

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 RESURRECTION MEDICAL CENTER (14-0117) (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				1
2	SUBPROVIDER I	73375	156874		2
3	SWING BED - SNF	-50280	56		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	23095	156930		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: 7435 WEST TALCOTT P.O. BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60631 COUNTY: COOK 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	RESURRECTION MEDICAL CENTER	14-0117	07/01/1966	N	P	O	2
3	SUBPROVIDER I	RESURRECTION REHAB UNIT	14-T117	07/01/1991	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	RESURRECTION NURSING PAVILION	14-5324	02/01/1980	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	RESURRECTION MEDICAL CENTER RDF	14-2335	07/01/2004				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		5					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		NO					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		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. 15-1, 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. 15-1, 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.							NO	28		
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st							100	1.0848	1.0848	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.							1		1600	28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>											
28.03	STAFFING							0.00		N	28.03
28.04	RECRUITMENT							0.00		N	28.04
28.05	RETENTION OF EMPLOYEES							0.00		N	28.05
28.06	TRAINING							0.00		N	28.06
28.07	OTHER (SPECIFY)										28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?									NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.									NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.										30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?										30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)										30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.										30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).										31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).										31.01
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.										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.										33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?										34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?										35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL											
								V	XVIII	XIX	
								1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?							NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?							NO	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.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)				NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		9161	1475	15649	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		9161	1475	15649	12
13	RPCH VISITS					13
14	SUBPROVIDER I		1167		1389	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	119405373		119405373	4068908.00	29.35		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	1105777		1105777	8184.00	135.11		4
4.01	TEACHING PHYSICIAN SALARIES	1191949		1191949	14204.00	83.92		4.01
5	PHYSICIAN - PART B	5335434		5335434	45749.00	116.62		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	5090484		5090484	153268.00	33.21		6
6.01	CONTRACT SERVICES, I&R						HOURS REPT	6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	6294969	229587	6524556	299421.39	21.79	HOURS REPT	8
8.01	EXCLUDED AREA SALARIES	4948701	15847	4964548	178895.50	27.75	HOURS REPT	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	344738		344738	4917.00	70.11	HRS RPT & INV	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						A82 ANALYSIS	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT						HOURS REPT	10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	20061845		20061845	541896.00	37.02	HO COST REPORT	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)		29081604	29081604			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS		1418050	1418050			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		64233	64233			CMS 339	18
18.01	PART A TEACHING PHYSICIANS		112921	112921			CMS 339	18.01
19	PHYSICIAN PART B		364312	364312			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)		1214559	1214559			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	943115		943115	47329.99	19.93		21
22	ADMINISTRATIVE & GENERAL	4555930	493092	5049022	188224.00	26.82		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	1614298		1614298	26321.00	61.33		22.01
23	MAINTENANCE & REPAIRS	581644		581644	29128.00	19.97		23
24	OPERATION OF PLANT	2216725	-722679	1494046	52922.00	28.23		24
25	LAUNDRY & LINEN SERVICE	175022		175022	16456.00	10.64		25
26	HOUSEKEEPING	2421662		2421662	207379.29	11.68		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3076445	-1249867	1826578	137599.00	13.27		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1234020	1234020	86684.00	14.24		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2650940		2650940	82804.00	32.01		30
31	CENTRAL SERVICES AND SUPPLY	332166		332166	22269.00	14.92		31
32	PHARMACY	2804282		2804282	79986.00	35.06		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	4430461		4430461	181743.00	24.38		33
34	SOCIAL SERVICE	175756		175756	9418.00	18.66		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	109401804		109401804	3882008.00	28.18	1
2	EXCLUDED AREA SALARIES	11243670	245434	11489104	478316.89	24.02	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	98158134	-245434	97912700	3403691.11	28.77	3
4	SUBTOTAL OTHER WAGES & REL COSTS	20406583		20406583	546813.00	37.32	4
5	SUBTOTAL WAGE-RELATED COSTS		29145837	29145837		29.77%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	118564717	28900403	147465120	3950504.11	37.33	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	25978446	-245434	25733012	1168263.28	22.03	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2335

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						70	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						3.50	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						312	5
6	NUMBER OF STATIONS						12	6
7	TREATMENT CAPACITY PER DAY PER STATION						3	7
8	UTILIZATION							8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP X INITIAL METHOD							15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		214						1
2	RUB		3004						2
3	RUA		581						3
3.01	RUX		227						3.01
3.02	RUL		2635						3.02
4	RVC		263						4
5	RVB		2796						5
6	RVA		397						6
6.01	RVX		419						6.01
6.02	RVL		1967						6.02
7	RHC		854						7
8	RHB		423						8
9	RHA		257						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		397						10
11	RMB		565						11
12	RMA		133						12
12.01	RMX		1672						12.01
12.02	RML		1401						12.02
13	RLB		4						13
14	RLA		3						14
14.01	RLX		6						14.01
15	SE3		325						15
16	SE2		680						16
17	SE1		60						17
18	SSC		97						18
19	SSB		147						19
20	SSA		635						20
21	CC2								21
22	CC1		22						22
23	CB2		134						23
24	CB1		178						24
25	CA2		59						25
26	CA1		158						26
27	IB2								27
28	IB1		3						28
29	IA2								29
30	IA1		10						30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2		8						37
38	PD1		25						38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1		5						44
45	DEFAULT RATE								45
46	TOTAL		20764						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	7986031	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	7986031	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.250520	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	73131310	28
29	TOTAL GROSS MEDICAID COST	18320856	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	17441460	30
31	UNCOMPENSATED CARE COST	4369435	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	18320856	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		6842140	6842140	-6179754	662386	7627477	8289863	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				6179754	6179754	749419	6929173	4
5	0500 EMPLOYEE BENEFITS	943115	24102014	25045129	48699	25093828	-5534882	19558946	5
6.10	0611 NON PATIENT PHONES		413002	413002		413002	-76164	336838	6.10
6.20	0621 DATA PROCESSING						6685467	6685467	6.20
6.30	0631 PURCHASING AND STORES						1742979	1742979	6.30
6.40	0641 ADMITTING								6.40
6.50	0652 CASHIERS AR AND COLLECTIONS						4631400	4631400	6.50
6.60	0662 ADMINISTRATION & GENERAL	3704563	9864932	13569495	813755	14383250	-13712793	670457	6.60
6.70	0653 RNP PATIENT ACCOUNTS								6.70
6.80	1951 RNP OCCUPANCY								6.80
6.90	0663 RNP ADMINISTRATION	851367	2196756	3048123	-258875	2789248	-39721	2749527	6.90
7	0700 MAINTENANCE & REPAIRS	581644	611548	1193192		1193192		1193192	7
8	0800 OPERATION OF PLANT	2061506	9064795	11126301	-8609707	2516594		2516594	8
8.01	0801 ELECTRICITY				7747253	7747253	-28814	7718439	8.01
8.02	0802 RNP OPERATION OF PLANT	155219	683626	838845		838845		838845	8.02
9	0900 LAUNDRY & LINEN SERVICE		1960997	1960997		1960997		1960997	9
9.01	0901 RNP LAUNDRY	175022	95956	270978		270978	-9771	261207	9.01
10	1000 HOUSEKEEPING	2027880	555741	2583621		2583621		2583621	10
10.01	1001 RNP HOUSEKEEPING	393782	67063	460845		460845		460845	10.01
11	1100 DIETARY	2438338	1957631	4395969	-2253328	2142641		2142641	11
11.01	1101 RNP DIETARY	638107	863035	1501142		1501142	-7061	1494081	11.01
12	1200 CAFETERIA				2224758	2224758	-1415288	809470	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	2650940	284177	2935117		2935117	-525551	2409566	14
15	1500 CENTRAL SERVICES & SUPPLY	332166	1310016	1642182	-655972	986210		986210	15
16	1600 PHARMACY	2804282	11427002	14231284	-11084534	3146750		3146750	16
17	1700 MEDICAL RECORDS & LIBRARY	4430461	1277988	5708449		5708449		5708449	17
18	1800 SOCIAL SERVICE								18
18.01	1801 RNP SOCIAL SERVICE	175756	14003	189759		189759		189759	18.01
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	5090484	1362724	6453208		6453208		6453208	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				1792021	1792021		1792021	23
24	2400 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25	2500 ADULTS & PEDIATRICS	19915889	2813801	22729690		22729690	-72036	22657654	25
26	2600 INTENSIVE CARE UNIT	6648536	1353211	8001747		8001747	-153500	7848247	26
31	3100 SUBPROVIDER I	4948701	743352	5692053		5692053		5692053	31
33	3300 NURSERY	1035617	527915	1563532		1563532	-307120	1256412	33
34	3400 SKILLED NURSING FACILITY	6294969	1062511	7357480	258875	7616355		7616355	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	4594920	16790845	21385765		21385765		21385765	37
38	3800 RECOVERY ROOM	833454	117046	950500		950500		950500	38
39	3900 DELIVERY ROOM & LABOR ROOM	2808325	761174	3569499		3569499	-311535	3257964	39
40	4000 ANESTHESIOLOGY	132256	1340190	1472446		1472446		1472446	40
41	4100 RADIOLOGY-DIAGNOSTIC	5952359	3206404	9158763	-744650	8414113		8414113	41
42	4200 RADIOLOGY-THERAPEUTIC	1618196	982671	2600867	361742	2962609		2962609	42
43	4300 RADIOISOTOPE	1159952	831829	1991781	382908	2374689		2374689	43
44	4400 LABORATORY	5695356	5251102	10946458		10946458	-1213161	9733297	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	390604	2659586	3050190		3050190		3050190	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1684376	542892	2227268	-23914	2203354	-6220	2197134	49
50	5000 PHYSICAL THERAPY	3690464	401443	4091907	-76507	4015400		4015400	50
50.01	5001 RNRC PHYSICAL THERAPY	932138	404849	1336987		1336987		1336987	50.01
50.02	5002 DAY RHABILITATION FACILITY	861464	141244	1002708		1002708		1002708	50.02
51	5100 OCCUPATIONAL THERAPY	2002572	349583	2352155	48094	2400249		2400249	51
52	5200 SPEECH PATHOLOGY	1183060	282446	1465506	28413	1493919		1493919	52
53	5300 ELECTROCARDIOLOGY	1342294	1464829	2807123	18858	2825981	-1129830	1696151	53
54	5400 ELECTROENCEPHALOGRAPHY	399004	297508	696512	5056	701568		701568	54
54.01	5401 ELECTROPHYSIOLOGY	231996	4819922	5051918		5051918		5051918	54.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				655972	655972		655972	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS		296880	296880	11084534	11381414		11381414	56
56.01	3950 WELLNESS PROGRAM	145046	65030	210076		210076		210076	56.01
56.02	3520 EYE CENTER								56.02
56.03	3120 CARDIAC CATHETERIZATION	1662708	5494208	7156916		7156916	-21444	7135472	56.03
57	5700 RENAL DIALYSIS	1347745	1422614	2770359		2770359	-21000	2749359	57
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	2460391	924935	3385326		3385326		3385326	60
61	6100 EMERGENCY	7185901	2312390	9498291		9498291	-3686016	5812275	61
61.01	4040 FAMILY PRACTICE CENTER	2792448	879832	3672280	-1792021	1880259		1880259	61.01

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
61.02	4950								61.02
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
95		119405373	133497388	252902761	-28570	252874191	-6835165	246039026	95
NONREIMBURSABLE COST CENTERS									
96	9600								96
98	9800								98
99	9900		3920	3920	28570	32490		32490	99
100	7950								100
100.05	7955								100.05
101	TOTAL	119405373	133501308	252906681		252906681	-6835165	246071516	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 CENTRAL REGISTRATION F	A				
2					
3 CHARGEABLE MEDICAL SUPPLIES F	B	MEDICAL SUPPLIES CHARGED TO P	55		655972
4					
5 CHARGEABLE DRUGS F	C	DRUGS CHARGED TO PATIENTS	56		11084534
6					
7 ELECTRICITY AND GAS F	D	ELECTRICITY	8.01		3832386
8					
9 WORKER'S COMPENSATION F	E	EMPLOYEE BENEFITS	5		48699
10					
11 SHARED DIETARY EXPENSE F	F	CAFETERIA	12	1234020	990738
12	F	NONPAID WORKERS	99	15847	12723
13					
14 TEACHING MD AND RESIDENTS F	G	I&R SERVICES-OTHER PRGM COSTS	23	778544	
15	G	I&R SERVICES-OTHER PRGM COSTS	23	1013477	
16					
17 RNP NURSING ADMINISTRATION F	H	SKILLED NURSING FACILITY	34	229587	29288
18					
19 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-THERAPEUTIC	42	249990	111752
20	I	RADIOISOTOPE	43	264617	118291
21					
22 BIOMEDICAL ENGINEERING F	J	ELECTRICITY	8.01	188862	3726005
23					
24 THERAPY SUPERVISORS F	K	OCCUPATIONAL THERAPY	51	48094	
25	K	SPEECH PATHOLOGY	52	28413	
26					
27 SHARED SUPERVISION F	L	ELECTROCARDIOLOGY	53	18858	
28	L	ELECTROENCEPHALOGRAPHY	54	5056	
29					
30 EQUIPMENT DEPRECIATION	M	NEW CAP REL COSTS-MVBLE EQUIP	4		6179754
31					
32 SECURITY F	N	ADMINISTRATION & GENERAL	6.60	722679	139775
33					
34 RESIDENT SALARIES F	O	I&R SERVICES-SALARY & FRINGES	22	3035584	
35					
36 TOTAL RECLASSIFICATIONS				7833628	26929917

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CENTRAL REGISTRATION F	A					1
2						2
3 CHARGEABLE MEDICAL SUPPLIES F	B	CENTRAL SERVICES & SUPPLY	15		655972	3
4						4
5 CHARGEABLE DRUGS F	C	PHARMACY	16		11084534	5
6						6
7 ELECTRICITY AND GAS F	D	OPERATION OF PLANT	8		3832386	7
8						8
9 WORKER'S COMPENSATION F	E	ADMINISTRATION & GENERAL	6.60		48699	9
10						10
11 SHARED DIETARY EXPENSE F	F	DIETARY	11	1249867	1003461	11
12						12
13						13
14 TEACHING MD AND RESIDENTS F	G	FAMILY PRACTICE CENTER	61.01	1792021		14
15	G					15
16						16
17 RNP NURSING ADMINISTRATION F	H	RNP ADMINISTRATION	6.90	229587	29288	17
18						18
19 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-DIAGNOSTIC	41	249990	111752	19
20	I	RADIOLOGY-DIAGNOSTIC	41	264617	118291	20
21						21
22 BIOMEDICAL ENGINEERING F	J	OPERATION OF PLANT	8	188862	3726005	22
23						23
24 THERAPY SUPERVISORS F	K	PHYSICAL THERAPY	50	76507		24
25	K					25
26						26
27 SHARED SUPERVISION F	L	RESPIRATORY THERAPY	49	23914		27
28	L					28
29						29
30 EQUIPMENT DEPRECIATION	M	NEW CAP REL COSTS-BLDG & FIXT	3		6179754	9 30
31						31
32 SECURITY F	N	OPERATION OF PLANT	8	722679	139775	32
33						33
34 RESIDENT SALARIES F	O	I&R SERVICES-SALARY & FRINGES	22	3035584		34
35						35
36 TOTAL RECLASSIFICATIONS				7833628	26929917	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	125534001	3917374		3917374		129451375		5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL	125534001	3917374		3917374		129451375		7
8 RECONCILING ITEMS								8
9 TOTAL	125534001	3917374		3917374		129451375		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							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		8289863						8289863 3
4 NEW CAP REL COSTS-MVBLE EQUIP		6929173						6929173 4
5 TOTAL		15219036						15219036 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		6842140						6842140 3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL		6842140						6842140 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	B	-1203116	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-242302	ADMINISTRATION & GENERAL	6.60	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-76164	NON PATIENT PHONES	6.10	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6832801			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	5551749			14
15 LAUNDRY AND LINEN SERVICE	B	-9771	RNP LAUNDRY	9.01	15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1415288	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					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3				
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 TV ELECTRICITY COST	A	-28814	ELECTRICITY	8.01	37
37.01 EMPLOYEE CHILD CARE REVENUE	B	-837719	EMPLOYEE BENEFITS	5	37.01
37.07 NURSING REIMBURSEMENT	A	-525551	NURSING ADMINISTRATION	14	37.07
37.10 DEPRECIATION BLDG	A	-12378	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.10
37.12 PHASE 3 CARDIAC REVENUE	B	-89061	ELECTROCARDIOLOGY	53	37.12
37.16 EMPLOYEE FITNESS REVENUE	B	-60946	EMPLOYEE BENEFITS	5	37.16
37.19 PAVILION REVENUE	B	-33262	RNP ADMINISTRATION	6.90	37.19
37.20 PAVILION REVENUE	A	-7061	RNP DIETARY	11.01	37.20
37.25 RNRC ADMINISTRATION MISC REV	B	-6459	RNP ADMINISTRATION	6.90	37.25
37.39 OUTPATIENT EXP BLDG	A	830088	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.39
37.45 PENSION FUNDING	B	-5093422	EMPLOYEE BENEFITS	5	37.45
37.50 MISC REVENUE	B	-1149394	ADMINISTRATION & GENERAL	6.60	37.50
37.51 MED STAFF &PT B PHY BENEFITS	A	-933830	EMPLOYEE BENEFITS	5	37.51
38 AHA DUES	A	-33765	ADMINISTRATION & GENERAL	6.60	38
39 CPA ADJUSTMENT MEDICAID TAX	A	6818916	ADMINISTRATION & GENERAL	6.60	39
40 MED STAFF (9650-240)	A	-768083	ADMINISTRATION & GENERAL	6.60	40
41 AUDIT ENTRY BENEFITS RMC	A	35765	EMPLOYEE BENEFITS	5	41
42 INSURANCE POST CLOSE ENTRY RMC	A	-694935	ADMINISTRATION & GENERAL	6.60	42
43 AUDIT ENTRY OTHER - RMC	A	12478	ADMINISTRATION & GENERAL	6.60	43
44 AUDIT ENTRY BENEFITS - RNRC	A	38279	EMPLOYEE BENEFITS	5	44
45 AUDIT ENTRY - SUPPLIES RNRC	A	4120	ADMINISTRATION & GENERAL	6.60	45
46 POST CLOSE INSURANCE RNRC	A	-72438	ADMINISTRATION & GENERAL	6.60	46
47					47
48					48
49					49
50 TOTAL		-6835165			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	EMPLOYEE BENEFITS	HOME OFFICE MANAGEMENT FE	1316991	1316991	1	
2	6.50	CASHIERS AR AND COLLECTIONS	HOME OFFICE	4631400	4631400	2	
3	6.30	PURCHASING AND STORES	HOME OFFICE PURCHASING	277320	277320	3	
4	6.20	DATA PROCESSING	HOME OFFICE COSTS	6685467	6685467	4	
4.01	6.60	ADMINISTRATION & GENERAL	HOME OFFICE COSTS	9389678	26977068	-17587390	4.01
4.02	6.30	PURCHASING AND STORES	HOME OFFICE	1465659	1465659	4.02	
4.03	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	749419	749419	9	4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	6809767	6809767	9	4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	1203116	1203116	11	4.05
5		TOTALS		32528817	26977068	5551749	5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	53 ELECTROCARDIOLOGY	CARDIOLOGY	1040769	1040769				
2	33 NURSERY	NEONATAL	307120	307120				
3	31 SUBPROVIDER I	DIRECTOR	94998		94998	124000	2080	124000 6200
4	25 ADULTS & PEDIATRICS	PEDIATRICS	72036	72036				
5	26 INTENSIVE CARE UNIT	DIRECTOR	153500	153500				
6	61 EMERGENCY	DIRECTOR AND STAFF	3850093	3526312	323781	158000	2160	164077 8204
7	61.01 FAMILY PRACTICE CENTER	AGGREGATE	734214		734214	158000	10888	827069 41353
8	57 RENAL DIALYSIS	AGGREGATE	21000	21000				
9	49 RESPIRATORY THERAPY	AGGREGATE	6220	6220				
10	39 DELIVERY ROOM & LABOR RO	AGGREGATE	311535	311535				
11	44 LABORATORY	DIRECTOR AND PATHOL	1602199	1082897	519302	192300	4208	389038 19452
12	56.03 CARDIAC CATHETERIZATION	AGGREGATE	21444	21444				
101	TOTAL		8215128	6542833	1672295		19336	1504184 75209

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	53 ELECTROCARDIOLOGY	CARDIOLOGY						1040769
2	33 NURSERY	NEONATAL						307120
3	31 SUBPROVIDER I	DIRECTOR				124000		
4	25 ADULTS & PEDIATRICS	PEDIATRICS						72036
5	26 INTENSIVE CARE UNIT	DIRECTOR						153500
6	61 EMERGENCY	DIRECTOR AND STAFF				164077	159704	3686016
7	61.01 FAMILY PRACTICE CENTER	AGGREGATE				827069		
8	57 RENAL DIALYSIS	AGGREGATE						21000
9	49 RESPIRATORY THERAPY	AGGREGATE						6220
10	39 DELIVERY ROOM & LABOR RO	AGGREGATE						311535
11	44 LABORATORY	DIRECTOR AND PATHOL				389038	130264	1213161
12	56.03 CARDIAC CATHETERIZATION	AGGREGATE						21444
101	TOTAL					1504184	289968	6832801

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	NON PATIENT PHONES 6.10	DATA PROCESSING 6.20	PURCHASING AND STORES 6.30	CASHIERS AR AND COLLECTION 6.50	
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	8289863	8289863							3
4 NEW CAP REL COSTS-MVBLE EQUIP	6929173		6929173						4
5 EMPLOYEE BENEFITS	19558946	123937	5252	19688135					5
6.10 NON PATIENT PHONES	336838	32596	1533		370967				6.10
6.20 DATA PROCESSING	6685467		464468			7149935			6.20
6.30 PURCHASING AND STORES	1742979				9786	254182	2006947		6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS	4631400				16903	267329		4915632	6.50
6.60 ADMINISTRATION & GENERAL	670457	1542847	325303	735799	68496	940032	32	166	6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION	2749527		14404	103339	890	158863	78580		6.90
7 MAINTENANCE & REPAIRS	1193192	1208151	48700	96668	8896		77		7
8 OPERATION OF PLANT	2516594	42531	215124	191122	6227	39442	389		8
8.01 ELECTRICITY	7718439			31388	7117				8.01
8.02 RNP OPERATION OF PLANT	838845		55992	25797					8.02
9 LAUNDRY & LINEN SERVICE	1960997	124611	7712		890				9
9.01 RNP LAUNDRY	261207		6525	29088					9.01
10 HOUSEKEEPING	2583621	56479	16747	337030	890		36		10
10.01 RNP HOUSEKEEPING	460845		263	65446					10.01
11 DIETARY	2142641	173793	55383	197522	6227	21912	807		11
11.01 RNP DIETARY	1494081		8583	106052			1049		11.01
12 CAFETERIA	809470	92936		205092	5338	18626			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2409566	45183	30368	440581	16903	159959	246		14
15 CENTRAL SERVICES & SUPPLY	986210	148425	32342	55205	890	33963	27703		15
16 PHARMACY	3146750	62237	107977	466066	8006	413044	421893		16
17 MEDICAL RECORDS & LIBRARY	5708449	119444	15091	736334	24909	788838	191		17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE	189759			29210					18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	6453208	40580	9140	846028			21		22
23 I&R SERVICES-OTHER PRGM COSTS A	1792021			297830	9786	13147			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	22657654	1550994	644915	3309925	34695	364837	31444	540238	25
26 INTENSIVE CARE UNIT	7848247	242021	47069	1104973	1779	94223	14317	123635	26
31 SUBPROVIDER I	5692053	23127	2818	822464	2669	40538	3907	116860	31
33 NURSERY	1256412	11790	11030		1779	40538	1899	27195	33
34 SKILLED NURSING FACILITY	7616355			1084368			13879	109949	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	21385765	324361	815638	763667	4448	79980	580400	391495	37
38 RECOVERY ROOM	950500	25381	2296	138518	890	26295	1884	43203	38
39 DELIVERY ROOM & LABOR ROOM	3257964	308503	103238	466738	890	52589	5634	54133	39
40 ANESTHESIOLOGY	1472446	24928	143750	21981	1779		21538	65487	40
41 RADIOLOGY-DIAGNOSTIC	8414113	369613	1277685	903744	18682	935649	75967	591990	41
42 RADIOLOGY-THERAPEUTIC	2962609	174768	873652	310489	10675	52589	13025	62788	42
43 RADIOISOTOPE	2374689	7324	90002	236761	3558	120517	23606	112243	43
44 LABORATORY	9733297	190104	199259	946557	21351	1282949	71740	599636	44
46 WHOLE BLOOD & PACKED RED BLOOD	3050190	7269	195	64918	890	187349	99360	45200	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2197134	44606	54955	275965	4448	40538	14350	155310	49
50 PHYSICAL THERAPY	4015400	103407	20084	600632	9786	62449	2944	89333	50
50.01 RNRC PHYSICAL THERAPY	1336987			154919			180	19181	50.01
50.02 DAY RHABILITATION FACILITY	1002708		26002	143174			58	13784	50.02
51 OCCUPATIONAL THERAPY	2400249	87686	7207	340817	6227	106274	329	49409	51
52 SPEECH PATHOLOGY	1493919	23375	3089	201344	890		6212	27960	52
53 ELECTROCARDIOLOGY	1696151	87810	55660	226221	8006	26295	1566	127386	53
54 ELECTROENCEPHALOGRAPHY	701568	19761	102713	67154	890	26295	10264	14930	54
54.01 ELECTROPHYSIOLOGY	5051918			38557			179849	118462	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	655972							77354	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	11381414							589666	56
56.01 WELLNESS PROGRAM	210076	24158	320	24106	890		1001	550	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION	7135472		387501	276339	890		195846	278602	56.03
57 RENAL DIALYSIS	2749359	51628	50386	223993	1779	109561	45023	87964	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3385326	295861	447769	408912	10675	174202	21875	80010	60
61 EMERGENCY	5812275	400285	131186	1194282	10675	107370	34228	290921	61
61.01 FAMILY PRACTICE CENTER	1880259		5869	166269	18682	109561	3596	10592	61.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTION	
	0	3	4	5	6.10	6.20	6.30	6.50	
61.02 SOCIAL SERVICE-PSYCH									61.02
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	246039026	8212510	6925195	19685501	370077	7149935	2006945	4915632	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					890				96
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS	32490	77353	3978	2634			2		99
100 OTHER									100
100.05NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	246071516	8289863	6929173	19688135	370967	7149935	2006947	4915632	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 5A	ADMIN AND GENERAL	RNP ADMIN	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	ELECTRI- CITY	RNP OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE
		6.60	6.90	7	8	8.01	8.02	9
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL	4283132	4283132						6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION	3105603	55013	3160616					6.90
7 MAINTENANCE & REPAIRS	2555684	45271		2600955				7
8 OPERATION OF PLANT	3011429	53344		2027050	5091823			8
8.01 ELECTRICITY	7756944	137407				7894351		8.01
8.02 RNP OPERATION OF PLANT	920634	16308	661487	98380			1696809	8.02
9 LAUNDRY & LINEN SERVICE	2094210	37097			112494	174411	37488	2455700
9.01 RNP LAUNDRY	296820	5258	92848	1267				9.01
10 HOUSEKEEPING	2994803	53050		54503	50987	79050	16991	113708
10.01 RNP HOUSEKEEPING	526554	9327	64891	2992				10.01
11 DIETARY	2598285	46026		47662	156894	243248	52284	
11.01 RNP DIETARY	1609765	28515	835086	5900				11.01
12 CAFETERIA	1131462	20043			83899	130077	27959	
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3102806	54963		113	40790	63240	13593	
15 CENTRAL SERVICES & SUPPLY	1284738	22758	72914		133993	207743	44652	4587
16 PHARMACY	4625973	81944		8287	56185	87109	18723	1488
17 MEDICAL RECORDS & LIBRARY	7393256	130964		57	107830	167179	35933	
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE	218969	3879	13550					18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	7348977	130180			36634	56797	12208	22755
23 I&R SERVICES-OTHER PRGM COSTS A	2112784	37426						
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	29134702	516187		609	1400190	2170851	466601	875838
26 INTENSIVE CARE UNIT	9476264	167863			218488	338744	72809	168727
31 SUBPROVIDER I	6704436	118762		108	292103	452876	97341	228678
33 NURSERY	1522760	26974			10644	16503	3547	
34 SKILLED NURSING FACILITY	8824551	156318	1028102	556				
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	24345754	431261		36532	292823	453992	97581	249696
38 RECOVERY ROOM	1188967	21061			22913	35525	7636	63257
39 DELIVERY ROOM & LABOR ROOM	4249689	75279		1583	278507	431796	92810	76201
40 ANESTHESIOLOGY	1751909	31033			22504	34890	7499	
41 RADIOLOGY-DIAGNOSTIC	12587443	222974		1708	333675	517328	111194	165848
42 RADIOLOGY-THERAPEUTIC	4460595	79015		195188	157775	244614	52577	20675
43 RADIOISOTOPE	2968700	52588		46792	6612	10252	2203	
44 LABORATORY	13044893	231077		15709	171620	266079	57191	33
46 WHOLE BLOOD & PACKED RED BLOOD	3455371	61208		151	6563	10175	2187	
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	2787306	49374		1033	40269	62433	13419	
50 PHYSICAL THERAPY	4904035	86870		966	93352	144733	31109	21943
50.01 RNRC PHYSICAL THERAPY	1511267	26771	391738					50.01
50.02 DAY RHABILITATION FACILITY	1185726	21004		4				50.02
51 OCCUPATIONAL THERAPY	2998198	53110		328	79160	122730	26380	
52 SPEECH PATHOLOGY	1756789	31120		683	21102	32716	7032	
53 ELECTROCARDIOLOGY	2229095	39486			79272	122903	26417	27588
54 ELECTROENCEPHALOGRAPHY	943575	16714		489	17839	27658	5945	1902
54.01 ELECTROPHYSIOLOGY	5388786	95457						54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	733326	12990						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	11971080	212056						56
56.01 WELLNESS PROGRAM	261101	4625			21809	33813	7268	647
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	8274650	146577		209				23260
57 RENAL DIALYSIS	3319693	58805		5425	46608	72261	15532	15446
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	4824630	85463		42866	267094	414101	89007	97648
61 EMERGENCY	7981222	141379		3546	361364	560258	120422	272264
61.01 FAMILY PRACTICE CENTER	2194828	38879						3511

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	LAUNDRY
		AND GENERAL	ADMIN	ANCE AND REPAIRS	OF PLANT	CITY	OPERATION OF PLANT	AND LINEN SERVICE
	5A	6.60	6.90	7	8	8.01	8.02	9
61.02 SOCIAL SERVICE-PSYCH								61.02
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	245954169	4281053	3160616	2600696	5021992	7786085	1673538	2455700 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	890	16						96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS	116457	2063		259	69831	108266	23271	99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	246071516	4283132	3160616	2600955	5091823	7894351	1696809	2455700 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	
	9.01	10	10.01	11	11.01	12	14	15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.10 NON PATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS									6.50
6.60 ADMINISTRATION & GENERAL									6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION									6.90
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 ELECTRICITY									8.01
8.02 RNP OPERATION OF PLANT									8.02
9 LAUNDRY & LINEN SERVICE									9
9.01 RNP LAUNDRY	396193								9.01
10 HOUSEKEEPING		3363092							10
10.01 RNP HOUSEKEEPING			603764						10.01
11 DIETARY		88399		3232798					11
11.01 RNP DIETARY			85602		2564868				11.01
12 CAFETERIA		22100				1415540			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		12234				35462	3323201		14
15 CENTRAL SERVICES & SUPPLY		11050				9537		1791972	15
16 PHARMACY		26046				34255		6802	16
17 MEDICAL RECORDS & LIBRARY		16575				77834		20	17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE			8055			4034			18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A						6230		90	22
23 I&R SERVICES-OTHER PRGM COSTS A		3946							23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1134448		2242250		295751	1203661	91098	25
26 INTENSIVE CARE UNIT		179954		319641		77491	315375	47371	26
31 SUBPROVIDER I		198897		670907		76615	311807	13854	31
33 NURSERY		27230				9928	40407	5228	33
34 SKILLED NURSING FACILITY	396193		395422		2564868	132613	539711	63541	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		415158				64640	263073	583361	37
38 RECOVERY ROOM		7893				10563	42988	5871	38
39 DELIVERY ROOM & LABOR ROOM		109972				35825	145800	16218	39
40 ANESTHESIOLOGY		7893				2863	11653	69779	40
41 RADIOLOGY-DIAGNOSTIC		77349				86889		147486	41
42 RADIOLOGY-THERAPEUTIC		49724				27372		5407	42
43 RADIOISOTOPE		15785				22381		3534	43
44 LABORATORY		90240				80656		35466	44
46 WHOLE BLOOD & PACKED RED BLOOD		5525				6072		104	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		14996				27169		23405	49
50 PHYSICAL THERAPY		23678				49895		8663	50
50.01 RNRC PHYSICAL THERAPY			97067			12066		757	50.01
50.02 DAY RHABILITATION FACILITY						12629		226	50.02
51 OCCUPATIONAL THERAPY		31571				28194		1377	51
52 SPEECH PATHOLOGY						15975		25792	52
53 ELECTROCARDIOLOGY		19732				23259		5685	53
54 ELECTROENCEPHALOGRAPHY		4736				2488		23608	54
54.01 ELECTROPHYSIOLOGY						2687		49264	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT			17618					202378	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		3946						6802	56
56.01 WELLNESS PROGRAM						2223		82	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION						24465	99566	126122	56.03
57 RENAL DIALYSIS						16114		70010	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		159696				34428	140114	54495	60
61 EMERGENCY		199949				51365	209046	95398	61
61.01 FAMILY PRACTICE CENTER		37885				15572		2672	61.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	
	9.01	10	10.01	11	11.01	12	14	15	
61.02 SOCIAL SERVICE-PSYCH									61.02
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	396193	2996607	603764	3232798	2564868	1415540	3323201	1791966	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2762							96
98 PHYSICIANS' PRIVATE OFFICES		298950							98
99 NONPAID WORKERS		63142						6	99
100 OTHER		1631							100
100.05NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	396193	3363092	603764	3232798	2564868	1415540	3323201	1791972	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	RNP SOCIAL SERVICE 18.01	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	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
6.10 NON PATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS									6.50
6.60 ADMINISTRATION & GENERAL									6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION									6.90
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 ELECTRICITY									8.01
8.02 RNP OPERATION OF PLANT									8.02
9 LAUNDRY & LINEN SERVICE									9
9.01 RNP LAUNDRY									9.01
10 HOUSEKEEPING									10
10.01 RNP HOUSEKEEPING									10.01
11 DIETARY									11
11.01 RNP DIETARY									11.01
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	4946812								16
17 MEDICAL RECORDS & LIBRARY	1922	7931570							17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE			248487						18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A				7613871					22
23 I&R SERVICES-OTHER PRGM COSTS A					2154156				23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1068	541765		4241246	1199956	45516221	-5441202	40075019	25
26 INTENSIVE CARE UNIT	321	34967		541550	153218	12112783	-694768	11418015	26
31 SUBPROVIDER I	210	44075				9210669		9210669	31
33 NURSERY	1064	250445		53619	15170	1983519	-68789	1914730	33
34 SKILLED NURSING FACILITY			248487			14350362		14350362	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	111	51913		471846	133497	27891238	-605343	27285895	37
38 RECOVERY ROOM	144	23942				1430760		1430760	38
39 DELIVERY ROOM & LABOR ROOM	1486	8810		107238	30340	5661554	-137578	5523976	39
40 ANESTHESIOLOGY	8792	42378				1991193		1991193	40
41 RADIOLOGY-DIAGNOSTIC	2956	1974551		53619	15170	16298190	-68789	16229401	41
42 RADIOLOGY-THERAPEUTIC	98768	311064				5702774		5702774	42
43 RADIOISOTOPE	979	930226				4060052		4060052	43
44 LABORATORY	20	455636		107238	30340	14586198	-137578	14448620	44
46 WHOLE BLOOD & PACKED RED BLOOD		59687				3607043		3607043	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	49928	242374		268094	75851	3655651	-343945	3311706	49
50 PHYSICAL THERAPY	31	121265				5486540		5486540	50
50.01 RNRC PHYSICAL THERAPY		83551				2123217		2123217	50.01
50.02 DAY RHABILITATION FACILITY						1219589		1219589	50.02
51 OCCUPATIONAL THERAPY	16					3341064		3341064	51
52 SPEECH PATHOLOGY						1891209		1891209	52
53 ELECTROCARDIOLOGY	210	1126180		268094	75851	4043772	-343945	3699827	53
54 ELECTROENCEPHALOGRAPHY	49	335654		53619	15170	1449446	-68789	1380657	54
54.01 ELECTROPHYSIOLOGY	489					5536683		5536683	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		472284				1438596		1438596	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	4447077	124348				16765309		16765309	56
56.01 WELLNESS PROGRAM	10387			107238	30340	479533	-137578	341955	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION	5694					8700543		8700543	56.03
57 RENAL DIALYSIS	284484					3904378		3904378	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	648	448977		107238	30340	6796745	-137578	6659167	60
61 EMERGENCY	1977	247478		804282	227552	11277502	-1031834	10245668	61
61.01 FAMILY PRACTICE CENTER	27981			428950	121361	2871639	-550311	2321328	61.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	RNP SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	16	17	18.01	22	23	25	26	27
61.02 SOCIAL SERVICE-PSYCH								61.02
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	4946812	7931570	248487	7613871	2154156	245383972	-9768027	235615945
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						3668		3668
98 PHYSICIANS' PRIVATE OFFICES						298950		298950
99 NONPAID WORKERS						383295		383295
100 OTHER						1631		1631
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4946812	7931570	248487	7613871	2154156	246071516	-9768027	236303489

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMIN AND GENERAL 6.60	RNP ADMIN 6.90	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	ELECTRI- CITY 8.01	
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	1935	1935	1935						5
6.10 NON PATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS									6.50
6.60 ADMINISTRATION & GENERAL	135472	135472	71	135543					6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION	474	474	10	1742	2226				6.90
7 MAINTENANCE & REPAIRS			9	1434		1443			7
8 OPERATION OF PLANT	21049	21049	18	1689		1125	23881		8
8.01 ELECTRICITY			3	4352				4355	8.01
8.02 RNP OPERATION OF PLANT			2	516	466	55			8.02
9 LAUNDRY & LINEN SERVICE				1175			528	96	9
9.01 RNP LAUNDRY			3	167	65	1			9.01
10 HOUSEKEEPING	16852	16852	32	1680		30	239	44	10
10.01 RNP HOSUEKEEPING			6	295	46	2			10.01
11 DIETARY	14367	14367	19	1458		26	736	134	11
11.01 RNP DIETARY	3291	3291	10	903	588	3			11.01
12 CAFETERIA			20	635			393	72	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2652	2652	42	1741			191	35	14
15 CENTRAL SERVICES & SUPPLY			5	721	51		628	115	15
16 PHARMACY	1938	1938	45	2595		5	264	48	16
17 MEDICAL RECORDS & LIBRARY	7380	7380	71	4148			506	92	17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE			3	123	10				18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	2712	2712	81	4123			172	31	22
23 I&R SERVICES-OTHER PRGM COSTS A			29	1185					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	20726	20726	360	16246			6565	1197	25
26 INTENSIVE CARE UNIT	5138	5138	106	5316			1025	187	26
31 SUBPROVIDER I	2121	2121	79	3761			1370	250	31
33 NURSERY	232	232	17	854			50	9	33
34 SKILLED NURSING FACILITY			104	4951	724				34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	18135	18135	74	13658		20	1373	250	37
38 RECOVERY ROOM	329	329	13	667			107	20	38
39 DELIVERY ROOM & LABOR ROOM	8870	8870	45	2384		1	1306	238	39
40 ANESTHESIOLOGY	467	467	2	983			106	19	40
41 RADIOLOGY-DIAGNOSTIC	14374	14374	87	7062		1	1565	285	41
42 RADIOLOGY-THERAPEUTIC	2790	2790	30	2502		108	740	135	42
43 RADIOISOTOPE	2775	2775	23	1665		26	31	6	43
44 LABORATORY	7323	7323	91	7318		9	805	147	44
46 WHOLE BLOOD & PACKED RED BLOOD	602	602	6	1938			31	6	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2574	2574	27	1564		1	189	34	49
50 PHYSICAL THERAPY	1148	1148	58	2751		1	438	80	50
50.01 RNRC PHYSICAL THERAPY	529	529	15	848	276				50.01
50.02 DAY RHABILITATION FACILITY	711	711	14	665					50.02
51 OCCUPATIONAL THERAPY	2028	2028	33	1682			371	68	51
52 SPEECH PATHOLOGY	3141	3141	19	986			99	18	52
53 ELECTROCARDIOLOGY			22	1251			372	68	53
54 ELECTROENCEPHALOGRAPHY	449	449	6	529			84	15	54
54.01 ELECTROPHYSIOLOGY	1097	1097	4	3023					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				411					55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS				6716					56
56.01 WELLNESS PROGRAM	244	244	2	146			102	19	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION	7465	7465	27	4642					56.03
57 RENAL DIALYSIS	3052	3052	22	1862		3	219	40	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1150	1150	39	2707		24	1253	228	60
61 EMERGENCY	227	227	115	4477		2	1695	309	61
61.01 FAMILY PRACTICE CENTER	1416	1416	16	1231					61.01

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMIN AND GENERAL 6.60	RNP ADMIN 6.90	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	ELECTRI- CITY 8.01	
61.02 SOCIAL SERVICE-PSYCH									61.02
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	317235	317235	1935	135478	2226	1443	23553	4295	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS	353	353		65			328	60	99
100 OTHER									100
100.05NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	317588	317588	1935	135543	2226	1443	23881	4355	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	RNP OPERATION OF PLANT 8.02	LAUNDRY AND LINEN SERVICE 9	RNP LAUNDRY 9.01	HOUSE- KEEPING 10	RNP HOUSE- KEEPING 10.01	DIETARY 11	RNP DIETARY 11.01	CAFETERIA 12
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL								6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION								6.90
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 ELECTRICITY								8.01
8.02 RNP OPERATION OF PLANT	1039							8.02
9 LAUNDRY & LINEN SERVICE	23	1822						9
9.01 RNP LAUNDRY			236					9.01
10 HOUSEKEEPING	10	84		18971				10
10.01 RNP HOSUEKEEPING					349			10.01
11 DIETARY	32			499		17271		11
11.01 RNP DIETARY					49		4844	11.01
12 CAFETERIA	17			125				1262 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	8			69				32 14
15 CENTRAL SERVICES & SUPPLY	27	3		62				9 15
16 PHARMACY	11	1		147				31 16
17 MEDICAL RECORDS & LIBRARY	22			93				69 17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE					5			4 18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	7	17						6 22
23 I&R SERVICES-OTHER PRGM COSTS A				22				23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	288	652		6399		11979		262 25
26 INTENSIVE CARE UNIT	45	125		1015		1708		69 26
31 SUBPROVIDER I	60	170		1122		3584		68 31
33 NURSERY	2			154				9 33
34 SKILLED NURSING FACILITY			236		229		4844	118 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	60	185		2342				58 37
38 RECOVERY ROOM	5	47		45				9 38
39 DELIVERY ROOM & LABOR ROOM	57	57		620				32 39
40 ANESTHESIOLOGY	5			45				3 40
41 RADIOLOGY-DIAGNOSTIC	68	123		436				78 41
42 RADIOLOGY-THERAPEUTIC	32	15		280				24 42
43 RADIOISOTOPE	1			89				20 43
44 LABORATORY	35			509				72 44
46 WHOLE BLOOD & PACKED RED BLOOD	1			31				5 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	8			85				24 49
50 PHYSICAL THERAPY	19	16		134				45 50
50.01 RNRC PHYSICAL THERAPY					56			11 50.01
50.02 DAY RHABILITATION FACILITY								11 50.02
51 OCCUPATIONAL THERAPY	16			178				25 51
52 SPEECH PATHOLOGY	4							14 52
53 ELECTROCARDIOLOGY	16	20		111				21 53
54 ELECTROENCEPHALOGRAPHY	4	1		27				2 54
54.01 ELECTROPHYSIOLOGY								2 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					10			55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS				22				56
56.01 WELLNESS PROGRAM	4							2 56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		17						22 56.03
57 RENAL DIALYSIS	10	11						14 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	54	73		901				31 60
61 EMERGENCY	74	202		1128				46 61
61.01 FAMILY PRACTICE CENTER		3		214				14 61.01

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	RNP OPERATION OF PLANT 8.02	LAUNDRY AND LINEN SERVICE 9	RNP LAUNDRY 9.01	HOUSE- KEEPING 10	RNP HOUSE- KEEPING 10.01	DIETARY 11	RNP DIETARY 11.01	CAFETERIA 12
61.02 SOCIAL SERVICE-PSYCH								61.02
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	1025	1822	236	16904	349	17271	4844	1262 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN				16				96
98 PHYSICIANS' PRIVATE OFFICES				1686				98
99 NONPAID WORKERS	14			356				99
100 OTHER				9				100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1039	1822	236	18971	349	17271	4844	1262 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	RNP	I/R-SALARY	I/R-OTHER	SUBTOTAL
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SOCIAL SERVICE 18.01	AND FRINGES 22	PROGRAM COSTS 23	
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL								6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION								6.90
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 ELECTRICITY								8.01
8.02 RNP OPERATION OF PLANT								8.02
9 LAUNDRY & LINEN SERVICE								9
9.01 RNP LAUNDRY								9.01
10 HOUSEKEEPING								10
10.01 RNP HOUSEKEEPING								10.01
11 DIETARY								11
11.01 RNP DIETARY								11.01
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	4770							14
15 CENTRAL SERVICES & SUPPLY		1621						15
16 PHARMACY		6	5091					16
17 MEDICAL RECORDS & LIBRARY			2	12383				17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE					145			18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A						7149		22
23 I&R SERVICES-OTHER PRGM COSTS A							1236	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1726	82	1	846				67329 25
26 INTENSIVE CARE UNIT	453	43		55				15285 26
31 SUBPROVIDER I	448	13		69				13115 31
33 NURSERY	58	5	1	391				1782 33
34 SKILLED NURSING FACILITY	775	58			145			12184 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	378	529		81				37143 37
38 RECOVERY ROOM	62	5		37				1346 38
39 DELIVERY ROOM & LABOR ROOM	209	15	2	14				13850 39
40 ANESTHESIOLOGY	17	63	9	66				1785 40
41 RADIOLOGY-DIAGNOSTIC		134	3	3085				27301 41
42 RADIOLOGY-THERAPEUTIC		5	102	486				7249 42
43 RADIOISOTOPE		3	1	1452				6092 43
44 LABORATORY		32		711				17052 44
46 WHOLE BLOOD & PACKED RED BLOOD				93				2713 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		21	51	378				4956 49
50 PHYSICAL THERAPY		8		189				4887 50
50.01 RNRC PHYSICAL THERAPY		1		130				1866 50.01
50.02 DAY RHABILITATION FACILITY								1401 50.02
51 OCCUPATIONAL THERAPY		1						4402 51
52 SPEECH PATHOLOGY		23						4304 52
53 ELECTROCARDIOLOGY		5		1758				3644 53
54 ELECTROENCEPHALOGRAPHY		21		524				1662 54
54.01 ELECTROPHYSIOLOGY		45	1					4172 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		183		737				1341 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		6	4576	194				11514 56
56.01 WELLNESS PROGRAM			11					530 56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	143	114	6					12436 56.03
57 RENAL DIALYSIS		63	293					5589 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	201	49	1	701				7412 60
61 EMERGENCY	300	86	2	386				9049 61
61.01 FAMILY PRACTICE CENTER		2	29					2925 61.01

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	RNP SOCIAL SERVICE 18.01	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25
61.02 SOCIAL SERVICE-PSYCH								61.02
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	4770	1621	5091	12383	145			306316 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								16 96
98 PHYSICIANS' PRIVATE OFFICES								1686 98
99 NONPAID WORKERS								1176 99
100 OTHER								9 100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS						7149	1236	8385 101
102 NEGATIVE COST CENTER								102
103 TOTAL	4770	1621	5091	12383	145	7149	1236	317588 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
6.10 NON PATIENT PHONES			6.10
6.20 DATA PROCESSING			6.20
6.30 PURCHASING AND STORES			6.30
6.40 ADMITTING			6.40
6.50 CASHIERS AR AND COLLECTIONS			6.50
6.60 ADMINISTRATION & GENERAL			6.60
6.70 RNP PATIENT ACCOUNTS			6.70
6.80 RNP OCCUPANCY			6.80
6.90 RNP ADMINISTRATION			6.90
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
8.01 ELECTRICITY			8.01
8.02 RNP OPERATION OF PLANT			8.02
9 LAUNDRY & LINEN SERVICE			9
9.01 RNP LAUNDRY			9.01
10 HOUSEKEEPING			10
10.01 RNP HOUSEKEEPING			10.01
11 DIETARY			11
11.01 RNP DIETARY			11.01
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
18.01 RNP SOCIAL SERVICE			18.01
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	67329		25
26 INTENSIVE CARE UNIT	15285		26
31 SUBPROVIDER I	13115		31
33 NURSERY	1782		33
34 SKILLED NURSING FACILITY	12184		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	37143		37
38 RECOVERY ROOM	1346		38
39 DELIVERY ROOM & LABOR ROOM	13850		39
40 ANESTHESIOLOGY	1785		40
41 RADIOLOGY-DIAGNOSTIC	27301		41
42 RADIOLOGY-THERAPEUTIC	7249		42
43 RADIOISOTOPE	6092		43
44 LABORATORY	17052		44
46 WHOLE BLOOD & PACKED RED BLOOD	2713		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	4956		49
50 PHYSICAL THERAPY	4887		50
50.01 RNRC PHYSICAL THERAPY	1866		50.01
50.02 DAY RHABILITATION FACILITY	1401		50.02
51 OCCUPATIONAL THERAPY	4402		51
52 SPEECH PATHOLOGY	4304		52
53 ELECTROCARDIOLOGY	3644		53
54 ELECTROENCEPHALOGRAPHY	1662		54
54.01 ELECTROPHYSIOLOGY	4172		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1341		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	11514		56
56.01 WELLNESS PROGRAM	530		56.01
56.02 EYE CENTER			56.02
56.03 CARDIAC CATHETERIZATION	12436		56.03
57 RENAL DIALYSIS	5589		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	7412		60
61 EMERGENCY	9049		61
61.01 FAMILY PRACTICE CENTER	2925		61.01

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
61.02 SOCIAL SERVICE-PSYCH			61.02
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		306316	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		16	96
98 PHYSICIANS' PRIVATE OFFICES		1686	98
99 NONPAID WORKERS		1176	99
100 OTHER		9	100
100.05NON EMPLOYEE CHILD CARE			100.05
101 CROSS FOOT ADJUSTMENTS		8385	101
102 NEGATIVE COST CENTER			102
103 TOTAL		317588	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.10	DATA PROCESSING 6.20	PURCHASING AND STORES 6.30	
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		123937	5252	129189	129189				5
6.10 NON PATIENT PHONES		32596	1533	34129		34129			6.10
6.20 DATA PROCESSING			464468	464468			464468		6.20
6.30 PURCHASING AND STORES							900	16512	17412
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS							1555	17366	
6.60 ADMINISTRATION & GENERAL		1542847	325303	1868150	4830	6299	61066		6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION			14404	14404	678	82	10320	682	6.90
7 MAINTENANCE & REPAIRS		1208151	48700	1256851	635	818		1	7
8 OPERATION OF PLANT		42531	215124	257655	1255	573	2562	3	8
8.01 ELECTRICITY					206	655			8.01
8.02 RNP OPERATION OF PLANT			55992	55992	169				8.02
9 LAUNDRY & LINEN SERVICE		124611	7712	132323		82			9
9.01 RNP LAUNDRY			6525	6525	191				9.01
10 HOUSEKEEPING		56479	16747	73226	2212	82			10
10.01 RNP HOSUEKEEPING			263	263	430				10.01
11 DIETARY		173793	55383	229176	1297	573	1423	7	11
11.01 RNP DIETARY			8583	8583	696			9	11.01
12 CAFETERIA		92936		92936	1346	491	1210		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		45183	30368	75551	2892	1555	10391	2	14
15 CENTRAL SERVICES & SUPPLY		148425	32342	180767	362	82	2206	241	15
16 PHARMACY		62237	107977	170214	3059	737	26832	3664	16
17 MEDICAL RECORDS & LIBRARY		119444	15091	134535	4834	2292	51244	2	17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE					192				18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		40580	9140	49720	5554				22
23 I&R SERVICES-OTHER PRGM COSTS A					1955	900	854		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1550994	644915	2195909	21676	3192	23700	273	25
26 INTENSIVE CARE UNIT		242021	47069	289090	7254	164	6121	124	26
31 SUBPROVIDER I		23127	2818	25945	5399	246	2633	34	31
33 NURSERY		11790	11030	22820	1130	164	2633	16	33
34 SKILLED NURSING FACILITY					7118			121	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		324361	815638	1139999	5013	409	5196	5022	37
38 RECOVERY ROOM		25381	2296	27677	909	82	1708	16	38
39 DELIVERY ROOM & LABOR ROOM		308503	103238	411741	3064	82	3416	49	39
40 ANESTHESIOLOGY		24928	143750	168678	144	164		187	40
41 RADIOLOGY-DIAGNOSTIC		369613	1277685	1647298	5933	1719	60781	660	41
42 RADIOLOGY-THERAPEUTIC		174768	873652	1048420	2038	982	3416	113	42
43 RADIOISOTOPE		7324	90002	97326	1554	327	7829	205	43
44 LABORATORY		190104	199259	389363	6214	1964	83344	623	44
46 WHOLE BLOOD & PACKED RED BLOOD		7269	195	7464	426	82	12170	863	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		44606	54955	99561	1812	409	2633	125	49
50 PHYSICAL THERAPY		103407	20084	123491	3943	900	4057	26	50
50.01 RNRC PHYSICAL THERAPY					1017			2	50.01
50.02 DAY RHABILITATION FACILITY			26002	26002	940			1	50.02
51 OCCUPATIONAL THERAPY		87686	7207	94893	2237	573	6904	3	51
52 SPEECH PATHOLOGY		23375	3089	26464	1322	82		54	52
53 ELECTROCARDIOLOGY		87810	55660	143470	1485	737	1708	14	53
54 ELECTROENCEPHALOGRAPHY		19761	102713	122474	441	82	1708	89	54
54.01 ELECTROPHYSIOLOGY					253			1562	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
56.01 WELLNESS PROGRAM		24158	320	24478	158	82		9	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION			387501	387501	1814	82		1701	56.03
57 RENAL DIALYSIS		51628	50386	102014	1470	164	7117	391	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		295861	447769	743630	2684	982	11316	190	60
61 EMERGENCY		400285	131186	531471	7840	982	6975	297	61
61.01 FAMILY PRACTICE CENTER			5869	5869	1091	1719	7117	31	61.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	NON	PURCHASING	
	CAP-REL COSTS 0	REL COSTS BLDG&FIXT 3	REL COSTS MOV EQUIP 4	COST TO BE ALLOC 4A	BENEFITS 5	PATIENT PHONES 6.10	DATA PROCESSING 6.20	AND STORES 6.30
61.02 SOCIAL SERVICE-PSYCH								61.02
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		8212510	6925195	15137705	129172	34047	464468	17412 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						82		96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS		77353	3978	81331	17			99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		8289863	6929173	15219036	129189	34129	464468	17412 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERS	ADMIN	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	LAUNDRY
	AR AND	AND	ADMIN	ANCE AND	OF	CITY	OPERATION	AND LINEN
	6.50	6.60	6.90	7	8	8.01	8.02	9
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS	18921							6.50
6.60 ADMINISTRATION & GENERAL	1	1940346						6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION		24922	51088					6.90
7 MAINTENANCE & REPAIRS		20509		1278814				7
8 OPERATION OF PLANT		24167		996643	1282858			8
8.01 ELECTRICITY		62249				63110		8.01
8.02 RNP OPERATION OF PLANT		7388	10692	48370			122611	8.02
9 LAUNDRY & LINEN SERVICE		16806			28342	1394	2709	9
9.01 RNP LAUNDRY		2382	1501	623				9.01
10 HOUSEKEEPING		24033		26798	12846	632	1228	10
10.01 RNP HOUSEKEEPING		4226	1049	1471				10.01
11 DIETARY		20851		23434	39529	1945	3778	11
11.01 RNP DIETARY		12918	13498	2901				11.01
12 CAFETERIA		9080			21138	1040	2020	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		24900		56	10277	506	982	14
15 CENTRAL SERVICES & SUPPLY		10310	1179		33759	1661	3227	15
16 PHARMACY		37123		4074	14156	696	1353	16
17 MEDICAL RECORDS & LIBRARY		59331		28	27167	1336	2597	17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE		1757	219					18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		58976			9230	454	882	22
23 I&R SERVICES-OTHER PRGM COSTS A		16955						23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2061	233804		299	352766	17354	33715	64790
26 INTENSIVE CARE UNIT	472	76047			55047	2708	5261	12481
31 SUBPROVIDER I	446	53803		53	73594	3620	7034	16916
33 NURSERY	104	12220			2682	132	256	
34 SKILLED NURSING FACILITY	419	70817	16618	273				
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1494	195375		17962	73775	3629	7051	18471
38 RECOVERY ROOM	165	9541			5773	284	552	4679
39 DELIVERY ROOM & LABOR ROOM	207	34104		778	70168	3452	6706	5637
40 ANESTHESIOLOGY	250	14059			5670	279	542	
41 RADIOLOGY-DIAGNOSTIC	2259	101014		840	84068	4136	8035	12268
42 RADIOLOGY-THERAPEUTIC	240	35796		95968	39751	1956	3799	1529
43 RADIOISOTOPE	428	23824		23006	1666	82	159	
44 LABORATORY	2451	104685		7723	43239	2127	4133	2
46 WHOLE BLOOD & PACKED RED BLOOD	172	27729		74	1653	81	158	
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	593	22368		508	10145	499	970	
50 PHYSICAL THERAPY	341	39355		475	23520	1157	2248	1623
50.01 RNRC PHYSICAL THERAPY	73	12128	6332					
50.02 DAY RHABILITATION FACILITY	53	9515		2				
51 OCCUPATIONAL THERAPY	189	24061		161	19944	981	1906	
52 SPEECH PATHOLOGY	107	14098		336	5317	262	508	
53 ELECTROCARDIOLOGY	486	17888			19972	983	1909	2041
54 ELECTROENCEPHALOGRAPHY	57	7572		241	4495	221	430	141
54.01 ELECTROPHYSIOLOGY	452	43245						
55 MEDICAL SUPPLIES CHARGED TO PAT	295	5885						
55.30 IMPL. DEV. CHARGED TO PATIENT								
56 DRUGS CHARGED TO PATIENTS	2250	96068						
56.01 WELLNESS PROGRAM	2	2095			5495	270	525	48
56.02 EYE CENTER								
56.03 CARDIAC CATHETERIZATION	1063	66404		103				1721
57 RENAL DIALYSIS	336	26641		2667	11743	578	1122	1143
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	305	38718		21076	67293	3310	6432	7223
61 EMERGENCY	1110	64049		1744	91044	4479	8702	20140
61.01 FAMILY PRACTICE CENTER	40	17613						260

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERS	ADMIN	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	LAUNDRY
	AR AND COLLECTION	AND GENERAL	ADMIN	ANCE AND REPAIRS	OF PLANT	CITY	OPERATION OF PLANT	AND LINEN SERVICE
	6.50	6.60	6.90	7	8	8.01	8.02	9
61.02 SOCIAL SERVICE-PSYCH								61.02
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	18921	1939404	51088	1278687	1265264	62244	120929	181656 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		7						96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS		935		127	17594	866	1682	99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	18921	1940346	51088	1278814	1282858	63110	122611	181656 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	
	9.01	10	10.01	11	11.01	12	14	15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.10 NON PATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS									6.50
6.60 ADMINISTRATION & GENERAL									6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION									6.90
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 ELECTRICITY									8.01
8.02 RNP OPERATION OF PLANT									8.02
9 LAUNDRY & LINEN SERVICE									9
9.01 RNP LAUNDRY	11222								9.01
10 HOUSEKEEPING		149468							10
10.01 RNP HOUSEKEEPING			7439						10.01
11 DIETARY		3929		325942					11
11.01 RNP DIETARY			1055		39660				11.01
12 CAFETERIA		982				130243			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		544				3263	130919		14
15 CENTRAL SERVICES & SUPPLY		491				877		235501	15
16 PHARMACY		1158				3152		894	16
17 MEDICAL RECORDS & LIBRARY		737				7161		3	17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE			99			371			18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A						573		12	22
23 I&R SERVICES-OTHER PRGM COSTS A		175							23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		50419		226072		27212	47419	11972	25
26 INTENSIVE CARE UNIT		7998		32227		7130	12424	6226	26
31 SUBPROVIDER I		8840		67643		7049	12284	1821	31
33 NURSERY		1210				914	1592	687	33
34 SKILLED NURSING FACILITY	11222		4872		39660	12202	21262	8351	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		18451				5947	10364	76660	37
38 RECOVERY ROOM		351				972	1694	772	38
39 DELIVERY ROOM & LABOR ROOM		4888				3296	5744	2131	39
40 ANESTHESIOLOGY		351				263	459	9171	40
41 RADIOLOGY-DIAGNOSTIC		3438				7995		19383	41
42 RADIOLOGY-THERAPEUTIC		2210				2518		711	42
43 RADIOISOTOPE		702				2059		464	43
44 LABORATORY		4011				7421		4661	44
46 WHOLE BLOOD & PACKED RED BLOOD		246				559		14	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		666				2500		3076	49
50 PHYSICAL THERAPY		1052				4591		1139	50
50.01 RNRC PHYSICAL THERAPY			1196			1110		99	50.01
50.02 DAY RHABILITATION FACILITY						1162		30	50.02
51 OCCUPATIONAL THERAPY		1403				2594		181	51
52 SPEECH PATHOLOGY						1470		3390	52
53 ELECTROCARDIOLOGY		877				2140		747	53
54 ELECTROENCEPHALOGRAPHY		210				229		3103	54
54.01 ELECTROPHYSIOLOGY						247		6474	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT			217					26597	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		175						894	56
56.01 WELLNESS PROGRAM						205		11	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION						2251	3922	16575	56.03
57 RENAL DIALYSIS						1483		9201	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		7097				3168	5520	7162	60
61 EMERGENCY		8886				4726	8235	12537	61
61.01 FAMILY PRACTICE CENTER		1684				1433		351	61.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	
	9.01	10	10.01	11	11.01	12	14	15	
61.02 SOCIAL SERVICE-PSYCH									61.02
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	11222	133181	7439	325942	39660	130243	130919	235500	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		123							96
98 PHYSICIANS' PRIVATE OFFICES		13286							98
99 NONPAID WORKERS		2806						1	99
100 OTHER		72							100
100.05NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	11222	149468	7439	325942	39660	130243	130919	235501	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	RNP SOCIAL SERVICE 18.01	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.10								6.10
6.20								6.20
6.30								6.30
6.40								6.40
6.50								6.50
6.60								6.60
6.70								6.70
6.80								6.80
6.90								6.90
7								7
8								8
8.01								8.01
8.02								8.02
9								9
9.01								9.01
10								10
10.01								10.01
11								11
11.01								11.01
12								12
13								13
14								14
15								15
16	267222							16
17	104	291371						17
18								18
18.01			2638					18.01
20								20
21								21
22				127084				22
23					20839			23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	58	19902				3332593		3332593 25
26	17	1285				522076		522076 26
31	11	1619				288990		288990 31
33	57	9200				55817		55817 33
34			2638			195573		195573 34
ANCILLARY SERVICE COST CENTERS								
37	6	1907				1586731		1586731 37
38	8	880				56063		56063 38
39	80	324				555867		555867 39
40	475	1557				202249		202249 40
41	160	72536				2032523		2032523 41
42	5335	11427				1256209		1256209 42
43	53	34172				193856		193856 43
44	1	16738				678700		678700 44
46		2193				53884		53884 46
46.30								46.30
49	2697	8904				157466		157466 49
50	2	4455				212375		212375 50
50.01		3069				25026		25026 50.01
50.02						37705		37705 50.02
51	1					156031		156031 51
52						53410		53410 52
53	11	41371				235839		235839 53
54	3	12330				153826		153826 54
54.01	26					52259		52259 54.01
55		17350				50344		50344 55
55.30								55.30
56	240227	4568				344182		344182 56
56.01	561					33939		33939 56.01
56.02								56.02
56.03	308					483445		483445 56.03
57	15367					181437		181437 57
OUTPATIENT SERVICE COST CENTERS								
60	35	16493				942634		942634 60
61	107	9091				782415		782415 61
61.01	1512					38720		38720 61.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	RNP SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	16	17	18.01	22	23	25	26	27
61.02 SOCIAL SERVICE-PSYCH								61.02
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	267222	291371	2638			14952184		14952184 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						212		212 96
98 PHYSICIANS' PRIVATE OFFICES						13286		13286 98
99 NONPAID WORKERS						105359		105359 99
100 OTHER						72		72 100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS				127084	20839	147923		147923 101
102 NEGATIVE COST CENTER								102
103 TOTAL	267222	291371	2638	127084	20839	15219036		15219036 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 (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	PURCHASING AND STORES SUPPLY COST	CASHIERS AR AND COLLECTION GROSS REVENUE	
	3	4	5	6.10	6.20	6.30	6.50	
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	603259							3
4 NEW CAP REL COSTS-MVBLE EQUIP		6838837						4
5 EMPLOYEE BENEFITS	9019	5184	118462258					5
6.10 NON PATIENT PHONES	2372	1513		417				6.10
6.20 DATA PROCESSING		458413			7209220			6.20
6.30 PURCHASING AND STORES					256289	52980234		6.30
6.40 ADMITTING					11			6.40
6.50 CASHIERS AR AND COLLECTIONS					19	269545	937819668	6.50
6.60 ADMINISTRATION & GENERAL	112274	321062	4427242		77	947826	852	31582
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION		14216	621780	1	160180	2074391		6.90
7 MAINTENANCE & REPAIRS	87918	48065	581644	10		2021		7
8 OPERATION OF PLANT	3095	212319	1149965	7	39769	10272		8
8.01 ELECTRICITY			188862		8			8.01
8.02 RNP OPERATION OF PLANT		55262	155219					8.02
9 LAUNDRY & LINEN SERVICE	9068	7611		1				9
9.01 RNP LAUNDRY		6440	175022					9.01
10 HOUSEKEEPING	4110	16529	2027880	1		961		10
10.01 RNP HOUSEKEEPING		260	393782					10.01
11 DIETARY	12647	54661	1188471	7	22094	21298		11
11.01 RNP DIETARY		8471	638107			27703		11.01
12 CAFETERIA	6763		1234020	6	18780			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3288	29972	2650940	19	161285	6494		14
15 CENTRAL SERVICES & SUPPLY	10801	31920	332166	1	34245	731327		15
16 PHARMACY	4529	106569	2804282	9	416469	11137315		16
17 MEDICAL RECORDS & LIBRARY	8692	14894	4430461	28	795378	5042		17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE			175756					18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	2953	9021	5090484			563		22
23 I&R SERVICES-OTHER PRGM COSTS			1792021	11	13256			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	112867	636507	19915889	39	367862	830085	103059442	25
26 INTENSIVE CARE UNIT	17612	46455	6648536	2	95004	377957	23585557	26
31 SUBPROVIDER I	1683	2781	4948701	3	40874	103141	22293016	31
33 NURSERY	858	10886	1035617	2	40874	50118	5187846	33
34 SKILLED NURSING FACILITY			6524556			366385	20974563	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	23604	805005	4594920	5	80643	15321524	74684254	37
38 RECOVERY ROOM	1847	2266	833454	1	26513	49729	8241784	38
39 DELIVERY ROOM & LABOR ROOM	22450	101892	2808325	1	53025	148723	10326781	39
40 ANESTHESIOLOGY	1814	141876	132256	2		568573	12492801	40
41 RADIOLOGY-DIAGNOSTIC	26897	1261029	5437752	21	943407	2005423	112931999	41
42 RADIOLOGY-THERAPEUTIC	12718	862262	1868186	12	53025	343828	11977940	42
43 RADIOISOTOPE	533	88829	1424569	4	121516	623162	21412280	43
44 LABORATORY	13834	196661	5695356	24	1293593	1893819	114470894	44
46 WHOLE BLOOD & PACKED RED BLOO	529	192	390604	1	188902	2622954	8622580	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	3246	54239	1660462	5	40874	378809	29627975	49
50 PHYSICAL THERAPY	7525	19822	3613957	11	62967	77726	17041838	50
50.01 RNRC PHYSICAL THERAPY			932138			4759	3659079	50.01
50.02 DAY RHABILITATION FACILITY		25663	861464			1531	2629533	50.02
51 OCCUPATIONAL THERAPY	6381	7113	2050666	7	107155	8692	9425664	51
52 SPEECH PATHOLOGY	1701	3049	1211473	1		163990	5333899	52
53 ELECTROCARDIOLOGY	6390	54934	1361152	9	26513	41350	24300980	53
54 ELECTROENCEPHALOGRAPHY	1438	101374	404060	1	26513	270954	2848177	54
54.01 ELECTROPHYSIOLOGY			231996			4747735	22598577	54.01
55 MEDICAL SUPPLIES CHARGED TO P							14756552	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS							112488678	56
56.01 WELLNESS PROGRAM	1758	316	145046	1		26435	104932	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		382449	1662708	1		5170043	53147966	56.03
57 RENAL DIALYSIS	3757	49729	1347745	2	110469	1188550	16780686	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	21530	441932	2460391	12	175646	577462	15263219	60

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	PURCHASING AND STORES SUPPLY COST	CASHIERS AR AND COLLECTION GROSS REVENUE	
	3	4	5	6.10	6.20	6.30	6.50	
61 EMERGENCY	29129	129476	7185901	12	108260	903557	55498008	61
61.01 FAMILY PRACTICE CENTER		5792	1000427	21	110469	94941	2020586	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								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	597630	6834911	118446411	416	7209220	52980194	937819668	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				1				96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS	5629	3926	15847			40		99
100 OTHER								100
100.05 NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	8289863	6929173	19688135	370967	7149935	2006947	4915632	103
104 UNIT COST MULT-WS B PT I		1.013209		889.609113		.037881		104
104 UNIT COST MULT-WS B PT I	13.741797		.166198		.991777		.005242	104
105 COST TO BE ALLOC PER B PT II			1935					105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II			.000016					106
107 COST TO BE ALLOC PER B PT III			129189	34129	464468	17412	18921	107
108 UNIT COST MULT-WS B PT III				81.844125		.000329		108
108 UNIT COST MULT-WS B PT III			.001091		.064427		.000020	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	RNP PATIENT ACCOUNTS RNP GROSS CHGS	RNP ADMIN RNP DIRECT	MAINTEN- ANCE AND REPAIRS MTCE REQS	OPERATION OF PLANT (SQUARE FEET)	ELECTRI- CITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)
	6A.60	6.60	6.70	6.90	7	8	8.01	8.02
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL	-4283132	241788384						6.60
6.70 RNP PATIENT ACCOUNTS			27474565					6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION		3105603		3266397				6.90
7 MAINTENANCE & REPAIRS		2555684			4303961			7
8 OPERATION OF PLANT		3011429			3354286	410444		8
8.01 ELECTRICITY		7756944					410444	8.01
8.02 RNP OPERATION OF PLANT		920634		683626	162795			8.02
9 LAUNDRY & LINEN SERVICE		2094210				9068	9068	9
9.01 RNP LAUNDRY		296820		95956	2096			9.01
10 HOUSEKEEPING		2994803			90190	4110	4110	10
10.01 RNP HOUSEKEEPING		526554		67063	4951			10.01
11 DIETARY		2598285			78869	12647	12647	11
11.01 RNP DIETARY		1609765		863035	9763			11.01
12 CAFETERIA		1131462				6763	6763	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		3102806			187	3288	3288	14
15 CENTRAL SERVICES & SUPPLY		1284738		75354		10801	10801	15
16 PHARMACY		4625973			13713	4529	4529	16
17 MEDICAL RECORDS & LIBRARY		7393256			95	8692	8692	17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE		218969		14003				18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES		7348977				2953	2953	22
23 I&R SERVICES-OTHER PRGM COSTS		2112784						23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		29134702			1007	112867	112867	25
26 INTENSIVE CARE UNIT		9476264				17612	17612	26
31 SUBPROVIDER I		6704436			178	23546	23546	31
33 NURSERY		1522760				858	858	33
34 SKILLED NURSING FACILITY		8824551	20974563	1062511	920			34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		24345754			60452	23604	23604	37
38 RECOVERY ROOM		1188967				1847	1847	38
39 DELIVERY ROOM & LABOR ROOM		4249689			2620	22450	22450	39
40 ANESTHESIOLOGY		1751909				1814	1814	40
41 RADIOLOGY-DIAGNOSTIC		12587443			2826	26897	26897	41
42 RADIOLOGY-THERAPEUTIC		4460595			322989	12718	12718	42
43 RADIOISOTOPE		2968700			77430	533	533	43
44 LABORATORY		13044893			25994	13834	13834	44
46 WHOLE BLOOD & PACKED RED BLOO		3455371			250	529	529	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		2787306			1709	3246	3246	49
50 PHYSICAL THERAPY		4904035			1598	7525	7525	50
50.01 RNRC PHYSICAL THERAPY		1511267	3659079	404849				50.01
50.02 DAY RHABILITATION FACILITY		1185726			7			50.02
51 OCCUPATIONAL THERAPY		2998198			543	6381	6381	51
52 SPEECH PATHOLOGY		1756789			1131	1701	1701	52
53 ELECTROCARDIOLOGY		2229095				6390	6390	53
54 ELECTROENCEPHALOGRAPHY		943575			810	1438	1438	54
54.01 ELECTROPHYSIOLOGY		5388786						54.01
55 MEDICAL SUPPLIES CHARGED TO P		733326	94300					55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		11971080	2746623					56
56.01 WELLNESS PROGRAM		2611101				1758	1758	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		8274650				346		56.03
57 RENAL DIALYSIS		3319693				8977	3757	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		4824630			70933	21530	21530	60

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	RNP PATIENT ACCOUNTS RNP GROSS CHGS	RNP ADMIN RNP DIRECT EXP	MAINTEN- ANCE AND REPAIRS MTCE REQS	OPERATION OF PLANT (SQUARE FEET)	ELECTRI- CITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	
		6A.60	6.60	6.70	6.90	7	8	8.01	8.02
61 EMERGENCY		7981222			5868	29129	29129	29129	61
61.01 FAMILY PRACTICE CENTER		2194828							61.01
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									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	-4283132	241671037	27474565	3266397	4303533	404815	404815	404815	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		890							96
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS		116457			428	5629	5629	5629	99
100 OTHER									100
100.05 NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		4283132		3160616	2600955	5091823	7894351	1696809	103
104 UNIT COST MULT-WS B PT I				.604317			19.233686		104
104 UNIT COST MULT-WS B PT I		.017714		.967615		12.405646		4.134082	104
105 COST TO BE ALLOC PER B PT II		135543		2226	1443	23881	4355	1039	105
106 UNIT COST MULT-WS B PT II				.000335			.010610		106
106 UNIT COST MULT-WS B PT II		.000561		.000681		.058183		.002531	106
107 COST TO BE ALLOC PER B PT III		1940346		51088	1278814	1282858	63110	122611	107
108 UNIT COST MULT-WS B PT III				.297125			.153760		108
108 UNIT COST MULT-WS B PT III		.008025		.015640		3.125537		.298728	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	RNP HOUSE-KEEPING (RNP HRS OF SVC)	DIETARY (MEALS SERVED)	RNP DIETARY (RNP MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (MEALS SERVED)
	9	9.01	10	10.01	11	11.01	12	14
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL								6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION								6.90
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 ELECTRICITY								8.01
8.02 RNP OPERATION OF PLANT								8.02
9 LAUNDRY & LINEN SERVICE	3661231							9
9.01 RNP LAUNDRY		99655						9.01
10 HOUSEKEEPING	169529		127830					10
10.01 RNP HOUSEKEEPING				30808				10.01
11 DIETARY			3360		208224			11
11.01 RNP DIETARY				4368		281777		11.01
12 CAFETERIA			840				3305306	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			465				82804	14
15 CENTRAL SERVICES & SUPPLY	6839		420				22269	15
16 PHARMACY	2219		990				79986	16
17 MEDICAL RECORDS & LIBRARY			630				181744	17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE				411			9419	18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	33925						14546	22
23 I&R SERVICES-OTHER PRGM COSTS			150					23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1305797		43120		144423		690587	690587
26 INTENSIVE CARE UNIT	251557		6840		20588		180943	180943
31 SUBPROVIDER I	340939		7560		43213		178896	178896
33 NURSERY			1035				23183	23183
34 SKILLED NURSING FACILITY		99655			20177		281777	309653
							309653	309653
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	372275		15780				150935	150935
38 RECOVERY ROOM	94311		300				24664	24664
39 DELIVERY ROOM & LABOR ROOM	113609		4180				83651	83651
40 ANESTHESIOLOGY			300				6686	6686
41 RADIOLOGY-DIAGNOSTIC	247265		2940				202888	202888
42 RADIOLOGY-THERAPEUTIC	30824		1890				63914	63914
43 RADIOISOTOPE			600				52260	52260
44 LABORATORY	49		3430				188334	188334
46 WHOLE BLOOD & PACKED RED BLOO			210				14178	14178
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY			570				63439	63439
50 PHYSICAL THERAPY	32715		900				116506	116506
50.01 RNRC PHYSICAL THERAPY					4953		28174	28174
50.02 DAY RHABILITATION FACILITY							29489	29489
51 OCCUPATIONAL THERAPY			1200				65833	65833
52 SPEECH PATHOLOGY							37301	37301
53 ELECTROCARDIOLOGY	41131		750				54309	54309
54 ELECTROENCEPHALOGRAPHY	2835		180				5810	5810
54.01 ELECTROPHYSIOLOGY							6275	6275
55 MEDICAL SUPPLIES CHARGED TO P					899			
55.30 IMPL. DEV. CHARGED TO PATIENT								
56 DRUGS CHARGED TO PATIENTS			150					
56.01 WELLNESS PROGRAM	965						5191	5191
56.02 EYE CENTER								
56.03 CARDIAC CATHETERIZATION	34678						57125	57125
57 RENAL DIALYSIS	23028						37626	37626
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	145585		6070				80389	80389

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	RNP LAUNDRY (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	RNP HOUSE-KEEPING (HRS OF SVC)	DIETARY (MEALS SERVED)	RNP DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI-STRATION (MEALS SERVED)	
	9	9.01	10	10.01	11	11.01	12	14	
61 EMERGENCY	405922		7600				119938	119938	61
61.01 FAMILY PRACTICE CENTER	5234		1440				36361		61.01
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									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	3661231	99655	113900	30808	208224	281777	3305306	1906650	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C			105						96
98 PHYSICIANS' PRIVATE OFFICES			11363						98
99 NONPAID WORKERS			2400						99
100 OTHER			62						100
100.05 NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2455700	396193	3363092	603764	3232798	2564868	1415540	3323201	103
104 UNIT COST MULT-WS B PT I	.670731		26.309098		15.525578		.428263		104
104 UNIT COST MULT-WS B PT I		3.975646		19.597637		9.102475		1.742953	104
105 COST TO BE ALLOC PER B PT II	1822	236	18971	349	17271	4844	1262	4770	105
106 UNIT COST MULT-WS B PT II	.000498		.148408		.082944		.000382		106
106 UNIT COST MULT-WS B PT II		.002368		.011328		.017191		.002502	106
107 COST TO BE ALLOC PER B PT III	181656	11222	149468	7439	325942	39660	130243	130919	107
108 UNIT COST MULT-WS B PT III	.049616		1.169272		1.565343		.039404		108
108 UNIT COST MULT-WS B PT III		.112608		.241463		.140750		.068664	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	SOCIAL SERVICE (TIME SPENT) 18	RNP SOCIAL SERVICE RNP TIME SPENT 18.01	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	
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
6.10	NON PATIENT PHONES							6.10
6.20	DATA PROCESSING							6.20
6.30	PURCHASING AND STORES							6.30
6.40	ADMITTING							6.40
6.50	CASHIERS AR AND COLLECTIONS							6.50
6.60	ADMINISTRATION & GENERAL							6.60
6.70	RNP PATIENT ACCOUNTS							6.70
6.80	RNP OCCUPANCY							6.80
6.90	RNP ADMINISTRATION							6.90
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT							8
8.01	ELECTRICITY							8.01
8.02	RNP OPERATION OF PLANT							8.02
9	LAUNDRY & LINEN SERVICE							9
9.01	RNP LAUNDRY							9.01
10	HOUSEKEEPING							10
10.01	RNP HOUSEKEEPING							10.01
11	DIETARY							11
11.01	RNP DIETARY							11.01
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION							14
15	CENTRAL SERVICES & SUPPLY	11264357						15
16	PHARMACY	42756	12330143					16
17	MEDICAL RECORDS & LIBRARY	126	4791	612211				17
18	SOCIAL SERVICE				10000			18
18.01	RNP SOCIAL SERVICE					10000		18.01
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES	563				1420		22
23	I&R SERVICES-OTHER PRGM COSTS						1420	23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	572644	2661	41817	5520	791	791	25
26	INTENSIVE CARE UNIT	297776	800	2699	4148	101	101	26
31	SUBPROVIDER I	87085	523	3402				31
33	NURSERY	32862	2651	19331		10	10	33
34	SKILLED NURSING FACILITY	399419				10000		34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	3667014	276	4007		88	88	37
38	RECOVERY ROOM	36907	360	1848				38
39	DELIVERY ROOM & LABOR ROOM	101944	3705	680		20	20	39
40	ANESTHESIOLOGY	438633	21914	3271				40
41	RADIOLOGY-DIAGNOSTIC	927102	7369	152409		10	10	41
42	RADIOLOGY-THERAPEUTIC	33987	246183	24010				42
43	RADIOISOTOPE	22212	2440	71801				43
44	LABORATORY	222939	50	35169		20	20	44
46	WHOLE BLOOD & PACKED RED BLOO	656		4607				46
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
49	RESPIRATORY THERAPY	147123	124447	18708		50	50	49
50	PHYSICAL THERAPY	54458	78	9360				50
50.01	RNRC PHYSICAL THERAPY	4759		6449				50.01
50.02	DAY RHABILITATION FACILITY	1418						50.02
51	OCCUPATIONAL THERAPY	8654	39					51
52	SPEECH PATHOLOGY	162129						52
53	ELECTROCARDIOLOGY	35734	524	86926		50	50	53
54	ELECTROENCEPHALOGRAPHY	148399	123	25908		10	10	54
54.01	ELECTROPHYSIOLOGY	309672	1218					54.01
55	MEDICAL SUPPLIES CHARGED TO P	1272154		36454				55
55.30	IMPL. DEV. CHARGED TO PATIENT							55.30
56	DRUGS CHARGED TO PATIENTS	42756	11084534	9598				56
56.01	WELLNESS PROGRAM	516	25890			20	20	56.01
56.02	EYE CENTER							56.02
56.03	CARDIAC CATHETERIZATION	792807	14192					56.03
57	RENAL DIALYSIS	440087	709087					57
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	342557	1615	34655		20	20	60

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RNP SOCIAL SERVICE RNP TIME SPENT	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	15	16	17	18	18.01	22	23	
61 EMERGENCY	599674	4928	19102	332		150	150	61
61.01 FAMILY PRACTICE CENTER	16795	69745				80	80	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								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	11264317	12330143	612211	10000	10000	1420	1420	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
98 PHYSICIANS' PRIVATE OFFICES								98
99 NONPAID WORKERS	40							99
100 OTHER								100
100.05 NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1791972	4946812	7931570		248487	7613871	2154156	103
104 UNIT COST MULT-WS B PT I	.159083		12.955615		24.848700		1517.011268	104
104 UNIT COST MULT-WS B PT I		.401197				5361.880986		104
105 COST TO BE ALLOC PER B PT II	1621	5091	12383		145	7149	1236	105
106 UNIT COST MULT-WS B PT II	.000144		.020227		.014500		.870423	106
106 UNIT COST MULT-WS B PT II		.000413				5.034507		106
107 COST TO BE ALLOC PER B PT III	235501	267222	291371		2638	127084	20839	107
108 UNIT COST MULT-WS B PT III	.020907		.475932		.263800		14.675352	108
108 UNIT COST MULT-WS B PT III		.021672				89.495775		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	40075019		40075019		40075019	25
26 INTENSIVE CARE UNIT	11418015		11418015		11418015	26
31 SUBPROVIDER I	9210669		9210669		9210669	31
33 NURSERY	1914730		1914730		1914730	33
34 SKILLED NURSING FACILITY	14350362		14350362		14350362	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	27285895		27285895		27285895	37
38 RECOVERY ROOM	1430760		1430760		1430760	38
39 DELIVERY ROOM & LABOR ROOM	5523976		5523976		5523976	39
40 ANESTHESIOLOGY	1991193		1991193		1991193	40
41 RADIOLOGY-DIAGNOSTIC	16229401		16229401		16229401	41
42 RADIOLOGY-THERAPEUTIC	5702774		5702774		5702774	42
43 RADIOISOTOPE	4060052		4060052		4060052	43
44 LABORATORY	14448620		14448620	130264	14578884	44
46 WHOLE BLOOD & PACKED RED BL	3607043		3607043		3607043	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3311706		3311706		3311706	49
50 PHYSICAL THERAPY	5486540		5486540		5486540	50
50.01 RNRC PHYSICAL THERAPY	2123217		2123217		2123217	50.01
50.02 DAY RHABILITATION FACILITY	1219589		1219589		1219589	50.02
51 OCCUPATIONAL THERAPY	3341064		3341064		3341064	51
52 SPEECH PATHOLOGY	1891209		1891209		1891209	52
53 ELECTROCARDIOLOGY	3699827		3699827		3699827	53
54 ELECTROENCEPHALOGRAPHY	1380657		1380657		1380657	54
54.01 ELECTROPHYSIOLOGY	5536683		5536683		5536683	54.01
55 MEDICAL SUPPLIES CHARGED TO	1438596		1438596		1438596	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	16765309		16765309		16765309	56
56.01 WELLNESS PROGRAM	341955		341955		341955	56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	8700543		8700543		8700543	56.03
57 RENAL DIALYSIS	3904378		3904378		3904378	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	6659167		6659167		6659167	60
61 EMERGENCY	10245668		10245668	159704	10405372	61
61.01 FAMILY PRACTICE CENTER	2321328		2321328		2321328	61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTI	1105291		1105291		1105291	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	236721236		236721236	289968	237011204	101
102 LESS OBSERVATION BEDS	1105291		1105291		1105291	102
103 TOTAL	235615945		235615945	289968	235905913	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	103059442		103059442			25
26 INTENSIVE CARE UNIT	23585557		23585557			26
31 SUBPROVIDER I	22293016		22293016			31
33 NURSERY	5187846		5187846			33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	20974563		20974563			34
37 OPERATING ROOM	55835167	18849088	74684255	.365350	.365350	.365350 37
38 RECOVERY ROOM	5326109	2915675	8241784	.173598	.173598	.173598 38
39 DELIVERY ROOM & LABOR ROOM	9172563	1154217	10326780	.534918	.534918	.534918 39
40 ANESTHESIOLOGY	7933515	4559286	12492801	.159387	.159387	.159387 40
41 RADIOLOGY-DIAGNOSTIC	47591831	65340168	112931999	.143709	.143709	.143709 41
42 RADIOLOGY-THERAPEUTIC	1020084	10957856	11977940	.476106	.476106	.476106 42
43 RADIOISOTOPE	8870868	12541412	21412280	.189613	.189613	.189613 43
44 LABORATORY	76675451	37795444	114470895	.126221	.126221	.127359 44
46 WHOLE BLOOD & PACKED RED BL	7113743	1508837	8622580	.418325	.418325	.418325 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	27933843	1694132	29627975	.111776	.111776	.111776 49
50 PHYSICAL THERAPY	11992189	5049649	17041838	.321945	.321945	.321945 50
50.01 RNRC PHYSICAL THERAPY	3659079		3659079	.580260	.580260	.580260 50.01
50.02 DAY RHABILITATION FACILITY		2629533	2629533	.463804	.463804	.463804 50.02
51 OCCUPATIONAL THERAPY	8159536	1266128	9425664	.354465	.354465	.354465 51
52 SPEECH PATHOLOGY	3533667	1800233	5333900	.354564	.354564	.354564 52
53 ELECTROCARDIOLOGY	16609857	7691123	24300980	.152250	.152250	.152250 53
54 ELECTROENCEPHALOGRAPHY	1704232	1143945	2848177	.484751	.484751	.484751 54
54.01 ELECTROPHYSIOLOGY	17132920	5465657	22598577	.245001	.245001	.245001 54.01
55 MEDICAL SUPPLIES CHARGED TO	14159594	711659	14871253	.096737	.096737	.096737 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	95435913	17052765	112488678	.149040	.149040	.149040 56
56.01 WELLNESS PROGRAM	122	104810	104932	3.258825	3.258825	3.258825 56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	46511842	6636124	53147966	.163704	.163704	.163704 56.03
57 RENAL DIALYSIS	3442758	13337928	16780686	.232671	.232671	.232671 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4413730	10849488	15263218	.436289	.436289	.436289 60
61 EMERGENCY	26613776	28884232	55498008	.184613	.184613	.187491 61
61.01 FAMILY PRACTICE CENTER		2020586	2020586	1.148839	1.148839	1.148839 61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTI	2603397		2603397	.424557	.424557	.424557 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	678546210	261959975	940506185			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	678546210	261959975	940506185			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	67329		67329	3332593		3332593
26 INTENSIVE CARE UNIT	15285		15285	522076		522076
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	13115		13115	288990		288990
33 NURSERY	1782		1782	55817		55817
101 TOTAL	97511		97511	4199476		4199476

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	62508	41760	1.08	45101	53.31	2226226
26 INTENSIVE CARE UNIT	8665	5607	1.76	9868	60.25	337822
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	18187	15020	.72	10814	15.89	238668
33 NURSERY	3649		.49		15.30	
101 TOTAL	93009	62387		65783		2802716

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	37143	1586731	74684255	39832115	.000497	19797	.021246	846273 37
38 RECOVERY ROOM	1346	56063	8241784	3100843	.000163	505	.006802	21092 38
39 DELIVERY ROOM & LABOR ROOM	13850	555867	10326780	2578	.001341	3	.053828	139 39
40 ANESTHESIOLOGY	1785	202249	12492801	4265254	.000143	610	.016189	69050 40
41 RADIOLOGY-DIAGNOSTIC	27301	2032523	112931999	30202700	.000242	7309	.017998	543588 41
42 RADIOLOGY-THERAPEUTIC	7249	1256209	11977940	475464	.000605	288	.104877	49865 42
43 RADIOISOTOPE	6092	193856	21412280	4156337	.000285	1185	.009053	37627 43
44 LABORATORY	17052	678700	114470895	50582975	.000149	7537	.005929	299906 44
46 WHOLE BLOOD & PACKED RED BLOO	2713	53884	8622580	3121638	.000315	983	.006249	19507 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4956	157466	29627975	11293775	.000167	1886	.005315	60026 49
50 PHYSICAL THERAPY	4887	212375	17041838	3264860	.000287	937	.012462	40687 50
50.01 RNRC PHYSICAL THERAPY	1866	25026	3659079		.000510		.006839	50.01
50.02 DAY RHABILITATION FACILITY	1401	37705	2629533		.000533		.014339	50.02
51 OCCUPATIONAL THERAPY	4402	156031	9425664	1229766	.000467	574	.016554	20358 51
52 SPEECH PATHOLOGY	4304	53410	5333900	1155744	.000807	933	.010013	11572 52
53 ELECTROCARDIOLOGY	3644	235839	24300980	9434307	.000150	1415	.009705	91560 53
54 ELECTROENCEPHALOGRAPHY	1662	153826	2848177	429807	.000584	251	.054009	23213 54
54.01 ELECTROPHYSIOLOGY	4172	52259	22598577	13258985	.000185	2453	.002312	30655 54.01
55 MEDICAL SUPPLIES CHARGED TO P	1341	50344	14871253	4805690	.000090	433	.003385	16267 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	11514	344182	112488678	60185042	.000102	6139	.003060	184166 56
56.01 WELLNESS PROGRAM	530	33939	104932		.005051		.323438	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	12436	483445	53147966	31709350	.000234	7420	.009096	288428 56.03
57 RENAL DIALYSIS	5589	181437	16780686	929497	.000333	310	.010812	10050 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	7412	942634	15263218	2884141	.000486	1402	.061759	178122 60
61 EMERGENCY	9049	782415	55498008	15290877	.000163	2492	.014098	215571 61
61.01 FAMILY PRACTICE CENTER	2925	38720	2020586		.001448		.019163	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC	1857	91915	2603397	211217	.000713	151	.035306	7457 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	198478	10649050	765405761	291822962		65013		3065179 101

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 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
 11/30/2009 14:49

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	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					62508		41760	25
26 INTENSIVE CARE UNIT					8665		5607	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					18187		15020	31
33 NURSERY					3649			33
34 SKILLED NURSING FACILITY					87568		20764	34
35 NURSING FACILITY								35
101 TOTAL					180577		83151	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
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 (14-0117) [] 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	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		74684255			39832115		15387199 37
38 RECOVERY ROOM		8241784			3100843		1721055 38
39 DELIVERY ROOM & LABOR ROOM		10326780			2578		39
40 ANESTHESIOLOGY		12492801			4265254		1441391 40
41 RADIOLOGY-DIAGNOSTIC		112931999			30202700		23966242 41
42 RADIOLOGY-THERAPEUTIC		11977940			475464		4169852 42
43 RADIOISOTOPE		21412280			4156337		3667054 43
44 LABORATORY		114470895			50582975		2156281 44
46 WHOLE BLOOD & PACKED RED BLOO		8622580			3121638		818147 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29627975			11293775		605704 49
50 PHYSICAL THERAPY		17041838			3264860		33049 50
50.01 RNRC PHYSICAL THERAPY		3659079					50.01
50.02 DAY RHABILITATION FACILITY		2629533					50.02
51 OCCUPATIONAL THERAPY		9425664			1229766		3294 51
52 SPEECH PATHOLOGY		5333900			1155744		56562 52
53 ELECTROCARDIOLOGY		24300980			9434307		3197220 53
54 ELECTROENCEPHALOGRAPHY		2848177			429807		325105 54
54.01 ELECTROPHYSIOLOGY		22598577			13258985		54.01
55 MEDICAL SUPPLIES CHARGED TO P		14871253			4805690		707112 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		112488678			60185042		10172688 56
56.01 WELLNESS PROGRAM		104932					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		53147966			31709350		2691862 56.03
57 RENAL DIALYSIS		16780686			929497		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15263218			2884141		1957296 60
61 EMERGENCY		55498008			15290877		5965560 61
61.01 FAMILY PRACTICE CENTER		2020586					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2603397			211217		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765405761			291822962		79042673 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
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 (14-0117) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							37
38 OPERATING ROOM	.365350	.365350	.365350				38
39 RECOVERY ROOM	.173598	.173598	.173598				39
40 DELIVERY ROOM & LABOR ROOM	.534918	.534918	.534918				40
41 ANESTHESIOLOGY	.159387	.159387	.159387				41
42 RADIOLOGY-DIAGNOSTIC	.143709	.143709	.143709				42
43 RADIOLOGY-THERAPEUTIC	.476106	.476106	.476106				43
44 RADIOISOTOPE	.189613	.189613	.189613				44
46 LABORATORY	.126221	.126221	.126221				46
46.30 WHOLE BLOOD & PACKED RED BLOOD	.418325	.418325	.418325				46.30
49 BLOOD CLOTTING FACTORS ADMIN CO							49
50 RESPIRATORY THERAPY	.111776	.111776	.111776				50
50.01 PHYSICAL THERAPY	.321945	.321945	.321945				50.01
50.02 RNRC PHYSICAL THERAPY	.580260	.580260	.580260				50.02
51 DAY RHABILITATION FACILITY	.463804	.463804	.463804				51
52 OCCUPATIONAL THERAPY	.354465	.354465	.354465				52
53 SPEECH PATHOLOGY	.354564	.354564	.354564				53
54 ELECTROCARDIOLOGY	.152250	.152250	.152250				54
54.01 ELECTROENCEPHALOGRAPHY	.484751	.484751	.484751				54.01
55 ELECTROPHYSIOLOGY	.245001	.245001	.245001				55
55.30 MEDICAL SUPPLIES CHARGED TO PAT	.096737	.096737	.096737				55.30
56 IMPL. DEV. CHARGED TO PATIENT							56
56.01 DRUGS CHARGED TO PATIENTS	.149040	.149040	.149040				56.01
56.02 WELLNESS PROGRAM	3.258825	3.258825	3.258825				56.02
56.03 EYE CENTER							56.03
57 CARDIAC CATHETERIZATION	.163704	.163704	.163704				57
57 RENAL DIALYSIS	.232671	.232671	.232671				57
60 OUTPATIENT SERVICE COST CENTERS							60
61 CLINIC	.436289	.436289	.436289				61
61.01 EMERGENCY	.184613	.184613	.184613				61.01
61.02 FAMILY PRACTICE CENTER	1.148839	1.148839	1.148839				61.02
62 SOCIAL SERVICE-PSYCH							62
63.50 OBSERVATION BEDS (NON-DISTINCT)	.424557	.424557	.424557				63.50
63.60 RHC							63.60
63.60 FQHC							63.60
65.01 OTHER REIMBURSABLE COST CENTERS							65.01
65.02 AMBULANCE SERVICES (2ND PERIOD)							65.02
65.03 AMBULANCE SERVICES (3RD PERIOD)							65.03
101 AMBULANCE SERVICES (4TH PERIOD)							101
102 SUBTOTAL							102
103 CRNA CHARGES							103
104 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							104
NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.149040	1
2 PROGRAM VACCINE CHARGES	30769	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	4586	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 (14-0117) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		15387199						37
38 RECOVERY ROOM		1721055						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		1441391						40
41 RADIOLOGY-DIAGNOSTIC		23966242						41
42 RADIOLOGY-THERAPEUTIC		4169852						42
43 RADIOISOTOPE		3667054						43
44 LABORATORY		2156281						44
46 WHOLE BLOOD & PACKED RED BLOOD		818147						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		605704	7280					49
50 PHYSICAL THERAPY		33049						50
50.01 RNRC PHYSICAL THERAPY								50.01
50.02 DAY RHABILITATION FACILITY								50.02
51 OCCUPATIONAL THERAPY		3294						51
52 SPEECH PATHOLOGY		56562						52
53 ELECTROCARDIOLOGY		3197220						53
54 ELECTROENCEPHALOGRAPHY		325105						54
54.01 ELECTROPHYSIOLOGY								54.01
55 MEDICAL SUPPLIES CHARGED TO PA		707112	4547					55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		10172688	76					56
56.01 WELLNESS PROGRAM								56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		2691862						56.03
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1957296						60
61 EMERGENCY		5965560						61
61.01 FAMILY PRACTICE CENTER								61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
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		79042673	11903					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		79042673	11903					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] 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
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		5621713					37
38 RECOVERY ROOM		298772					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		229739					40
41 RADIOLOGY-DIAGNOSTIC		3444165					41
42 RADIOLOGY-THERAPEUTIC		1985292					42
43 RADIOISOTOPE		695321					43
44 LABORATORY		272168					44
46 WHOLE BLOOD & PACKED RED BLOOD		342251					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		67703	814				49
50 PHYSICAL THERAPY		10640					50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY		1168					51
52 SPEECH PATHOLOGY		20055					52
53 ELECTROCARDIOLOGY		486777					53
54 ELECTROENCEPHALOGRAPHY		157595					54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		68404	440				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		1516137	11				56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		440669					56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		853947					60
61 EMERGENCY		1101320					61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
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		17613836	1265				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		17613836	1265				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	37143	1586731	74684255	46899	.000497	23	.021246	996 37
38 RECOVERY ROOM	1346	56063	8241784	6235	.000163	1	.006802	42 38
39 DELIVERY ROOM & LABOR ROOM	13850	555867	10326780		.001341		.053828	39
40 ANESTHESIOLOGY	1785	202249	12492801	4775	.000143	1	.016189	77 40
41 RADIOLOGY-DIAGNOSTIC	27301	2032523	112931999	711094	.000242	172	.017998	12798 41
42 RADIOLOGY-THERAPEUTIC	7249	1256209	11977940	107386	.000605	65	.104877	11262 42
43 RADIOISOTOPE	6092	193856	21412280	19643	.000285	6	.009053	178 43
44 LABORATORY	17052	678700	114470895	3508499	.000149	523	.005929	20802 44
46 WHOLE BLOOD & PACKED RED BLOO	2713	53884	8622580	53547	.000315	17	.006249	335 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4956	157466	29627975	1071764	.000167	179	.005315	5696 49
50 PHYSICAL THERAPY	4887	212375	17041838	6300451	.000287	1808	.012462	78516 50
50.01 RNRC PHYSICAL THERAPY	1866	25026	3659079		.000510		.006839	50.01
50.02 DAY RHABILITATION FACILITY	1401	37705	2629533		.000533		.014339	50.02
51 OCCUPATIONAL THERAPY	4402	156031	9425664	5474806	.000467	2557	.016554	90630 51
52 SPEECH PATHOLOGY	4304	53410	5333900	1552009	.000807	1252	.010013	15540 52
53 ELECTROCARDIOLOGY	3644	235839	24300980	86449	.000150	13	.009705	839 53
54 ELECTROENCEPHALOGRAPHY	1662	153826	2848177	19041	.000584	11	.054009	1028 54
54.01 ELECTROPHYSIOLOGY	4172	52259	22598577		.000185		.002312	54.01
55 MEDICAL SUPPLIES CHARGED TO P	1341	50344	14871253	1314873	.000090	118	.003385	4451 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	11514	344182	112488678	6083337	.000102	621	.003060	18615 56
56.01 WELLNESS PROGRAM	530	33939	104932		.005051		.323438	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	12436	483445	53147966		.000234		.009096	56.03
57 RENAL DIALYSIS	5589	181437	16780686	83720	.000333	28	.010812	905 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	7412	942634	15263218	47867	.000486	23	.061759	2956 60
61 EMERGENCY	9049	782415	55498008		.000163		.014098	61
61.01 FAMILY PRACTICE CENTER	2925	38720	2020586		.001448		.019163	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC	1857	91915	2603397		.000713		.035306	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	198478	10649050	765405761	26492395		7418		265666 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] 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	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		74684255			46899		37
38 RECOVERY ROOM		8241784			6235		38
39 DELIVERY ROOM & LABOR ROOM		10326780					39
40 ANESTHESIOLOGY		12492801			4775		40
41 RADIOLOGY-DIAGNOSTIC		112931999			711094		2356 41
42 RADIOLOGY-THERAPEUTIC		11977940			107386		42
43 RADIOISOTOPE		21412280			19643		43
44 LABORATORY		114470895			3508499		351 44
46 WHOLE BLOOD & PACKED RED BLOO		8622580			53547		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29627975			1071764		65 49
50 PHYSICAL THERAPY		17041838			6300451		50
50.01 RNRC PHYSICAL THERAPY		3659079					50.01
50.02 DAY RHABILITATION FACILITY		2629533					50.02
51 OCCUPATIONAL THERAPY		9425664			5474806		51
52 SPEECH PATHOLOGY		5333900			1552009		52
53 ELECTROCARDIOLOGY		24300980			86449		219 53
54 ELECTROENCEPHALOGRAPHY		2848177			19041		54
54.01 ELECTROPHYSIOLOGY		22598577					54.01
55 MEDICAL SUPPLIES CHARGED TO P		14871253			1314873		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		112488678			6083337		2753 56
56.01 WELLNESS PROGRAM		104932					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		53147966					56.03
57 RENAL DIALYSIS		16780686			83720		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15263218			47867		60
61 EMERGENCY		55498008					61
61.01 FAMILY PRACTICE CENTER		2020586					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2603397					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765405761			26492395		5744 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T117) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.365350	.365350	.365350			37
39 RECOVERY ROOM	.173598	.173598	.173598			38
40 DELIVERY ROOM & LABOR ROOM	.534918	.534918	.534918			39
41 ANESTHESIOLOGY	.159387	.159387	.159387			40
42 RADIOLOGY-DIAGNOSTIC	.143709	.143709	.143709			41
43 RADIOLOGY-THERAPEUTIC	.476106	.476106	.476106			42
44 RADIOISOTOPE	.189613	.189613	.189613			43
45 LABORATORY	.126221	.126221	.126221			44
46 WHOLE BLOOD & PACKED RED BLOOD	.418325	.418325	.418325			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.111776	.111776	.111776			49
50 PHYSICAL THERAPY	.321945	.321945	.321945			50
50.01 RNRC PHYSICAL THERAPY	.580260	.580260	.580260			50.01
50.02 DAY RHABILITATION FACILITY	.463804	.463804	.463804			50.02
51 OCCUPATIONAL THERAPY	.354465	.354465	.354465			51
52 SPEECH PATHOLOGY	.354564	.354564	.354564			52
53 ELECTROCARDIOLOGY	.152250	.152250	.152250			53
54 ELECTROENCEPHALOGRAPHY	.484751	.484751	.484751			54
54.01 ELECTROPHYSIOLOGY	.245001	.245001	.245001			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.096737	.096737	.096737			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.149040	.149040	.149040			56
56.01 WELLNESS PROGRAM	3.258825	3.258825	3.258825			56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	.163704	.163704	.163704			56.03
57 RENAL DIALYSIS	.232671	.232671	.232671			57
60 OUTPATIENT SERVICE COST CENTERS						
61 CLINIC	.436289	.436289	.436289			60
61 EMERGENCY	.184613	.184613	.184613			61
61.01 FAMILY PRACTICE CENTER	1.148839	1.148839	1.148839			61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINCT	.424557	.424557	.424557			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	
2 PROGRAM VACCINE CHARGES	.149040	1	
2.01 PROGRAM VACCINE CHARGES		2	
3 PROGRAM COSTS		2.01	
3.01 PROGRAM COSTS		3	
		3.01	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T117) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER (SEE)	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
38 OPERATING ROOM								37
39 RECOVERY ROOM								38
40 DELIVERY ROOM & LABOR ROOM								39
41 ANESTHESIOLOGY								40
42 RADIOLOGY-DIAGNOSTIC		2356						41
43 RADIOLOGY-THERAPEUTIC								42
44 RADIOISOTOPE								43
45 LABORATORY		351						44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		65						49
50 PHYSICAL THERAPY								50
50.01 RNRC PHYSICAL THERAPY								50.01
50.02 DAY RHABILITATION FACILITY								50.02
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		219						53
54 ELECTROENCEPHALOGRAPHY								54
54.01 ELECTROPHYSIOLOGY								54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		2753						56
56.01 WELLNESS PROGRAM								56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION								56.03
57 RENAL DIALYSIS								57
60 OUTPATIENT SERVICE COST CENTERS								
61 CLINIC			240					60
61 EMERGENCY								61
61.01 FAMILY PRACTICE CENTER								61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
65 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		5744	240					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		5744	240					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T117) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			339				41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		44					44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY			7				49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		33					53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		410					56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			105				60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
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		833	105				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		833	105				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		74684255					37
38 RECOVERY ROOM		8241784					38
39 DELIVERY ROOM & LABOR ROOM		10326780					39
40 ANESTHESIOLOGY		12492801					40
41 RADIOLOGY-DIAGNOSTIC		112931999					41
42 RADIOLOGY-THERAPEUTIC		11977940					42
43 RADIOISOTOPE		21412280					43
44 LABORATORY		114470895					44
46 WHOLE BLOOD & PACKED RED BLOO		8622580					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29627975					49
50 PHYSICAL THERAPY		17041838					50
50.01 RNRC PHYSICAL THERAPY		3659079			1591530		50.01
50.02 DAY RHABILITATION FACILITY		2629533					50.02
51 OCCUPATIONAL THERAPY		9425664			1200839		51
52 SPEECH PATHOLOGY		5333900			210244		52
53 ELECTROCARDIOLOGY		24300980					53
54 ELECTROENCEPHALOGRAPHY		2848177					54
54.01 ELECTROPHYSIOLOGY		22598577					54.01
55 MEDICAL SUPPLIES CHARGED TO P		14871253			490		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		112488678			1299405		56
56.01 WELLNESS PROGRAM		104932					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		53147966					56.03
57 RENAL DIALYSIS		16780686					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15263218					60
61 EMERGENCY		55498008					61
61.01 FAMILY PRACTICE CENTER		2020586					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2603397					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765405761			4302508		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] 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
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 RNRC PHYSICAL THERAPY						50.01
50.02 DAY RHABILITATION FACILITY						50.02
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 ELECTROPHYSIOLOGY						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
56.01 WELLNESS PROGRAM						56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION						56.03
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
61.01 FAMILY PRACTICE CENTER						61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
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 ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	67329		67329	3332593		3332593
26 INTENSIVE CARE UNIT	15285		15285	522076		522076
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	13115		13115	288990		288990
33 NURSERY	1782		1782	55817		55817
101 TOTAL	97511		97511	4199476		4199476

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	62508	3449	1.08	3725	53.31	183866
26 INTENSIVE CARE UNIT	8665	416	1.76	732	60.25	25064
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	18187	192	.72	138	15.89	3051
33 NURSERY	3649	1249	.49	612	15.30	19110
101 TOTAL	93009	5306		5207		231091

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	37143	1586731	74684255		.000497		.021246	37
38 RECOVERY ROOM	1346	56063	8241784		.000163		.006802	38
39 DELIVERY ROOM & LABOR ROOM	13850	555867	10326780		.001341		.053828	39
40 ANESTHESIOLOGY	1785	202249	12492801		.000143		.016189	40
41 RADIOLOGY-DIAGNOSTIC	27301	2032523	112931999		.000242		.017998	41
42 RADIOLOGY-THERAPEUTIC	7249	1256209	11977940		.000605		.104877	42
43 RADIOISOTOPE	6092	193856	21412280		.000285		.009053	43
44 LABORATORY	17052	678700	114470895		.000149		.005929	44
46 WHOLE BLOOD & PACKED RED BLOO	2713	53884	8622580		.000315		.006249	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4956	157466	29627975		.000167		.005315	49
50 PHYSICAL THERAPY	4887	212375	17041838		.000287		.012462	50
50.01 RNRC PHYSICAL THERAPY	1866	25026	3659079		.000510		.006839	50.01
50.02 DAY RHABILITATION FACILITY	1401	37705	2629533		.000533		.014339	50.02
51 OCCUPATIONAL THERAPY	4402	156031	9425664		.000467		.016554	51
52 SPEECH PATHOLOGY	4304	53410	5333900		.000807		.010013	52
53 ELECTROCARDIOLOGY	3644	235839	24300980		.000150		.009705	53
54 ELECTROENCEPHALOGRAPHY	1662	153826	2848177		.000584		.054009	54
54.01 ELECTROPHYSIOLOGY	4172	52259	22598577		.000185		.002312	54.01
55 MEDICAL SUPPLIES CHARGED TO P	1341	50344	14871253		.000090		.003385	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	11514	344182	112488678		.000102		.003060	56
56.01 WELLNESS PROGRAM	530	33939	104932		.005051		.323438	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	12436	483445	53147966		.000234		.009096	56.03
57 RENAL DIALYSIS	5589	181437	16780686		.000333		.010812	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	7412	942634	15263218		.000486		.061759	60
61 EMERGENCY	9049	782415	55498008		.000163		.014098	61
61.01 FAMILY PRACTICE CENTER	2925	38720	2020586		.001448		.019163	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC	1857	91915	2603397		.000713		.035306	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	198478	10649050	765405761					101

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 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
 11/30/2009 14:49

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					62508		3449	25
26 INTENSIVE CARE UNIT					8665		416	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					18187		192	31
33 NURSERY					3649		1249	33
34 SKILLED NURSING FACILITY					87568			34
35 NURSING FACILITY								35
101 TOTAL					180577		5306	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
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 (14-0117) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		74684255					37
38 RECOVERY ROOM		8241784					38
39 DELIVERY ROOM & LABOR ROOM		10326780					39
40 ANESTHESIOLOGY		12492801					40
41 RADIOLOGY-DIAGNOSTIC		112931999					41
42 RADIOLOGY-THERAPEUTIC		11977940					42
43 RADIOISOTOPE		21412280					43
44 LABORATORY		114470895					44
46 WHOLE BLOOD & PACKED RED BLOO		8622580					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29627975					49
50 PHYSICAL THERAPY		17041838					50
50.01 RNRC PHYSICAL THERAPY		3659079					50.01
50.02 DAY RHABILITATION FACILITY		2629533					50.02
51 OCCUPATIONAL THERAPY		9425664					51
52 SPEECH PATHOLOGY		5333900					52
53 ELECTROCARDIOLOGY		24300980					53
54 ELECTROENCEPHALOGRAPHY		2848177					54
54.01 ELECTROPHYSIOLOGY		22598577					54.01
55 MEDICAL SUPPLIES CHARGED TO P		14871253					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		112488678					56
56.01 WELLNESS PROGRAM		104932					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		53147966					56.03
57 RENAL DIALYSIS		16780686					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15263218					60
61 EMERGENCY		55498008					61
61.01 FAMILY PRACTICE CENTER		2020586					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2603397					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765405761					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
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 CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	37143	1586731	74684255		.000497		.021246	37
38 RECOVERY ROOM	1346	56063	8241784		.000163		.006802	38
39 DELIVERY ROOM & LABOR ROOM	13850	555867	10326780		.001341		.053828	39
40 ANESTHESIOLOGY	1785	202249	12492801		.000143		.016189	40
41 RADIOLOGY-DIAGNOSTIC	27301	2032523	112931999		.000242		.017998	41
42 RADIOLOGY-THERAPEUTIC	7249	1256209	11977940		.000605		.104877	42
43 RADIOISOTOPE	6092	193856	21412280		.000285		.009053	43
44 LABORATORY	17052	678700	114470895		.000149		.005929	44
46 WHOLE BLOOD & PACKED RED BLOO	2713	53884	8622580		.000315		.006249	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4956	157466	29627975		.000167		.005315	49
50 PHYSICAL THERAPY	4887	212375	17041838		.000287		.012462	50
50.01 RNRC PHYSICAL THERAPY	1866	25026	3659079		.000510		.006839	50.01
50.02 DAY RHABILITATION FACILITY	1401	37705	2629533		.000533		.014339	50.02
51 OCCUPATIONAL THERAPY	4402	156031	9425664		.000467		.016554	51
52 SPEECH PATHOLOGY	4304	53410	5333900		.000807		.010013	52
53 ELECTROCARDIOLOGY	3644	235839	24300980		.000150		.009705	53
54 ELECTROENCEPHALOGRAPHY	1662	153826	2848177		.000584		.054009	54
54.01 ELECTROPHYSIOLOGY	4172	52259	22598577		.000185		.002312	54.01
55 MEDICAL SUPPLIES CHARGED TO P	1341	50344	14871253		.000090		.003385	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	11514	344182	112488678		.000102		.003060	56
56.01 WELLNESS PROGRAM	530	33939	104932		.005051		.323438	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	12436	483445	53147966		.000234		.009096	56.03
57 RENAL DIALYSIS	5589	181437	16780686		.000333		.010812	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	7412	942634	15263218		.000486		.061759	60
61 EMERGENCY	9049	782415	55498008		.000163		.014098	61
61.01 FAMILY PRACTICE CENTER	2925	38720	2020586		.001448		.019163	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC	1857	91915	2603397		.000713		.035306	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	198478	10649050	765405761					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		74684255					37
38 RECOVERY ROOM		8241784					38
39 DELIVERY ROOM & LABOR ROOM		10326780					39
40 ANESTHESIOLOGY		12492801					40
41 RADIOLOGY-DIAGNOSTIC		112931999					41
42 RADIOLOGY-THERAPEUTIC		11977940					42
43 RADIOISOTOPE		21412280					43
44 LABORATORY		114470895					44
46 WHOLE BLOOD & PACKED RED BLOO		8622580					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29627975					49
50 PHYSICAL THERAPY		17041838					50
50.01 RNRC PHYSICAL THERAPY		3659079					50.01
50.02 DAY RHABILITATION FACILITY		2629533					50.02
51 OCCUPATIONAL THERAPY		9425664					51
52 SPEECH PATHOLOGY		5333900					52
53 ELECTROCARDIOLOGY		24300980					53
54 ELECTROENCEPHALOGRAPHY		2848177					54
54.01 ELECTROPHYSIOLOGY		22598577					54.01
55 MEDICAL SUPPLIES CHARGED TO P		14871253					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		112488678					56
56.01 WELLNESS PROGRAM		104932					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		53147966					56.03
57 RENAL DIALYSIS		16780686					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15263218					60
61 EMERGENCY		55498008					61
61.01 FAMILY PRACTICE CENTER		2020586					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2603397					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		765405761					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0117)	(PPS) (14-T117)				(PPS) (14-5324)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62508	18187				87568	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62508	18187				87568	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62508	18187				87568	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)	41760	15020				20764	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) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5324)	
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	40075019	9210669				14350362	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	40075019	9210669				14350362	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	103059442	22293016				20974563	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	103059442	22293016				20974563	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.388853	.413164				.684179	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1648.74	1225.77				239.52	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	40075019	9210669				14350362	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) (14-0117)	SUB I (PPS) (14-T117)	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	641.12	506.44				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	26773171	7606729				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	26773171	7606729				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	11418015	8665	1317.72	5607	7388456	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) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	55984426	6380983				48
49 TOTAL PROGRAM INPATIENT COSTS	90146053	13987712				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2619017	249482				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3130192	273084				51
52 TOTAL PROGRAM EXCLUDABLE COST	5749209	522566				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	84396844	13465146				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) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5324) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	14350362	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	163.88	67
68 PROGRAM ROUTINE SERVICE COST	3402804	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3402804	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	207757	71
72 PER DIEM CAPITAL RELATED COSTS	2.37	72
73 PROGRAM CAPITAL RELATED COSTS	49211	73
74 INPATIENT ROUTINE SERVICE COST	3353593	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	3353593	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	3402804	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1617411	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	5020215	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0117)(14-T117)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1724	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	641.12	84
85 OBSERVATION BED COST	1105291	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	67329	40075019	.001680	1105291	1857	86
87 NEW CAPITAL-RELATED COST	3332593	40075019	.083159	1105291	91915	87
88 NON PHYSICIAN ANESTHETIST		40075019		1105291		88
89 MEDICAL EDUCATION		40075019		1105291		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0117)	(OTHER) (14-T117)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	62508	18187					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	62508	18187					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62508	18187					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)	3449	192					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	3649						15
16 TITLE V OR XIX NURSERY DAYS	1249						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	40075019	9210669					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	40075019	9210669					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	103059442	22293016					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	103059442	22293016					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.388853	.413164					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1648.74	1225.77					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	40075019	9210669					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	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	641.12	506.44					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2211223	97236					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2211223	97236					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)	1914730	3649	524.73	1249	655388	42	
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	11418015	8665	1317.72	416	548172	43	
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST			1	1	1		48
49	TOTAL PROGRAM INPATIENT COSTS	3414783	97236					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	233109	3189					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	233109	3189					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET REPORT UPDATED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
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
11/30/2009 14:49

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
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
11/30/2009 14:49

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1724	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	641.12	84
85 OBSERVATION BED COST	1105291	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0117) [] 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		75750572		25
26 INTENSIVE CARE UNIT		15409873		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.365350	39832115	14552663	37
38 RECOVERY ROOM	.173598	3100843	538300	38
39 DELIVERY ROOM & LABOR ROOM	.534918	2578	1379	39
40 ANESTHESIOLOGY	.159387	4265254	679826	40
41 RADIOLOGY-DIAGNOSTIC	.143709	30202700	4340400	41
42 RADIOLOGY-THERAPEUTIC	.476106	475464	226371	42
43 RADIOISOTOPE	.189613	4156337	788096	43
44 LABORATORY	.127359	50582975	6442197	44
46 WHOLE BLOOD & PACKED RED BLOOD	.418325	3121638	1305859	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.111776	11293775	1262373	49
50 PHYSICAL THERAPY	.321945	3264860	1051105	50
50.01 RNRC PHYSICAL THERAPY	.580260			50.01
50.02 DAY RHABILITATION FACILITY	.463804			50.02
51 OCCUPATIONAL THERAPY	.354465	1229766	435909	51
52 SPEECH PATHOLOGY	.354564	1155744	409785	52
53 ELECTROCARDIOLOGY	.152250	9434307	1436373	53
54 ELECTROENCEPHALOGRAPHY	.484751	429807	208349	54
54.01 ELECTROPHYSIOLOGY	.245001	13258985	3248465	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.096737	4805690	464888	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.149040	60185042	8969979	56
56.01 WELLNESS PROGRAM	3.258825			56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	.163704	31709350	5190947	56.03
57 RENAL DIALYSIS	.232671	929497	216267	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.436289	2884141	1258319	60
61 EMERGENCY	.187491	15290877	2866902	61
61.01 FAMILY PRACTICE CENTER	1.148839			61.01
61.02 SOCIAL SERVICE-PSYCH				61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.424557	211217	89674	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		291822962	55984426	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		291822962		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T117)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		18350487		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.365350	46899	17135	37
38 RECOVERY ROOM	.173598	6235	1082	38
39 DELIVERY ROOM & LABOR ROOM	.534918			39
40 ANESTHESIOLOGY	.159387	4775	761	40
41 RADIOLOGY-DIAGNOSTIC	.143709	711094	102191	41
42 RADIOLOGY-THERAPEUTIC	.476106	107386	51127	42
43 RADIOISOTOPE	.189613	19643	3725	43
44 LABORATORY	.127359	3508499	446839	44
46 WHOLE BLOOD & PACKED RED BLOOD	.418325	53547	22400	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.111776	1071764	119797	49
50 PHYSICAL THERAPY	.321945	6300451	2028399	50
50.01 RNRC PHYSICAL THERAPY	.580260			50.01
50.02 DAY RHABILITATION FACILITY	.463804			50.02
51 OCCUPATIONAL THERAPY	.354465	5474806	1940627	51
52 SPEECH PATHOLOGY	.354564	1552009	550287	52
53 ELECTROCARDIOLOGY	.152250	86449	13162	53
54 ELECTROENCEPHALOGRAPHY	.484751	19041	9230	54
54.01 ELECTROPHYSIOLOGY	.245001			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.096737	1314873	127197	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.149040	6083337	906661	56
56.01 WELLNESS PROGRAM	3.258825			56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	.163704			56.03
57 RENAL DIALYSIS	.232671	83720	19479	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.436289	47867	20884	60
61 EMERGENCY	.187491			61
61.01 FAMILY PRACTICE CENTER	1.148839			61.01
61.02 SOCIAL SERVICE-PSYCH				61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.424557			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		26492395	6380983	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		26492395		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5324)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.365350			37
38 RECOVERY ROOM	.173598			38
39 DELIVERY ROOM & LABOR ROOM	.534918			39
40 ANESTHESIOLOGY	.159387			40
41 RADIOLOGY-DIAGNOSTIC	.143709			41
42 RADIOLOGY-THERAPEUTIC	.476106			42
43 RADIOISOTOPE	.189613			43
44 LABORATORY	.126221			44
46 WHOLE BLOOD & PACKED RED BLOOD	.418325			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.111776			49
50 PHYSICAL THERAPY	.321945			50
50.01 RNRC PHYSICAL THERAPY	.580260	1591530	923501	50.01
50.02 DAY RHABILITATION FACILITY	.463804			50.02
51 OCCUPATIONAL THERAPY	.354465	1200839	425655	51
52 SPEECH PATHOLOGY	.354564	210244	74545	52
53 ELECTROCARDIOLOGY	.152250			53
54 ELECTROENCEPHALOGRAPHY	.484751			54
54.01 ELECTROPHYSIOLOGY	.245001			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.096737	490	47	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.149040	1299405	193663	56
56.01 WELLNESS PROGRAM	3.258825			56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	.163704			56.03
57 RENAL DIALYSIS	.232671			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.436289			60
61 EMERGENCY	.184613			61
61.01 FAMILY PRACTICE CENTER	1.148839			61.01
61.02 SOCIAL SERVICE-PSYCH				61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.424557			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4302508	1617411	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4302508		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0117) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.365350		37
38 RECOVERY ROOM	.173598		38
39 DELIVERY ROOM & LABOR ROOM	.534918		39
40 ANESTHESIOLOGY	.159387		40
41 RADIOLOGY-DIAGNOSTIC	.143709		41
42 RADIOLOGY-THERAPEUTIC	.476106		42
43 RADIOISOTOPE	.189613		43
44 LABORATORY	.126221		44
46 WHOLE BLOOD & PACKED RED BLOOD	.418325		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.111776		49
50 PHYSICAL THERAPY	.321945		50
50.01 RNRC PHYSICAL THERAPY	.580260		50.01
50.02 DAY RHABILITATION FACILITY	.463804		50.02
51 OCCUPATIONAL THERAPY	.354465		51
52 SPEECH PATHOLOGY	.354564		52
53 ELECTROCARDIOLOGY	.152250		53
54 ELECTROENCEPHALOGRAPHY	.484751		54
54.01 ELECTROPHYSIOLOGY	.245001		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.096737		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.149040		56
56.01 WELLNESS PROGRAM	3.258825		56.01
56.02 EYE CENTER			56.02
56.03 CARDIAC CATHETERIZATION	.163704		56.03
57 RENAL DIALYSIS	.232671		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.436289		60
61 EMERGENCY	.184613		61
61.01 FAMILY PRACTICE CENTER	1.148839		61.01
61.02 SOCIAL SERVICE-PSYCH			61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.424557		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T117)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.365350		37
38 RECOVERY ROOM	.173598		38
39 DELIVERY ROOM & LABOR ROOM	.534918		39
40 ANESTHESIOLOGY	.159387		40
41 RADIOLOGY-DIAGNOSTIC	.143709		41
42 RADIOLOGY-THERAPEUTIC	.476106		42
43 RADIOISOTOPE	.189613		43
44 LABORATORY	.126221		44
46 WHOLE BLOOD & PACKED RED BLOOD	.418325		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.111776		49
50 PHYSICAL THERAPY	.321945		50
50.01 RNRC PHYSICAL THERAPY	.580260		50.01
50.02 DAY RHABILITATION FACILITY	.463804		50.02
51 OCCUPATIONAL THERAPY	.354465		51
52 SPEECH PATHOLOGY	.354564		52
53 ELECTROCARDIOLOGY	.152250		53
54 ELECTROENCEPHALOGRAPHY	.484751		54
54.01 ELECTROPHYSIOLOGY	.245001		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.096737		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.149040		56
56.01 WELLNESS PROGRAM	3.258825		56.01
56.02 EYE CENTER			56.02
56.03 CARDIAC CATHETERIZATION	.163704		56.03
57 RENAL DIALYSIS	.232671		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.436289		60
61 EMERGENCY	.184613		61
61.01 FAMILY PRACTICE CENTER	1.148839		61.01
61.02 SOCIAL SERVICE-PSYCH			61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.424557		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0117)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	18316349				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18523866				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	38636856				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	823474				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	739319				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1719590				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	2507789				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	334.64				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	47.57				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)	18.00				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]	2.98				3.06
3.07 SUM OF LINES 3.04-3.06	0.00	2.98	68.55		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			69.32		3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	68.55				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	68.81				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.. RES. IN INIT YRS	66.49				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	67.95			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0117)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.203054				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.199227				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	0.199227				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1972895				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1985611				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]	4159862				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	8118368 0	8118368			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS					4.01
4.02	SUM OF 4 AND 4.01					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					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	86103228				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	86103228				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	7135359				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3606267				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	96844854				16
17	PRIMARY PAYER PAYMENTS	95601				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	96749253				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6401952				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	592202				20
21	REIMBURSABLE BAD DEBTS	585787				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	410051				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	521970				21.02
22	SUBTOTAL	90165150				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0117)	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	90165150				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	90091775				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	73375				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					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 (14-0117) 1	HOSPITAL (14-0117) 1.01	HOSPITAL (14-0117) 1.02	
1 MEDICAL AND OTHER SERVICES	5851			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	17613836			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	18631236			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03	14549029			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	5851			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	42672			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	42672			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	42672			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	36821			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	5851			17
17.01 TOTAL PPS PAYMENTS	18631236			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0117) 1	HOSPITAL (14-0117) 1.01	HOSPITAL (14-0117) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2303		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4695196		18.01
19 SUBTOTAL	13939588		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	591396		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	14530984		23
24 PRIMARY PAYER PAYMENTS	1231		24
25 SUBTOTAL	14529753		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	574984		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	402489		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	522105		27.02
28 SUBTOTAL	14932242		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	14932242		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14775368		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	156874		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 RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T117) 1	SUB I (14-T117) 1.01	SUB I (14-T117) 1.02	
1 MEDICAL AND OTHER SERVICES	105			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	833			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	819			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.938			1.03
1.04 LINE 1.01 TIMES LINE 1.03	781			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	105			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	240			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	240			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	240			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	135			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	105			17
17.01 TOTAL PPS PAYMENTS	819			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T117) 1	SUB I (14-T117) 1.01	SUB I (14-T117) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	165		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	759		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	759		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	759		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	759		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	759		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	703		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	56		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5324)	SNF (14-5324)	SNF (14-5324)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5324)	SNF (14-5324)	SNF (14-5324)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
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 (14-0117) 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
(14-0117)
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
(14-0117)
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 (14-0117)

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		89775178		14695584	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .54	02/09/2009 316597	02/09/2009	79784	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	316597		79784	3.99
4 TOTAL INTERIM PAYMENTS		90091775		14775368	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			156874	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		90165150		14932242	7
NAME OF INTERMEDIARY: _____				INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____				DATE (MO/DAY/YR): _____	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T117)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		16699540		703	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		16699540		703	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROVIDER .02 PROGRAM	-50280		56	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		16649260		759	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T117)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	16517116				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0089				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	199461				1.04
1.05	OUTLIER PAYMENTS	54508				1.05
1.06	TOTAL PPS PAYMENTS	16771085				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	49.827397				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	16771085				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	16771085				6
7	DEDUCTIBLES	23816				7
8	SUBTOTAL	16747269				8
9	COINSURANCE	114675				9
10	SUBTOTAL	16632594				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	23808				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	16666				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	23808				11.02
12	SUBTOTAL	16649260				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5324)
 (PPS)
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5324)
 (PPS)
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
	EXCESS OF REASONABLE COST			34
35	SUBTOTAL		9089330	35
36	COINSURANCE		1577343	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19			37
38	REIMBURSABLE BAD DEBTS			38
38.01	REDUCED REIMBURSABLE BAD DEBTS			38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)			38.03
39	UTILIZATION REVIEW			39
40	SUBTOTAL		7511987	40
41	INPATIENT ROUTINE SERVICE COST			41
42	MEDICARE INPATIENT ROUTINE CHARGES			42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			44
45	RATIO OF LINE 43 TO LINE 44			45
46	TOTAL CUSTOMARY CHARGES			46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			49
50	ADJ. PENDING CORRECT SNF PS & R			50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			51
52	SUBTOTAL		7511987	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		7511987	55
56	SEQUESTRATION ADJUSTMENT			56
57	INTERIM PAYMENTS		7511987	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			57.01
58	BALANCE DUE PROVIDER/PROGRAM			58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I (PPS)	
		HOSPITAL (14-0117) (OTHER)	SUB I (14-T117) (OTHER)	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	3414783	97236				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	3414783	97236				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	3414783	97236				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	3414783	97236				22
23	COST OF COVERED SERVICES	3414783	97236				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	3414783	97236				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	3414783	97236				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0117) (OTHER)	SUB I (14-T117) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	3414783	97236				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	ADJ. PENDING CORRECT SNF PS & R						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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	48.41 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)	18.00 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]	3.50 3.03
3.04	FTE ADJUSTMENT CAP 3.50	69.91 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	69.83 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	69.83 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	19.52 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	50.31 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	69.83 3.09
3.10	SEE INSTRUCTIONS	69.83 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	3.11
3.12	SEE INSTRUCTIONS	50.31 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	46.66 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	44.78 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	47.25 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	47.25 3.16
3.17	SEE INSTRUCTIONS	84730.53 3.17
3.18	SEE INSTRUCTIONS	4003518 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		21.10	3.19
3.20	SEE INSTRUCTIONS		20.57	3.20
3.21	SEE INSTRUCTIONS		20.40	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		20.40	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		84730.53	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		1728503	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		5732021	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		62387	4
5	TOTAL INPATIENT DAYS		87636	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.711888	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4080557	0	4080557	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2085	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		87636	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		117106	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 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
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		16780686	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. 14-0117 RESURRECTION MEDICAL CENTER
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
11/30/2009 14:49

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	107536569	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	95601	15
16	TOTAL PART A REASONABLE COST	107440968	16
PART B REASONABLE COST			
17	REASONABLE COST	17620625	17
18	PRIMARY PAYER PAYMENTS	1231	18
19	TOTAL PART B REASONABLE COST	17619394	19
20	TOTAL REASONABLE COST	125060362	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.859113	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.140887	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	4197663	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3606267	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	591396	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] 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	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [] TITLE XVIII [XX] 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	0.00	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		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	4057	4
5	TOTAL INPATIENT DAYS	87636	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.046294	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		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	87636	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
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
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		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. 14-0117 RESURRECTION MEDICAL CENTER
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

[] TITLE XVIII

[XX] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	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	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	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	26663905			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	35447861			4
5	OTHER RECEIVABLES	1310851			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2079190			7
8	PREPAID EXPENSES	11014811			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	333766007			10
11	TOTAL CURRENT ASSETS	410282625			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2247			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS				14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	21658192			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	21660439			21
OTHER ASSETS					
22	INVESTMENTS	175415997			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	6427419			25
26	TOTAL OTHER ASSETS	181843416			26
27	TOTAL ASSETS	613786480			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	27655059			28
29	SALARIES, WAGES & FEES PAYABLE	67746167			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	18354251			35
36	TOTAL CURRENT LIABILITIES	113755477			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	299542684			41
42	TOTAL LONG TERM LIABILITIES	299542684			42
43	TOTAL LIABILITIES	413298161			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	200488319			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	200488319			51
52	TOTAL LIABILITIES AND FUND BALANCES	613786480			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	254530128			1
2 NET INCOME (LOSS)	15618135			2
3 TOTAL	270148263			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	-5462070			4
5 CHANGE IN MIN PENSION LIABILITY	-64197874			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	-69659944			10
11 SUBTOTAL	200488319			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS				13
14 OTHER				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	200488319			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	661339998		661339998	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	661339998		661339998	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	661339998		661339998	18
19 ANCILLARY SERVICES				19
18.50 OUTPATIENT SERVICES		284032631	284032631	18.50
18.60 RHC				18.60
19 FQHC				19
20 HOME HEALTH AGENCY				20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
25 OTHER ENTITIES				25
TOTAL PATIENT REVENUES	661339998	284032631	945372629	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		252906681	26
27 ADD (SPECIFY)	2520799		27
28 INTERCOMPANY EXPENSES HOME OFFICE			28
29 BAD DEBTS - PROVISION FOR UNCOLLECT			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		2520799	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		255427480	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	945372629	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	679027107	2
3	NET PATIENT REVENUES	266345522	3
4	LESS - TOTAL OPERATING EXPENSES	255427480	4
5	NET INCOME FROM SERVICE TO PATIENTS	10918042	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	242302	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	1415287	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	1072833	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	4635	22
23	GOVERNMENTAL APPROPRIATIONS	126507	23
24	MISC DIETARY INCOME		24
24.01	CONTRACTED SERVICE REVENUE		24.01
24.02	PROV HOME BILLING		24.02
24.03	PRIVATE NURSE		24.03
24.04	PHASE 3 CARDIAC REHAB		24.04
24.05	NET ASSETS RELEASED	379832	24.05
24.06	CHILD CARE CENTER	837719	24.06
24.07	MISC	620978	24.07
25	TOTAL OTHER INCOME	4700093	25
26	TOTAL	15618135	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	15618135	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2335

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1066701	HRS OF SERVICE	35863.93	17.24	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	161099	HRS OF SERVICE	8032.94	3.86	4
5 SOCIAL WORKERS	53472	HRS OF SERVICE	2078.74	1.00	5
6 DIETICIANS	33165	HRS OF SERVICE	1222.00	.59	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	33307	ACCUMULATED COST			8
9 SUBTOTAL	1347744				9
10 EMPLOYEE BENEFITS		SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	479463	REQUISITIONS			14
15 DRUGS	709086	REQUISITIONS			15
16 OTHER	213066	ACCUMULATED COST			16
17 SUBTOTAL	2749359				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	51628	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	50386	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	223993	SALARY			22
23 ADMINISTRATIVE AND GENERAL	303132	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	139826	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	70010	REQUISITIONS			26
27 PHARMACY	284484	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	31560	ACCUMULATED COST			28
29 SUBTOTAL	3904378				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	3904378				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2335

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL	
	RELATED COSTS	CARE	SALARY	EMPLOYEE	BENEFITS		MEDICAL SUPPLIES	ANCILLARY SERVICES	TOTAL				
	1	2	3	4	5	6	7	8	9	10	11		
1 TOTAL RENAL DEPT COSTS	191454	50386	1066701	247736	223993	993570	549473		3323313	581065	3904378	1	
2 MAINTENANCE													
3 HEMODIALYSIS	168624	44406	426663	99094	191163	794857	143538		1868345	326671	2195016	2	
4 INTERMITTENT PERITONEAL TRAINING												3	
5 HEMODIALYSIS												4	
6 INTERMITTENT PERITONEAL												5	
7 CAPD												6	
8 CCPD												7	
9 HOME													8
10 HEMODIALYSIS												9	
11 INTERMITTENT PERITONEAL												10	
12 CAPD												11	
13 CCPD												12	
14 OTHER BILLABLE SERVICES													13
15 INPATIENT DIALYSIS	22830	5980	640038	148642	32830	198713	405935		1454968	254394	1709362	14	
16 METHOD II HOME PATIENT												15	
17 EPO (INCL IN RENAL DEPT)												16	
18.01 ARANESP (INCL IN RENAL DEPT)												17	
19 OTHER												18	
20 TOTAL	191454	50386	1066701	247736	223993	993570	549473		3323313	581065	3904378	19	
21 MEDICAL EDUC PGM COSTS												20	
22 TOTAL RENAL COSTS												21	3904378

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2335

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	(% OF TIME)	-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	191454	50386	1066701	247736	223993	993570	549473	3323313	581065	1
	MAINTENANCE										
2	HEMODIALYSIS	3309	43827.00	14345.00	5146.00	1150210	567270	114963			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD										6
7	CCPD										7
	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRMNTS 2312	448	5902.00	21519.00	7719.00	197535	141817	325124			
13	METHOD II HOME PATIENT										13
14	EPO										14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	3757	49729.00	35864.00	12865.00	1347745	709087	440087	3323313		16
17	UNIT COST MULTIPLIER	50.959276		29.742946		.166198		1.248555			
			1.013212		19.256588		1.401196			.174845	17

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2008 TO 06/30/2009

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2335
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	9407	2195016	233.34	8078	1884921	167.74	1355004	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	9407	2195016		8078	1884921		1355004	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2335

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	1884921 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	1355004 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1527 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	270698 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	272225 6
7	PROGRAM PAYMENT	1082782 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0117)	HOSPITAL (14-0117)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	6288289				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	70466				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	190.27				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	67.95	0.00	67.95		4.01
					NO. OF INTERNS & RESIDENTS
4.02			10.60		4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	666559				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0163				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.0694				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.0857				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0175				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	110045				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	7135359				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

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
6.10 NON PATIENT PHONES					6.10
6.20 DATA PROCESSING					6.20
6.30 PURCHASING AND STORES					6.30
6.40 ADMITTING					6.40
6.50 CASHIERS AR AND COLLECTIONS					6.50
6.60 ADMINISTRATION & GENERAL					6.60
6.70 RNP PATIENT ACCOUNTS					6.70
6.80 RNP OCCUPANCY					6.80
6.90 RNP ADMINISTRATION					6.90
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 ELECTRICITY					8.01
8.02 RNP OPERATION OF PLANT					8.02
9 LAUNDRY & LINEN SERVICE					9
9.01 RNP LAUNDRY					9.01
10 HOUSEKEEPING					10
10.01 RNP HOUSEKEEPING					10.01
11 DIETARY					11
11.01 RNP DIETARY					11.01
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
18.01 RNP SOCIAL SERVICE					18.01
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
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01

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
61.02 SOCIAL SERVICE-PSYCH					61.02
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					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
00 OTHER					00
00.05 NON EMPLOYEE CHILD CARE					00.05
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	66.81		5.52				72.33 25
26 INTENSIVE CARE UNIT	64.71		4.80				69.51 26
33 NURSERY			34.23				34.23 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	53.33	20.60					73.93 37
38 RECOVERY ROOM	37.62	20.88					58.50 38
39 DELIVERY ROOM & LABOR ROOM	0.02						0.02 39
40 ANESTHESIOLOGY	34.14	11.54					45.68 40
41 RADIOLOGY-DIAGNOSTIC	26.74	21.22					47.96 41
42 RADIOLOGY-THERAPEUTIC	3.97	34.81					38.78 42
43 RADIOISOTOPE	19.41	17.13					36.54 43
44 LABORATORY	44.19	1.88					46.07 44
46 WHOLE BLOOD & PACKED RED BLOOD	36.20	9.49					45.69 46
49 RESPIRATORY THERAPY	38.12	2.04					40.16 49
50 PHYSICAL THERAPY	19.16	0.19					19.35 50
51 OCCUPATIONAL THERAPY	13.05	0.03					13.08 51
52 SPEECH PATHOLOGY	21.67	1.06					22.73 52
53 ELECTROCARDIOLOGY	38.82	13.16					51.98 53
54 ELECTROENCEPHALOGRAPHY	15.09	11.41					26.50 54
54.01 ELECTROPHYSIOLOGY	58.67						58.67 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	32.32	4.75					37.07 55
56 DRUGS CHARGED TO PATIENTS	53.50	9.04					62.54 56
56.03 CARDIAC CATHETERIZATION	59.66	5.06					64.72 56.03
57 RENAL DIALYSIS	5.54						5.54 57
60 CLINIC	18.90	12.82					31.72 60
61 EMERGENCY	27.55	10.75					38.30 61
62 OBSERVATION BEDS (NON-DISTINCT	8.11						8.11 62
101 TOTAL CHARGES	31.03	8.40					39.43 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	82.59		1.06				83.65 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.06						0.06 37
38 RECOVERY ROOM	0.08						0.08 38
40 ANESTHESIOLOGY	0.04						0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.63						0.63 41
42 RADIOLOGY-THERAPEUTIC	0.90						0.90 42
43 RADIOISOTOPE	0.09						0.09 43
44 LABORATORY	3.06						3.06 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.62						0.62 46
49 RESPIRATORY THERAPY	3.62						3.62 49
50 PHYSICAL THERAPY	36.97						36.97 50
51 OCCUPATIONAL THERAPY	58.08						58.08 51
52 SPEECH PATHOLOGY	29.10						29.10 52
53 ELECTROCARDIOLOGY	0.36						0.36 53
54 ELECTROENCEPHALOGRAPHY	0.67						0.67 54
55 MEDICAL SUPPLIES CHARGED TO PAT	8.84						8.84 55
56 DRUGS CHARGED TO PATIENTS	5.41						5.41 56
57 RENAL DIALYSIS	0.50						0.50 57
60 CLINIC	0.31						0.31 60
101 TOTAL CHARGES	2.82						2.82 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		23.71					23.71	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
50.01 RNRC PHYSICAL THERAPY		43.50					43.50	50.01
51 OCCUPATIONAL THERAPY		12.74					12.74	51
52 SPEECH PATHOLOGY		3.94					3.94	52
56 DRUGS CHARGED TO PATIENTS		1.16					1.16	56
101 TOTAL CHARGES		0.46					0.46	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	8289863	3.37	-8289863	-8.79		3
4	NEW CAP REL COSTS-MVBLE EQUIP	6929173	2.82	-6929173	-7.35		4
5	EMPLOYEE BENEFITS	19558946	7.95	-19558946	-20.75		5
6.10	NON PATIENT PHONES	336838	.14	-336838	-.36		6.10
6.20	DATA PROCESSING	6685467	2.72	-6685467	-7.09		6.20
6.30	PURCHASING AND STORES	1742979	.71	-1742979	-1.85		6.30
6.40	ADMITTING						6.40
6.50	CASHIERS AR AND COLLECTIONS	4631400	1.88	-4631400	-4.91		6.50
6.60	ADMINISTRATION & GENERAL	670457	.27	-670457	-.71		6.60
6.70	RNP PATIENT ACCOUNTS						6.70
6.80	RNP OCCUPANCY						6.80
6.90	RNP ADMINISTRATION	2749527	1.12	-2749527	-2.92		6.90
7	MAINTENANCE & REPAIRS	1193192	.48	-1193192	-1.27		7
8	OPERATION OF PLANT	2516594	1.02	-2516594	-2.67		8
8.01	ELECTRICITY	7718439	3.14	-7718439	-8.19		8.01
8.02	RNP OPERATION OF PLANT	838845	.34	-838845	-.89		8.02
9	LAUNDRY & LINEN SERVICE	1960997	.80	-1960997	-2.08		9
9.01	RNP LAUNDRY	261207	.11	-261207	-.28		9.01
10	HOUSEKEEPING	2583621	1.05	-2583621	-2.74		10
10.01	RNP HOSUEKEEPING	460845	.19	-460845	-.49		10.01
11	DIETARY	2142641	.87	-2142641	-2.27		11
11.01	RNP DIETARY	1494081	.61	-1494081	-1.59		11.01
12	CAFETERIA	809470	.33	-809470	-.86		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2409566	.98	-2409566	-2.56		14
15	CENTRAL SERVICES & SUPPLY	986210	.40	-986210	-1.05		15
16	PHARMACY	3146750	1.28	-3146750	-3.34		16
17	MEDICAL RECORDS & LIBRARY	5708449	2.32	-5708449	-6.06		17
18	SOCIAL SERVICE						18
18.01	RNP SOCIAL SERVICE	189759	.08	-189759	-.20		18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	6453208	2.62	-6453208	-6.85		22
23	I&R SERVICES-OTHER PRGM COSTS A	1792021	.73	-1792021	-1.90		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	22657654	9.21	22858567	24.25	45516221	18.50
26	INTENSIVE CARE UNIT	7848247	3.19	4264536	4.52	12112783	4.92
31	SUBPROVIDER I	5692053	2.31	3518616	3.73	9210669	3.74
33	NURSERY	1256412	.51	727107	.77	1983519	.81
34	SKILLED NURSING FACILITY	7616355	3.10	6734007	7.14	14350362	5.83
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	21385765	8.69	6505473	6.90	27891238	11.33
38	RECOVERY ROOM	950500	.39	480260	.51	1430760	.58

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
39 DELIVERY ROOM & LABOR ROOM	3257964	1.32	2403590	2.55	5661554	2.30	39
40 ANESTHESIOLOGY	1472446	.60	518747	.55	1991193	.81	40
41 RADIOLOGY-DIAGNOSTIC	8414113	3.42	7884077	8.36	16298190	6.62	41
42 RADIOLOGY-THERAPEUTIC	2962609	1.20	2740165	2.91	5702774	2.32	42
43 RADIOISOTOPE	2374689	.97	1685363	1.79	4060052	1.65	43
44 LABORATORY	9733297	3.96	4852901	5.15	14586198	5.93	44
46 WHOLE BLOOD & PACKED RED BLOOD	3050190	1.24	556853	.59	3607043	1.47	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	2197134	.89	1458517	1.55	3655651	1.49	49
50 PHYSICAL THERAPY	4015400	1.63	1471140	1.56	5486540	2.23	50
50.01 RNRC PHYSICAL THERAPY	1336987	.54	786230	.83	2123217	.86	50.01
50.02 DAY RHABILITATION FACILITY	1002708	.41	216881	.23	1219589	.50	50.02
51 OCCUPATIONAL THERAPY	2400249	.98	940815	1.00	3341064	1.36	51
52 SPEECH PATHOLOGY	1493919	.61	397290	.42	1891209	.77	52
53 ELECTROCARDIOLOGY	1696151	.69	2347621	2.49	4043772	1.64	53
54 ELECTROENCEPHALOGRAPHY	701568	.29	747878	.79	1449446	.59	54
54.01 ELECTROPHYSIOLOGY	5051918	2.05	484765	.51	5536683	2.25	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	655972	.27	782624	.83	1438596	.58	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	11381414	4.63	5383895	5.71	16765309	6.81	56
56.01 WELLNESS PROGRAM	210076	.09	269457	.29	479533	.19	56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION	7135472	2.90	1565071	1.66	8700543	3.54	56.03
57 RENAL DIALYSIS	2749359	1.12	1155019	1.23	3904378	1.59	57
60 CLINIC	3385326	1.38	3411419	3.62	6796745	2.76	60
61 EMERGENCY	5812275	2.36	5465227	5.80	11277502	4.58	61
61.01 FAMILY PRACTICE CENTER	1880259	.76	991380	1.05	2871639	1.17	61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
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							
96 GIFT, FLOWER, COFFEE SHOP & CAN			3668		3668		96
98 PHYSICIANS' PRIVATE OFFICES			298950	.32	298950	.12	98
99 NONPAID WORKERS	32490	.01	350805	.37	383295	.16	99
100 OTHER			1631		1631		100

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
CMS-2552-96 - SUMMARY REPORT 98

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COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
100.05 NON EMPLOYEE CHILD CARE							100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	246071516	100.00	0	.00	246071516	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	1623874	74684255	.021743	39832115	866070	37
38 RECOVERY ROOM	57409	8241784	.006965	3100843	21597	38
39 DELIVERY ROOM & LABOR ROOM	569717	10326780	.055169	2578	142	39
40 ANESTHESIOLOGY	204034	12492801	.016332	4265254	69660	40
41 RADIOLOGY-DIAGNOSTIC	2059824	112931999	.018240	30202700	550897	41
42 RADIOLOGY-THERAPEUTIC	1263458	11977940	.105482	475464	50153	42
43 RADIOISOTOPE	199948	21412280	.009338	4156337	38812	43
44 LABORATORY	695752	114470895	.006078	50582975	307443	44
46 WHOLE BLOOD & PACKED RED BLOOD	56597	8622580	.006564	3121638	20490	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	162422	29627975	.005482	11293775	61912	49
50 PHYSICAL THERAPY	217262	17041838	.012749	3264860	41624	50
50.01 RNRC PHYSICAL THERAPY	26892	3659079	.007349			50.01
50.02 DAY RHABILITATION FACILITY	39106	2629533	.014872			50.02
51 OCCUPATIONAL THERAPY	160433	9425664	.017021	1229766	20932	51
52 SPEECH PATHOLOGY	57714	5333900	.010820	1155744	12505	52
53 ELECTROCARDIOLOGY	239483	24300980	.009855	9434307	92975	53
54 ELECTROENCEPHALOGRAPHY	155488	2848177	.054593	429807	23464	54
54.01 ELECTROPHYSIOLOGY	56431	22598577	.002497	13258985	33108	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	51685	14871253	.003475	4805690	16700	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	355696	112488678	.003162	60185042	190305	56
56.01 WELLNESS PROGRAM	34469	104932	.328489			56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	495881	53147966	.009330	31709350	295848	56.03
57 RENAL DIALYSIS	187026	16780686	.011145	929497	10360	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	950046	15263218	.062245	2884141	179524	60
61 EMERGENCY	791464	55498008	.014261	15290877	218063	61
61.01 FAMILY PRACTICE CENTER	41645	2020586	.020611			61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	93772	2603397	.036019	211217	7608	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	10847528	765405761		291822962	3130192	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	3399922		3399922	62508	54.39	41760	2271327 25
26	INTENSIVE CARE UNIT	537361		537361	8665	62.01	5607	347690 26
101	TOTAL	3937283		3937283			47367	2619017 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2619017	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							3130192	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							5749209	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							9161	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							47367	
PER DISCHARGE CAPITAL COSTS							627.57	
PER DIEM CAPITAL COSTS							121.38	

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)	84396844
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	382983407
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.220

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	13987712
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	44903314
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.312

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)	5749209
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	17581973
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	78949768
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.223