKEEPING	21451	7331		68187					10
11 DIETARY	22666	21600		609	160600				11
12 CAFETERIA	4804	8396		3545		61712			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	31448	3601				3018	65855		14
15 CENTRAL SERVICES & SUPPLY	18227	35546		1824		800		247149	15
16 PHARMACY	13718	4975		810		1635			16
17 MEDICAL RECORDS & LIBRARY	17429	11248		609		1889			17
18 SOCIAL SERVICE	1443	1331		303		238			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	2689	299				676			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	195683	90574	28601	17629	152019	25199	39975		25
26 INTENSIVE CARE UNIT	36004	22322	6834	3242	8581	3304	5241		26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	25317	29976	5406	5167		3021	4792		37
40 ANESTHESIOLOGY	603	1211							40
41 RADIOLOGY-DIAGNOSTIC	36775	29167	3027	3545		3582			41
44 LABORATORY	41371	22042		3545		3230			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	21932	6862		1824		2312			49
50 PHYSICAL THERAPY	9845	14705	707	3091		1086			50
53 ELECTROCARDIOLOGY	5662	1917				1020			53
54 ELECTROENCEPHALOGRAPHY	512	1301				710			54
55 MEDICAL SUPPLIES CHARGED TO PAT	2408							247149	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	25961								56
57 RENAL DIALYSIS	3626								57
58.01 HYPERBARIC CHAMBER									58.01
59 O/P MENTAL HEALTH	14587	13660		2735		2358	3741		59
59.10 PARTIAL HOSPITALIZATION	4445	19943				427	678		59.10
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	8876	8406		5066		1267	2010		60
60.01 CICERO CLINIC									60.01
60.02 YMCA CLINIC									60.02
60.03 NORTH AVENUE CLINIC									60.03
60.04 CLINIC #4									60.04
61 EMERGENCY	54820	12785	9189	14186		5936	9418		61
61.01 GOLDEN LIFE	847	8928							61.01
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
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	679683	385690	53764	67730	160600	61708	65855	247149	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	98					2			98
100 PUBLIC RELATIONS	2252	266							100
100.10AUSTIN PRIDE	545	4992		457		2			100.10
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	682578	390948	53764	68187	160600	61712	65855	247149	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	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
6.01 COMMUNICATIONS								6.01
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	48270							16
17 MEDICAL RECORDS & LIBRARY		99115						17
18 SOCIAL SERVICE			11785					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				5343				22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	3267	37669	11158		1135472		1135472	25
26 INTENSIVE CARE UNIT	754	5953			216777		216777	26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	524	2134			245805		245805	37
40 ANESTHESIOLOGY		365			9038		9038	40
41 RADIOLOGY-DIAGNOSTIC	19	5431			241881		241881	41
44 LABORATORY		14063			212722		212722	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	147	5423			79755		79755	49
50 PHYSICAL THERAPY		1149			110741		110741	50
53 ELECTROCARDIOLOGY	30	2589			23974		23974	53
54 ELECTROENCEPHALOGRAPHY		67			9727		9727	54
55 MEDICAL SUPPLIES CHARGED TO PAT		1303			251770		251770	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	39557	9742			82433		82433	56
57 RENAL DIALYSIS		251			4064		4064	57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		956			112807		112807	59
59.10 PARTIAL HOSPITALIZATION		3020			136325		136325	59.10
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	101	1465	269		76115		76115	60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY	3773	7529	358		197327		197327	61
61.01 GOLDEN LIFE		6			56966		56966	61.01
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
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	48172	99115	11785		3203699		3203699	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	98				198		198	98
100 PUBLIC RELATIONS					4125		4125	100
100.10AUSTIN PRIDE					33219		33219	100.10
101 CROSS FOOT ADJUSTMENTS				5343	5343		5343	101
102 NEGATIVE COST CENTER								102
103 TOTAL	48270	99115	11785	5343	3246584		3246584	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS (PHONES	ADMITTING INPATIENT REVENUE	BUSINESS OFFICE GROSS REVENUE	RECON- CILIATION
	3	4	5	6.01	6.04	6.05	6A.06
GENERAL SERVICE COST CENTERS							
1							1
2							2
3	179542						3
4		179542					4
5	1101	1101	26332704				5
6.01	1068	1068	120779	209			6.01
6.04	138	138	172683	2	71465025		6.04
6.05	3243	3243	326671	3		89764711	6.05
6.06	37917	37917	2931211	59			-15140107 6.06
7							7
8	18512	18512	908865	3			8
9	2273	2273	33781	1			9
10	2203	2203	633047	1			10
11	6491	6491	790592	5			11
12	2523	2523		3			12
13							13
14	1082	1082	1435928	10			14
15	10682	10682	182558	3			15
16	1495	1495	528791	2			16
17	3380	3380	449809	7			17
18	400	400	50649	7			18
20							20
21							21
22	90	90	131446				22
23							23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	27298	27298	8732271	15	34044469	34107945	25
26	6708	6708	1557672	5	5392649	5392649	26
ANCILLARY SERVICE COST CENTERS							
37	9008	9008	660537	19	1404706	1932540	37
40	364	364		1	210600	330191	40
41	8765	8765	1070350	8	2857603	4919164	41
44	6624	6624	919438	6	9452129	12737996	44
46.30							46.30
49	2062	2062	799230	2	4610004	4911804	49
50	4419	4419	374279	7	331834	1040656	50
53	576	576	199439	3	1903502	2345010	53
54	391	391	16699	1	55610	60310	54
55					633100	1180489	55
55.30							55.30
56					8038165	8824645	56
57					227235	227235	57
58.01							58.01
59	4105	4105	620740	7		866229	59
59.10	5993	5993	111438	2	28	2735178	59.10
OUTPATIENT SERVICE COST CENTERS							
60	2526	2526	361834	7	33220	1327272	60
60.01							60.01
60.02							60.02
60.03							60.03
60.04							60.04
61	3842	3842	2210423	17	2270171	6820047	61
61.01	2683	2683	505			5351	61.01
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							71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
95	177962	177962	26331665	206	71465025	89764711	-15140107 95
NONREIMBURSABLE COST CENTERS							
98			437				98
100	80	80		1			100
100.10	1500	1500	602	2			100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI CATIONS (PHONES	ADMITTING INPATIENT REVENUE	BUSINESS OFFICE GROSS REVENUE	RECON- CILIATION 6A.06
	3	4	5	6.01	6.04	6.05	
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	2176989	980265	3724246	533299	230161	545185	103
104 UNIT COST MULT-WS B PT I		5.459809		2551.669856		.006073	104
104 UNIT COST MULT-WS B PT I	12.125235		.141430		.003221		104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			19361	41766	8041	63716	107
108 UNIT COST MULT-WS B PT III				199.837321		.000710	108
108 UNIT COST MULT-WS B PT III			.000735		.000113		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI-STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	6.06	8	9	10	11	12	14	15	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.04									6.04
6.05									6.05
6.06	41141454								6.06
7									7
8	3045632	117484							8
9	361862	2273	25253						9
10	1292944	2203		34176					10
11	1366133	6491			305	100727			11
12	289529	2523		1777			761338		12
13									13
14	1895495	1082				37237	512124		14
15	1098611	10682		914		9866		100	15
16	826804	1495		406		20170			16
17	1050490	3380		305		23306			17
18	87002	400		152		2933			18
20									20
21									21
22	162070	90				8344			22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	11794601	27219	13434	8836	95345	310875	310875		25
26	2170077	6708	3210	1625	5382	40758	40758		26
ANCILLARY SERVICE COST CENTERS									
37	1525932	9008	2539	2590		37266	37266		37
40	36336	364							40
41	2216561	8765	1422	1777		44194			41
44	2493576	6624		1777		39854			44
46.30									46.30
49	1321949	2062		914		28528			49
50	593398	4419	332	1549		13392			50
53	341295	576				12585			53
54	30878	391				8759			54
55	145139							100	55
55.30									55.30
56	1564781								56
57	218527								57
58.01									58.01
59	879194	4105		1371		29091	29091		59
59.10	267891	5993				5270	5270		59.10
OUTPATIENT SERVICE COST CENTERS									
60	534995	2526		2539		15628	15628		60
60.01									60.01
60.02									60.02
60.03									60.03
60.04									60.04
61	3304229	3842	4316	7110		73236	73236		61
61.01	51037	2683							61.01
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									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	40966968	115904	25253	33947	100727	761292	512124	100	95
NONREIMBURSABLE COST CENTERS									
98	5933					27			98
100	135730	80							100
100.10	32823	1500		229		19			100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI-STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	6.06	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	15140107	4166428	575637	1846876	2115548	581580	2659856	1938655	103
104 UNIT COST MULT-WS B PT I	.368001		22.794797		21.002790		5.193773		104
104 UNIT COST MULT-WS B PT I		35.463791		54.040145		.763892		19386.550000	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	682578	390948	53764	68187	160600	61712	65855	247149	107
108 UNIT COST MULT-WS B PT III	.016591		2.129014		1.594409		.128592		108
108 UNIT COST MULT-WS B PT III		3.327670		1.995172		.081057		2471.490000	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES	
	(COSTED REQUIS) 16	GROSS REVENUE 17	(TIME SPENT) 18	(ASSIGNED TIME) 22	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.04					6.04
6.05					6.05
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16	1726475				16
17		89764711			17
18			13680		18
20					20
21					21
22				10000	22
23					23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	116841	34107945	12952	10000	25
26	26968	5392649			26
ANCILLARY SERVICE COST CENTERS					
37	18747	1932540			37
40		330191			40
41	695	4919164			41
44		12737996			44
46.30					46.30
49	5244	4911804			49
50		1040656			50
53	1064	2345010			53
54		60310			54
55		1180489			55
55.30					55.30
56	1414869	8824645			56
57		227235			57
58.01					58.01
59		866229			59
59.10		2735178			59.10
OUTPATIENT SERVICE COST CENTERS					
60	3603	1327272	312		60
60.01					60.01
60.02					60.02
60.03					60.03
60.04					60.04
61	134945	6820047	416		61
61.01		5351			61.01
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					71
SPECIAL PURPOSE COST CENTERS					
85.01					85.01
85.02					85.02
85.03					85.03
95	1722976	89764711	13680	10000	95
NONREIMBURSABLE COST CENTERS					
98	3499				98
100					100
100.10					100.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	1221435	1591224	143659	231278	103
104 UNIT COST MULT-WS B PT I	.707473		10.501389		104
104 UNIT COST MULT-WS B PT I		.017727		23.127800	104
105 COST TO BE ALLOC PER B PT II					105
106 UNIT COST MULT-WS B PT II					106
106 UNIT COST MULT-WS B PT II					106
107 COST TO BE ALLOC PER B PT III	48270	99115	11785	5343	107
108 UNIT COST MULT-WS B PT III	.027959		.861477		108
108 UNIT COST MULT-WS B PT III		.001104		.534300	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	22561924		22561924		22561924	25
26 INTENSIVE CARE UNIT	3838079		3838079		3838079	26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2874314		2874314		2874314	37
40 ANESTHESIOLOGY	68470		68470		68470	40
41 RADIOLOGY-DIAGNOSTIC	3592994		3592994		3592994	41
44 LABORATORY	3998405		3998405		3998405	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2043521		2043521		2043521	49
50 PHYSICAL THERAPY	1088437		1088437		1088437	50
53 ELECTROCARDIOLOGY	539256		539256		539256	53
54 ELECTROENCEPHALOGRAPHY	63867		63867		63867	54
55 MEDICAL SUPPLIES CHARGED TO	2158132		2158132		2158132	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	3298038		3298038		3298038	56
57 RENAL DIALYSIS	302973		302973		302973	57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH	1611076		1611076		1611076	59
59.10 PARTIAL HOSPITALIZATION	658893		658893		658893	59.10
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1081124		1081124		1081124	60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY	5796101		5796101		5796101	61
61.01 GOLDEN LIFE	165063		165063		165063	61.01
62 OBSERVATION BEDS (NON-DISTI	45272		45272		45272	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	55785939		55785939		55785939	101
102 LESS OBSERVATION BEDS	45272		45272		45272	102
103 TOTAL	55740667		55740667		55740667	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	34044469		34044469			25
26 INTENSIVE CARE UNIT	5392649		5392649			26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1404706	527834	1932540	1.487324	1.487324	1.487324 37
40 ANESTHESIOLOGY	210600	119591	330191	.207365	.207365	.207365 40
41 RADIOLOGY-DIAGNOSTIC	2857603	2061561	4919164	.730407	.730407	.730407 41
44 LABORATORY	9452129	3285867	12737996	.313896	.313896	.313896 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4610004	301800	4911804	.416043	.416043	.416043 49
50 PHYSICAL THERAPY	331834	708822	1040656	1.045914	1.045914	1.045914 50
53 ELECTROCARDIOLOGY	1903502	441508	2345010	.229959	.229959	.229959 53
54 ELECTROENCEPHALOGRAPHY	55610	4700	60310	1.058979	1.058979	1.058979 54
55 MEDICAL SUPPLIES CHARGED TO	633100	547389	1180489	1.828168	1.828168	1.828168 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	8038165	786480	8824645	.373730	.373730	.373730 56
57 RENAL DIALYSIS	227235		227235	1.333303	1.333303	1.333303 57
58.01 HYPERBARIC CHAMBER						
59 O/P MENTAL HEALTH		866229	866229	1.859873	1.859873	1.859873 59
59.10 PARTIAL HOSPITALIZATION	28	2735150	2735178	.240896	.240896	.240896 59.10
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	33220	1294052	1327272	.814546	.814546	.814546 60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY	2270171	4549876	6820047	.849862	.849862	.849862 61
61.01 GOLDEN LIFE		5351	5351	30.847131	30.847131	30.847131 61.01
62 OBSERVATION BEDS (NON-DISTI		63476	63476	.713214	.713214	.713214 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	71465025	18299686	89764711			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	71465025	18299686	89764711			103

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

WORKSHEET C
 PART II

COST CENTER DESCRIPTION	TOTAL COST (WORKSHEET B PART I COL 27)	CAPITAL COST (W/S B,SUM OF PTS II & III,COL 27)	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION
	1	2	3	4
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	2874314	245805	2628509	37
40 ANESTHESIOLOGY	68470	9038	59432	40
41 RADIOLOGY-DIAGNOSTIC	3592994	241881	3351113	41
44 LABORATORY	3998405	212722	3785683	44
46.30 BLOOD CLOTTING FACTORS ADMI				46.30
49 RESPIRATORY THERAPY	2043521	79755	1963766	49
50 PHYSICAL THERAPY	1088437	110741	977696	50
53 ELECTROCARDIOLOGY	539256	23974	515282	53
54 ELECTROENCEPHALOGRAPHY	63867	9727	54140	54
55 MEDICAL SUPPLIES CHARGED TO	2158132	251770	1906362	55
55.30 IMPL. DEV. CHARGED TO PATIE				55.30
56 DRUGS CHARGED TO PATIENTS	3298038	82433	3215605	56
57 RENAL DIALYSIS	302973	4064	298909	57
58.01 HYPERBARIC CHAMBER				58.01
59 O/P MENTAL HEALTH	1611076	112807	1498269	59
59.10 PARTIAL HOSPITALIZATION	658893	136325	522568	59.10
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1081124	76115	1005009	60
60.01 CICERO CLINIC				60.01
60.02 YMCA CLINIC				60.02
60.03 NORTH AVENUE CLINIC				60.03
60.04 CLINIC #4				60.04
61 EMERGENCY	5796101	197327	5598774	61
61.01 GOLDEN LIFE	165063	56966	108097	61.01
62 OBSERVATION BEDS (NON-DISTI	45272	2278	42994	62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
101 SUBTOTAL	29385936	1853728	27532208	101
102 LESS OBSERVATION BEDS	45272	2278	42994	102
103 TOTAL	29340664	1851450	27489214	103

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

WORKSHEET C
 PART II (CONT)

COST CENTER DESCRIPTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAPITAL & OPERATING REDUCTION	TOTAL CHARGES (WORKSHEET C PART I COL 8)	OUTPATIENT COST TO CHARGE RATIO	I/P PART B COST TO CHARGE RATIO	
	5	6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		2874314	1932540	1.487324	1.487324	37
40 ANESTHESIOLOGY		68470	330191	.207365	.207365	40
41 RADIOLOGY-DIAGNOSTIC		3592994	4919164	.730407	.730407	41
44 LABORATORY		3998405	12737996	.313896	.313896	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY		2043521	4911804	.416043	.416043	49
50 PHYSICAL THERAPY		1088437	1040656	1.045914	1.045914	50
53 ELECTROCARDIOLOGY		539256	2345010	.229959	.229959	53
54 ELECTROENCEPHALOGRAPHY		63867	60310	1.058979	1.058979	54
55 MEDICAL SUPPLIES CHARGED TO		2158132	1180489	1.828168	1.828168	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS		3298038	8824645	.373730	.373730	56
57 RENAL DIALYSIS		302973	227235	1.333303	1.333303	57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH		1611076	866229	1.859873	1.859873	59
59.10 PARTIAL HOSPITALIZATION		658893	2735178	.240896	.240896	59.10
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		1081124	1327272	.814546	.814546	60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY		5796101	6820047	.849862	.849862	61
61.01 GOLDEN LIFE		165063	5351	30.847131	30.847131	61.01
62 OBSERVATION BEDS (NON-DISTI		45272	63476	.713214	.713214	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL		29385936	50327593			101
102 LESS OBSERVATION BEDS		45272	63476			102
103 TOTAL		29340664	50264117			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1135472		1135472	25
26 INTENSIVE CARE UNIT				216777		216777	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL				1352249		1352249	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	35384	13499			32.09	433183	25
26 INTENSIVE CARE UNIT	2990	1424			72.50	103240	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL	38374	14923				536423	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] 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		245805	1932540	820647			.127193	104381 37
40 ANESTHESIOLOGY		9038	330191	112316			.027372	3074 40
41 RADIOLOGY-DIAGNOSTIC		241881	4919164	1314925			.049171	64656 41
44 LABORATORY		212722	12737996	4107599			.016700	68597 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		79755	4911804	2370235			.016237	38486 49
50 PHYSICAL THERAPY		110741	1040656	198923			.106415	21168 50
53 ELECTROCARDIOLOGY		23974	2345010	929478			.010223	9502 53
54 ELECTROENCEPHALOGRAPHY		9727	60310	28592			.161283	4611 54
55 MEDICAL SUPPLIES CHARGED TO P		251770	1180489	280512			.213276	59826 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		82433	8824645	3585803			.009341	33495 56
57 RENAL DIALYSIS		4064	227235				.017885	57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		112807	866229				.130228	59
59.10 PARTIAL HOSPITALIZATION		136325	2735178	26			.049841	1 59.10
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		76115	1327272	12711			.057347	729 60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY		197327	6820047	821359			.028933	23764 61
61.01 GOLDEN LIFE		56966	5351				10.645861	61.01
62 OBSERVATION BEDS (NON-DISTINC		2278	63476				.035888	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1853728	50327593	14583126				432290 101

PROVIDER NO. 14-0083 LORETTO 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
 11/28/2009 10:53

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					35384		13499	25
26 INTENSIVE CARE UNIT					2990		1424	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					38374		14923	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] 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
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
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HYPERBARIC CHAMBER							58.01
59 O/P MENTAL HEALTH							59
59.10 PARTIAL HOSPITALIZATION							59.10
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY							61
61.01 GOLDEN LIFE							61.01
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 (14-0083) [] 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		1932540			820647		229264 37
40 ANESTHESIOLOGY		330191			112316		53197 40
41 RADIOLOGY-DIAGNOSTIC		4919164			1314925		307129 41
44 LABORATORY		12737996			4107599		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		4911804			2370235		106937 49
50 PHYSICAL THERAPY		1040656			198923		50
53 ELECTROCARDIOLOGY		2345010			929478		149692 53
54 ELECTROENCEPHALOGRAPHY		60310			28592		3320 54
55 MEDICAL SUPPLIES CHARGED TO P		1180489			280512		155018 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		8824645			3585803		199053 56
57 RENAL DIALYSIS		227235					57
58.01 HYPERBARIC CHAMBER							58.01
59 O/P MENTAL HEALTH		866229					319104 59
59.10 PARTIAL HOSPITALIZATION		2735178			26		59.10
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1327272			12711		775682 60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY		6820047			821359		89280 61
61.01 GOLDEN LIFE		5351					61.01
62 OBSERVATION BEDS (NON-DISTINC		63476					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		50327593			14583126		2387676 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] 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					37
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
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HYPERBARIC CHAMBER					58.01
59 O/P MENTAL HEALTH					59
59.10 PARTIAL HOSPITALIZATION					59.10
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CICERO CLINIC					60.01
60.02 YMCA CLINIC					60.02
60.03 NORTH AVENUE CLINIC					60.03
60.04 CLINIC #4					60.04
61 EMERGENCY					61
61.01 GOLDEN LIFE					61.01
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 [XX] HOSPITAL (14-0083) [] 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	1.487324	1.487324	1.487324			37
40 ANESTHESIOLOGY	.207365	.207365	.207365			40
41 RADIOLOGY-DIAGNOSTIC	.730407	.730407	.730407			41
44 LABORATORY	.313896	.313896	.313896			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.416043	.416043	.416043			49
50 PHYSICAL THERAPY	1.045914	1.045914	1.045914			50
53 ELECTROCARDIOLOGY	.229959	.229959	.229959			53
54 ELECTROENCEPHALOGRAPHY	1.058979	1.058979	1.058979			54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.828168	1.828168	1.828168			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.373730	.373730	.373730			56
57 RENAL DIALYSIS	1.333303	1.333303	1.333303			57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH	1.859873	1.859873	1.859873			59
59.10 PARTIAL HOSPITALIZATION	.240896	.240896	.240896			59.10
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.814546	.814546	.814546			60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY	.849862	.849862	.849862			61
61.01 GOLDEN LIFE	30.847131	30.847131	30.847131			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.713214	.713214	.713214			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.373730	1
2 PROGRAM VACCINE CHARGES	1047	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	391	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 (14-0083) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT OTHER DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		229264						37
40 ANESTHESIOLOGY		53197						40
41 RADIOLOGY-DIAGNOSTIC		307129						41
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		106937						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		149692						53
54 ELECTROENCEPHALOGRAPHY		3320						54
55 MEDICAL SUPPLIES CHARGED TO PA		155018						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		199053						56
57 RENAL DIALYSIS								57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		319104						59
59.10 PARTIAL HOSPITALIZATION								59.10
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		775682						60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY		89280						61
61.01 GOLDEN LIFE								61.01
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		2387676						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		2387676						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0083) [] 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		340990					37
40 ANESTHESIOLOGY		11031					40
41 RADIOLOGY-DIAGNOSTIC		224329					41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		44490					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		34423					53
54 ELECTROENCEPHALOGRAPHY		3516					54
55 MEDICAL SUPPLIES CHARGED TO PAT		283399					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		74392					56
57 RENAL DIALYSIS							57
58.01 HYPERBARIC CHAMBER							58.01
59 O/P MENTAL HEALTH		593493					59
59.10 PARTIAL HOSPITALIZATION							59.10
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		631829					60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY		75876					61
61.01 GOLDEN LIFE							61.01
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		2317768					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2317768					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0083)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	35384						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	35384						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35384						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)	13499						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) (14-0083)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	22561924						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	22561924						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	34271704						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	34271704						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.658325						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	968.57						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	22561924						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) (14-0083)	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	637.63					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8607367					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8607367					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	3838079	2990	1283.64	1424	1827903	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) (14-0083)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	7493190					48
49 TOTAL PROGRAM INPATIENT COSTS	17928460					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	536423					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	432290					51
52 TOTAL PROGRAM EXCLUDABLE COST	968713					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16959747					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) (14-0083)	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. 14-0083 LORETTO 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
11/28/2009 10:53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

	HOSPITAL (PPS) (14-0083)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	71					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	637.63					84
85 OBSERVATION BED COST	45272					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL		COLUMN 1 ROUTINE COST (FROM LINE 27)	COLUMN 2 DIVIDED BY	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	COST 1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		22561924		45272		86
87 NEW CAPITAL-RELATED COST	1135472	22561924	.050327	45272	2278	87
88 NON PHYSICIAN ANESTHETIST		22561924		45272		88
89 MEDICAL EDUCATION		22561924		45272		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0083) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		13396661		25
26 INTENSIVE CARE UNIT		2744032		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1.487324	820647	1220568	37
40 ANESTHESIOLOGY	.207365	112316	23290	40
41 RADIOLOGY-DIAGNOSTIC	.730407	1314925	960430	41
44 LABORATORY	.313896	4107599	1289359	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.416043	2370235	986120	49
50 PHYSICAL THERAPY	1.045914	198923	208056	50
53 ELECTROCARDIOLOGY	.229959	929478	213742	53
54 ELECTROENCEPHALOGRAPHY	1.058979	28592	30278	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.828168	280512	512823	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.373730	3585803	1340122	56
57 RENAL DIALYSIS	1.333303			57
58.01 HYPERBARIC CHAMBER				58.01
59 O/P MENTAL HEALTH	1.859873			59
59.10 PARTIAL HOSPITALIZATION	.240896	26	6	59.10
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.814546	12711	10354	60
60.01 CICERO CLINIC				60.01
60.02 YMCA CLINIC				60.02
60.03 NORTH AVENUE CLINIC				60.03
60.04 CLINIC #4				60.04
61 EMERGENCY	.849862	821359	698042	61
61.01 GOLDEN LIFE	30.847131			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.713214			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		14583126	7493190	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		14583126		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0083)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2964455				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2964455				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	5928910				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	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	44823				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	186.81				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	4.00				3.13
3.14 CURRENT YEAR ALLOWABLE FTE	4.00				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	3.00				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..	2.00				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	3.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0083)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.016059				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.016393				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.016059				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	25906				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	25906				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	51813				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	103625	0	103625		3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2116				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.5169				4.01
4.02	SUM OF 4 AND 4.01	0.7285				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4932				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5848277				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	17854545				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	17854545				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1152915				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	84855				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	19092315				16
17	PRIMARY PAYER PAYMENTS	4741				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19087574				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1121896				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	350602				20
21	REIMBURSABLE BAD DEBTS	1745768				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1222038				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	924738				21.02
22	SUBTOTAL	18837114				22

PROVIDER NO. 14-0083 LORETTO HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/28/2009 10:53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0083)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	18837114				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	17767092				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1070022				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	591190				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0083) 1	HOSPITAL (14-0083) 1.01	HOSPITAL (14-0083) 1.02	
1 MEDICAL AND OTHER SERVICES	391			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2317768			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1016030			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	391			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1047			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	1047			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	1047			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	656			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	391			17
17.01 TOTAL PPS PAYMENTS	1016030			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0083) 1	HOSPITAL (14-0083) 1.01	HOSPITAL (14-0083) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	277504		18.01
LINE 17.01			
19 SUBTOTAL	738917		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	10975		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	749892		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	749892		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	195450		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	136815		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	79396		27.02
28 SUBTOTAL	886707		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	886707		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	739203		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	147504		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
(14-0083)
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
(14-0083)
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
(14-0083)
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 (14-0083)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17994452		739203	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	TO .05				3.05
	PROVIDER .50	02/06/2009	227360		3.50
	PROGRAM .51				3.51
	TO .52			NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	-227360			3.99
4 TOTAL INTERIM PAYMENTS		17767092		739203	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROGRAM .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1070022		147504	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		18837114		886707	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996		3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP		3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR		3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05		3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08		3.09
3.10	SEE INSTRUCTIONS		3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.00	3.11
3.12	SEE INSTRUCTIONS	3.00	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.00	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.00	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.00	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.00	3.16
3.17	SEE INSTRUCTIONS	81989.37	3.17
3.18	SEE INSTRUCTIONS	245968	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		81989.37	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		245968	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		14923	4
5	TOTAL INPATIENT DAYS		38303	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.389604	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 95830		95830	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		38303	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0		0	6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		227235	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0083 LORETTO HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	17928460	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	4741	15
16	TOTAL PART A REASONABLE COST	17923719	16
PART B REASONABLE COST			
17	REASONABLE COST	2318159	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	2318159	19
20	TOTAL REASONABLE COST	20241878	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.885477	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.114523	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	95830	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	84855	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	10975	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	518230			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	4348385			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES	766107			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	5632722			11
FIXED ASSETS					
12	LAND	429028			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	30323415			14
14.01	ACCUMULATED DEPRECIATION	-30074745			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	17851923			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	18529621			21
OTHER ASSETS					
22	INVESTMENTS	154351			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	15657833			25
26	TOTAL OTHER ASSETS	15812184			26
27	TOTAL ASSETS	39974527			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3020253			28
29	SALARIES, WAGES & FEES PAYABLE	4816178			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	41753			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1388184			35
36	TOTAL CURRENT LIABILITIES	9266368			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	6367941			41
42	TOTAL LONG TERM LIABILITIES	6367941			42
43	TOTAL LIABILITIES	15634309			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	24340218			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	24340218			51
52	TOTAL LIABILITIES AND FUND BALANCES	39974527			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	18947331			1
2 NET INCOME (LOSS)	2764334			2
3 TOTAL	21711665			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	2623229			4
5 NET ASSETS RELEASED				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	2623229			10
11 SUBTOTAL	24334894			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS	-2732			13
14 OTHER	-2592			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	-5324			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	24340218			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	34271704		34271704	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	34271704		34271704	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	5392649		5392649	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	5392649		5392649	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	39664353		39664353	18
18.50 ANCILLARY SERVICES	31800670		50100444	18.50
18.60 OUTPATIENT SERVICES		18299774	50100444	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	71465023	18299774	89764797	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		62690077	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		62690077	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	89764797	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	26366640	2
3	NET PATIENT REVENUES	63398157	3
4	LESS - TOTAL OPERATING EXPENSES	62690077	4
5	NET INCOME FROM SERVICE TO PATIENTS	708080	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	127025	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	111423	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	18507	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	21073	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER INCOME	1778226	24
24.01	OTHER MISC		24.01
25	TOTAL OTHER INCOME	2056254	25
26	TOTAL	2764334	26
27	BAD DEBT		27
27.01	TELEPHONE		27.01
27.02	LOBBYING		27.02
27.03	HBP		27.03
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2764334	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0083)	HOSPITAL (14-0083)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	987665				3
3.01					3.01
4	211				
4	104.94				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	1152915				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
6.01 COMMUNICATIONS					6.01
6.04 ADMITTING					6.04
6.05 BUSINESS OFFICE					6.05
6.06 OTHER ADMINISTRATIVE					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
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
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HYPERBARIC CHAMBER					58.01
59 O/P MENTAL HEALTH					59
59.10 PARTIAL HOSPITALIZATION					59.10
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CICERO CLINIC					60.01
60.02 YMCA CLINIC					60.02
60.03 NORTH AVENUE CLINIC					60.03
60.04 CLINIC #4					60.04
61 EMERGENCY					61
61.01 GOLDEN LIFE					61.01
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
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
00 PUBLIC RELATIONS					00
00.10 AUSTIN PRIDE					00.10

PROVIDER NO. 14-0083 LORETTO HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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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 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	38.15		51.46				89.61 25
26 INTENSIVE CARE UNIT	47.63		33.21				80.84 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	42.46	11.86					54.32 37
40 ANESTHESIOLOGY	34.02	16.11					50.13 40
41 RADIOLOGY-DIAGNOSTIC	26.73	6.24					32.97 41
44 LABORATORY	32.25						32.25 44
49 RESPIRATORY THERAPY	48.26	2.18					50.44 49
50 PHYSICAL THERAPY	19.12						19.12 50
53 ELECTROCARDIOLOGY	39.64	6.38					46.02 53
54 ELECTROENCEPHALOGRAPHY	47.41	5.50					52.91 54
55 MEDICAL SUPPLIES CHARGED TO PAT	23.76	13.13					36.89 55
56 DRUGS CHARGED TO PATIENTS	40.63	2.26					42.89 56
59 O/P MENTAL HEALTH		36.84					36.84 59
60 CLINIC	0.96	58.44					59.40 60
61 EMERGENCY	12.04	1.31					13.35 61
101 TOTAL CHARGES	16.25	2.66					18.91 101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	2176989	3.87	-2176989	-6.87			3
4	NEW CAP REL COSTS-MVBLE EQUIP	980265	1.74	-980265	-3.09			4
5	EMPLOYEE BENEFITS	3704885	6.58	-3704885	-11.70			5
6.01	COMMUNICATIONS	497436	.88	-497436	-1.57			6.01
6.04	ADMITTING	198209	.35	-198209	-.63			6.04
6.05	BUSINESS OFFICE	434301	.77	-434301	-1.37			6.05
6.06	OTHER ADMINISTRATIVE	13908227	24.71	-13908227	-43.90			6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	2583902	4.59	-2583902	-8.16			8
9	LAUNDRY & LINEN SERVICE	314561	.56	-314561	-.99			9
10	HOUSEKEEPING	1162120	2.06	-1162120	-3.67			10
11	DIETARY	1127417	2.00	-1127417	-3.56			11
12	CAFETERIA	237507	.42	-237507	-.75			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1647867	2.93	-1647867	-5.20			14
15	CENTRAL SERVICES & SUPPLY	877293	1.56	-877293	-2.77			15
16	PHARMACY	720625	1.28	-720625	-2.27			16
17	MEDICAL RECORDS & LIBRARY	909575	1.62	-909575	-2.87			17
18	SOCIAL SERVICE	54943	.10	-54943	-.17			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	141898	.25	-141898	-.45			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	9724460	17.28	13068742	41.25	22793202	40.50	25
26	INTENSIVE CARE UNIT	1768937	3.14	2069142	6.53	3838079	6.82	26
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	1209363	2.15	1664951	5.26	2874314	5.11	37
40	ANESTHESIOLOGY	24700	.04	43770	.14	68470	.12	40
41	RADIOLOGY-DIAGNOSTIC	1851557	3.29	1741437	5.50	3592994	6.38	41
44	LABORATORY	2123943	3.77	1874462	5.92	3998405	7.10	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	1122873	2.00	920648	2.91	2043521	3.63	49
50	PHYSICAL THERAPY	437505	.78	650932	2.05	1088437	1.93	50
53	ELECTROCARDIOLOGY	274932	.49	264324	.83	539256	.96	53
54	ELECTROENCEPHALOGRAPHY	18543	.03	45324	.14	63867	.11	54
55	MEDICAL SUPPLIES CHARGED TO PAT	135931	.24	2022201	6.38	2158132	3.83	55
55.30	IMPL. DEV. CHARGED TO PATIENT							55.30
56	DRUGS CHARGED TO PATIENTS	1485298	2.64	1812740	5.72	3298038	5.86	56
57	RENAL DIALYSIS	216415	.38	86558	.27	302973	.54	57
58.01	HYPERBARIC CHAMBER							58.01
59	O/P MENTAL HEALTH	696093	1.24	914983	2.89	1611076	2.86	59
59.10	PARTIAL HOSPITALIZATION	125028	.22	533865	1.69	658893	1.17	59.10

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
60	CLINIC	413372	.73	667752	2.11	1081124	1.92	60
60.01	CICERO CLINIC							60.01
60.02	YMCA CLINIC							60.02
60.03	NORTH AVENUE CLINIC							60.03
60.04	CLINIC #4							60.04
61	EMERGENCY	2831939	5.03	2964162	9.36	5796101	10.30	61
61.01	GOLDEN LIFE	3753	.01	161310	.51	165063	.29	61.01
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							71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
98	PHYSICIANS' PRIVATE OFFICES	5871	.01	4741	.01	10612	.02	98
100	PUBLIC RELATIONS	131771	.23	56745	.18	188516	.33	100
100.10	AUSTIN PRIDE	1257		109231	.34	110488	.20	100.10
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	56281561	100.00	0	.00	56281561	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	245805	1932540	.127193	820647	104381	37
40 ANESTHESIOLOGY	9038	330191	.027372	112316	3074	40
41 RADIOLOGY-DIAGNOSTIC	241881	4919164	.049171	1314925	64656	41
44 LABORATORY	212722	12737996	.016700	4107599	68597	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	79755	4911804	.016237	2370235	38486	49
50 PHYSICAL THERAPY	110741	1040656	.106415	198923	21168	50
53 ELECTROCARDIOLOGY	23974	2345010	.010223	929478	9502	53
54 ELECTROENCEPHALOGRAPHY	9727	60310	.161283	28592	4611	54
55 MEDICAL SUPPLIES CHARGED TO PAT	251770	1180489	.213276	280512	59826	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	82433	8824645	.009341	3585803	33495	56
57 RENAL DIALYSIS	4064	227235	.017885			57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH	112807	866229	.130228			59
59.10 PARTIAL HOSPITALIZATION	136325	2735178	.049841	26	1	59.10
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	76115	1327272	.057347	12711	729	60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY	197327	6820047	.028933	821359	23764	61
61.01 GOLDEN LIFE	56966	5351	10.645861			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	2278	63476	.035888			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	1853728	50327593		14583126	432290	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1135472		1135472	35384	32.09	13499	433183 25
26 INTENSIVE CARE UNIT	216777		216777	2990	72.50	1424	103240 26
101 TOTAL	1352249		1352249			14923	536423 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 536423

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 432290

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 968713

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)	16959747
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	30723819
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.552

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)	968713
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.032

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)	2317768
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)	2387676
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.971