

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 HOLY CROSS HOSPITAL (14-0133) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	206032	-841	4	1
2	SUBPROVIDER I	69919			2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	275951	-841		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: 2701 WEST 68TH STREET
 1.01 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60629

COUNTY: COOK

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0133	07/01/1966	N	P	P	2
3	SUBPROVIDER I	14-TL33	07/01/2000	N	P	P	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2008	TO: 06/30/2009	17
		1	2	
18	TYPE OF CONTROL		1	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?	YES		21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.			21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO			21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.				23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.				24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.				24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN				25.05

THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 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 0 / / Y/N NO	LIMIT 2 0.00 Y/N NO	FEES 4 56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			YES		58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)			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	4080	2439	9445	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	4080	2439	9445	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I	358	65	460	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

WORKSHEET S-3
 PART II

PART II - WAGE DATA	AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA	
	REPORTED	OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
	1	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /	SOURCE	
		A-6	COL.2)	IN COL.3	COL.4)	6	
		2	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	41118495		41118495	1496872.00	27.47		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	2760127	15997	2776124	87862.00	31.60		8.01
9 OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	4116436		4116436	59608.00	69.06	AGENCY REPORT	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	7292130		7292130			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	490065		490065			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21 OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	983508	-499349	484159	16744.00	28.92		21
22 ADMINISTRATIVE & GENERAL	5269962	499349	5769311	196622.00	29.34		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	237943		237943	910.95	261.20		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1948618		1948618	89794.00	21.70		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	992067		992067	73611.00	13.48		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	734608	-336391	398217	30579.00	13.02		27
27.01 DIETARY UNDER CONTRACT	188403		188403	4017.00	46.90		27.01
28 CAFETERIA		320394	320394	24600.00	13.02		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	511601		511601	11981.00	42.70		30
31 CENTRAL SERVICES AND SUPPLY	251243		251243	14352.00	17.51		31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1239151		1239151	51605.00	24.01		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE		
	REPORTED	OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
	1	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /		
		A-6	COL.2)	IN COL.3	COL.4)		
		2	3	4	5		
1 NET SALARIES	41544841		41544841	1501799.95	27.66		1
2 EXCLUDED AREA SALARIES	2760127	15997	2776124	87862.00	31.60		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38784714	-15997	38768717	1413937.95	27.42		3
4 SUBTOTAL OTHER WAGES & REL COSTS	4116436		4116436	59608.00	69.06		4
5 SUBTOTAL WAGE-RELATED COSTS	7292130		7292130		18.81%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	50193280	-15997	50177283	1473545.95	34.05		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	12357104	-15997	12341107	514815.95	23.97		13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	14749306	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	48000	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14797306	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.285083	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	81098865	28
29	TOTAL GROSS MEDICAID COST	23119908	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	16368135	30
31	UNCOMPENSATED CARE COST	4666277	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23119908	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		2660768	2660768	80001	2740769		2740769	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2690523	2690523	830712	3521235	-117851	3403384	4
5	0500 EMPLOYEE BENEFITS	983508	5036006	6019514	-699899	5319615	-71061	5248554	5
6.01	0610 COMMUNICATIONS	215251	293844	509095		509095	-16720	492375	6.01
6.02	0620 DATA PROCESSING	472859	421808	894667		894667	-146	894521	6.02
6.03	0630 PURCHASING	275837	26976	302813		302813		302813	6.03
6.04	0650 BUSINESS OFFICE	1442316	607621	2049937		2049937	-10882	2039055	6.04
6.05	0660 OTHER ADMINISTRATIVE & GENERAL	2863699	14362259	17225958	620056	17846014	-1075288	16770726	6.05
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1948618	4109330	6057948		6057948		6057948	8
9	0900 LAUNDRY & LINEN SERVICE		669010	669010		669010		669010	9
10	1000 HOUSEKEEPING	992067	350022	1342089		1342089		1342089	10
11	1100 DIETARY	734608	1096356	1830964	-838434	992530	-43334	949196	11
12	1200 CAFETERIA				798562	798562	-322747	475815	12
14	1400 NURSING ADMINISTRATION	511601	278362	789963	-84011	705952		705952	14
15	1500 CENTRAL SERVICES & SUPPLY	251243	78774	330017		330017		330017	15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	1239151	762271	2001422		2001422	-5658	1995764	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	7845169	2603523	10448692	84011	10532703	-216089	10316614	25
26	2600 INTENSIVE CARE UNIT	2931308	1544345	4475653		4475653		4475653	26
31	3100 SUBPROVIDER I	858683	1929616	2788299	-917717	1870582		1870582	31
33	3300 NURSERY								33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1249404	2398631	3648035	663624	4311659		4311659	37
38	3800 RECOVERY ROOM	365293	53733	419026		419026		419026	38
39	3900 DELIVERY ROOM & LABOR ROOM	39658	11045	50703		50703		50703	39
40	4000 ANESTHESIOLOGY	30584	1628242	1658826	-64586	1594240	-1594240		40
41	4100 RADIOLOGY-DIAGNOSTIC	1683819	471049	2154868		2154868	-4004	2150864	41
41.01	3120 CARDIAC CATH LAB	448316	1424775	1873091		1873091		1873091	41.01
41.02	3630 ULTRASOUND	511070	57645	568715		568715		568715	41.02
42	4200 RADIOLOGY-THERAPEUTIC	465672	479089	944761		944761		944761	42
43	4300 RADIOISOTOPE	273279	278103	551382		551382		551382	43
44	4400 LABORATORY	1914810	2809931	4724741		4724741	-10500	4714241	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1156081	364583	1520664		1520664		1520664	49
50	5000 PHYSICAL THERAPY	150118	309956	460074	406053	866127		866127	50
51	5100 OCCUPATIONAL THERAPY				397424	397424		397424	51
52	5200 SPEECH PATHOLOGY	51990	4274	56264	114240	170504		170504	52
53	5300 ELECTROCARDIOLOGY	480798	129420	610218		610218		610218	53
54	5400 ELECTROENCEPHALOGRAPHY	42966	5373	48339		48339		48339	54
54.01	3950 SLEEP LAB								54.01
56	5600 DRUGS CHARGED TO PATIENTS	1143001	3167288	4310289		4310289		4310289	56
57	5700 RENAL DIALYSIS	388352	135998	524350		524350		524350	57
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	1148957	443536	1592493	-599038	993455		993455	60
61	6100 EMERGENCY	4106965	3028315	7135280		7135280	-860004	6275276	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
70	7000 I&R SERVICES-NOT APPRVD PRGM		638445	638445		638445	-638445		70
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		830870	830870	-830870				88
95	SUBTOTALS	39217051	58191715	97408766	-39872	97368894	-4986969	92381925	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01	9601 SISTERS & PRIESTS MAINTENANCE				39872	39872		39872	96.01
98	9800 PHYSICIANS' PRIVATE OFFICES	1901444	786838	2688282		2688282		2688282	98
100	7950 SEASON HOSPICE								100
101	TOTAL	41118495	58978553	100097048		100097048	-4986969	95110079	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
1		2	3	4	5	
1 TO RECLASS CAFETERIA COSTS	B	CAFETERIA	12	320394	478168	1
2	B	SISTERS & PRIESTS MAINTENANCE	96.01	15997	23875	2
3						3
4 TO RECLASS CLINITRON BEDS EXP	C	ADULTS & PEDIATRICS	25		84011	4
5						5
6 TO RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		830712	6
7	D	OTHER ADMINISTRATIVE & GENERA	6.05		158	7
8						8
9 TO RECLASS INSURANCE COSTS	E	NEW CAP REL COSTS-BLDG & FIXT	3		80001	9
10						10
11 RECLASS A&G EXPENSES	G	OTHER ADMINISTRATIVE & GENERA	6.05	499349	200550	11
12						12
13 RECLASS ANESTHESIA TECH COSTS	H	OPERATING ROOM	37	10264	54322	13
14						14
15 RECLASS ONE DAY SURGERY COSTS	J	OPERATING ROOM	37	509146	89892	15
16						16
17 RECLASS THERAPY COSTS	K	PHYSICAL THERAPY	50		406053	17
18	K	OCCUPATIONAL THERAPY	51		397424	18
19	K	SPEECH PATHOLOGY	52		114240	19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1355150	2759406	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	-----		DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
			COST CENTER 6					
1	TO RECLASS CAFETERIA COSTS	B	DIETARY		11	320394	478168	1
2		B	DIETARY		11	15997	23875	2
3								3
4	TO RECLASS CLINITRON BEDS EXP	C	NURSING ADMINISTRATION		14		84011	4
5								5
6	TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE		88		830870	11 6
7		D						7
8								8
9	TO RECLASS INSURANCE COSTS	E	OTHER ADMINISTRATIVE & GENERA		6.05		80001	12 9
10								10
11	RECLASS A&G EXPENSES	G	EMPLOYEE BENEFITS		5	499349	200550	11
12								12
13	RECLASS ANESTHESIA TECH COSTS	H	ANESTHESIOLOGY		40	10264	54322	13
14								14
15	RECLASS ONE DAY SURGERY COSTS	J	CLINIC		60	509146	89892	15
16								16
17	RECLASS THERAPY COSTS	K	SUBPROVIDER I		31		917717	17
18		K						18
19		K						19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35
36	TOTAL RECLASSIFICATIONS					1355150	2759406	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	1337233					1337233	1
2 LAND IMPROVEMENTS	1501699	93316		93316		1595015	2
3 BUILDINGS AND FIXTURES	46941784	7962766		7962766	11961	54892589	3
4 BUILDING IMPROVEMENTS	169032					169032	4
5 FIXED EQUIPMENT	25146885	678824		678824		25825709	5
6 MOVABLE EQUIPMENT	49119848	5874903		5874903		54994751	6
7 SUBTOTAL	124216481	14609809		14609809	11961	138814329	7
8 RECONCILING ITEMS							8
9 TOTAL	124216481	14609809		14609809	11961	138814329	9

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
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-117851	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-16720	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-80444	OTHER ADMINISTRATIVE & GENERAL	6.05	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2403337			12
13 SALE OF SCRAP, WASTE, ETC.	B	-4004	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-322747	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-5658	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-43334	DIETARY	11	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		UTILIZATION REVIEW-SNF	89	28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP	4	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS	20	33
33 NON-PHYSICIAN ANESTHETIST					34
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4		OTHER ADMINISTRATIVE & GENERAL	6.05	37
37 OFFSET OTHER REVENUE TO ADMIN	B	-188835	BUSINESS OFFICE	6.04	38
38 OFFSET MISC INCOME	B	-10882	EMPLOYEE BENEFITS	5	39
39 OFFSET HCHP SVC ALLOCATION	B	-71042	DATA PROCESSING	6.02	40
40 OFFSET DATA PROCESSING INCOME	A	-9547	OTHER ADMINISTRATIVE & GENERAL	6.05	41
41 OFFSET MARKETING EXPENSES	A	-6672	OTHER ADMINISTRATIVE & GENERAL	6.05	42
42 OFFSET UIC PHYSICIAN SVCS	A	-150000	OTHER ADMINISTRATIVE & GENERAL	6.05	43
43 REMOVE LOBBYING FEES	A	-45280	OTHER ADMINISTRATIVE & GENERAL	6.05	44
44 OFFSET GRANT EXPENSES	A	-49410	OTHER ADMINISTRATIVE & GENERAL	6.05	45
45 REMOVE FOUNDATION EXPENSE	B	-500	LABORATORY	44	46
46 OFFSET LAB REVENUE	B	-19	EMPLOYEE BENEFITS	5	46.01
46.01 OFFSET EMPLOYEE REVENUE	A	-1431	OTHER ADMINISTRATIVE & GENERAL	6.05	47
47 REMOVE VOLUNTEER MEAL EXP	A	-329918	OTHER ADMINISTRATIVE & GENERAL	6.05	47.01
47.01 REMOVE CONTRACT MEDICAL FEES	A	-51762	OTHER ADMINISTRATIVE & GENERAL	6.05	47.02
47.02 REMOVE PHYSICIAN CALL CENTER EXP	A	-44539	ADULTS & PEDIATRICS	25	47.03
47.03 OFFSET INHOUSE OB/GYN PHYS FEES	A	-122340	OTHER ADMINISTRATIVE & GENERAL	6.05	47.06
47.06 OFFSET ARCHER BLDG EXPENSES	A	-60907	ANESTHESIOLOGY	40	47.07
47.07 ANEST PHYSICIAN BILLING FEES	A	-12040	OTHER ADMINISTRATIVE & GENERAL	6.05	47.08
47.08 OFFSET AHA PORTION OF LOBBYING DU	A	-10250	OTHER ADMINISTRATIVE & GENERAL	6.05	47.09
47.09 OFFSET CONTRIBUTIONS MADE	A	-4544	OTHER ADMINISTRATIVE & GENERAL	6.05	47.10
47.10 OFFSET NONALLOWABLE EXPENSES	B	-171550	ADULTS & PEDIATRICS	25	47.11
47.11 OFFSET UCMC INCOME	A	-12815	OTHER ADMINISTRATIVE & GENERAL	6.05	48
48 REMOVE PHYSICIAN MALP COSTS	A	-638445	I&R SERVICES-NOT APPRVD PRGM	70	49
49 REMOVE HOUSE PHYSICIANS	A	-4986969			50
50 TOTAL					

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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

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

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/30/2009 13:36

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2			3	4	5	6	7	8	9
1	61	EMERGENCY	AGGREGATE	860004	860004					
2	44	LABORATORY	AGGREGATE	10000	10000					
3	40	ANESTHESIOLOGY	AGGREGATE	1533333	1533333					
101		TOTAL		2403337	2403337					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	BUSINESS OFFICE 6.04	
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	2740769	2740769							3
4 NEW CAP REL COSTS-MVBLE EQUIP	3403384		3403384						4
5 EMPLOYEE BENEFITS	5248554	24000	961	5273515					5
6.01 COMMUNICATIONS	492375	2962	94186	27949	617472				6.01
6.02 DATA PROCESSING	894521	16855	366025	61398	15884	1354683			6.02
6.03 PURCHASING	302813	11670	1261	35816	8934	15344	375838		6.03
6.04 BUSINESS OFFICE	2039055	24551	13259	187278	34249	257542	467	2556401	6.04
6.05 OTHER ADMINISTRATIVE & GENERAL	16770726	414886	30464	436675	169257	331319	4431		6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	6057948	162828	132355	253018	24322	14001	2881		8
9 LAUNDRY & LINEN SERVICE	669010	176589							9
10 HOUSEKEEPING	1342089			128815			3351		10
11 DIETARY	949196	109179	31991	51706	11416	2707	19185		11
12 CAFETERIA	475815	82713		41602					12
14 NURSING ADMINISTRATION	705952	12771	181784	66429	993	968	26		14
15 CENTRAL SERVICES & SUPPLY	330017	66386	263810	32623	5460	8427	650		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	1995764	25652	19603	160898	52118	82395	415		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10316614	491376	117941	1018643	55096	164074	22623	330157	25
26 INTENSIVE CARE UNIT	4475653	136846	39806	380616	10424	34500	11629	93057	26
31 SUBPROVIDER I	1870582	73983	7289	111496	15387	12973	1553	39800	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4311659	139301	403986	229672	43183	8656	63966	178600	37
38 RECOVERY ROOM	419026	12099	44695	47431			760	25936	38
39 DELIVERY ROOM & LABOR ROOM	50703	108552	70127	5149		17634	27	807	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	2150864	145543	495915	218635	45665	38736	1948	128468	41
41.01 CARDIAC CATH LAB	1873091		178485	58212	3475		35974	93502	41.01
41.02 ULTRASOUND	568715	5835	93454	66360			252	56723	41.02
42 RADIOLOGY-THERAPEUTIC	944761	11230	66562	60465			5081	228673	42
43 RADIOISOTOPE	551382	12661	132224	35484		6166	5986	38195	43
44 LABORATORY	4714241	95781	79319	248629	20847		54875	394205	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1520664	17505	79266	150111	5460	8182	5946	224492	49
50 PHYSICAL THERAPY	866127	49102	15422	19492		4226	136	30348	50
51 OCCUPATIONAL THERAPY	397424	20698	224			1067		12496	51
52 SPEECH PATHOLOGY	170504	16514	1550	6751		2226	17	3975	52
53 ELECTROCARDIOLOGY	610218	17064	44638	62429		22699	2321	119004	53
54 ELECTROENCEPHALOGRAPHY	48339	20720	1560	5579			68	4407	54
54.01 SLEEP LAB									54.01
56 DRUGS CHARGED TO PATIENTS	4310289	24771	226313	148413	10920	58266	85101	218585	56
57 RENAL DIALYSIS	524350		10923	50426		2318	2267	18534	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	993455	33160	97981	83076	993	43194	7339	78256	60
61 EMERGENCY	6275276	93579	40499	533269	28789	79441	34186	238181	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	92381925	2657362	3383878	5024545	562872	1217061	373461	2556401	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		19795			993	137622			96
96.01 SISTERS & PRIESTS MAINTENANCE	39872			2077					96.01
98 PHYSICIANS' PRIVATE OFFICES	2688282	41285	19506	246893	53607		2377		98
100 SEASON HOSPICE		22327							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	95110079	2740769	3403384	5273515	617472	1354683	375838	2556401	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 BUSINESS OFFICE									6.04
6.05 OTHER ADMINISTRATIVE & GENERAL	18157758	18157758							6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	6647353	1568516	8215869						8
9 LAUNDRY & LINEN SERVICE	845599	199528	696507	1741634					9
10 HOUSEKEEPING	1474255	347867			1822122				10
11 DIETARY	1175380	277344	430627		104351	1987702			11
12 CAFETERIA	600130	141607	326238		79055		1147030		12
14 NURSING ADMINISTRATION	968923	228628	50371		12206		12947	1273075	14
15 CENTRAL SERVICES & SUPPLY	707373	166912	261841		63450		15509		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	2336845	551404	101176		24517		55766		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	12516524	2953423	1938103	612891	469650	1624359	327651	591459	25
26 INTENSIVE CARE UNIT	5182531	1222875	539749	172416	130794	198833	82131	148260	26
31 SUBPROVIDER I	2133063	503320	291803	75442	70711	164510	32030	57819	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5379023	1269240	549433	490151	133141		42032	109267	37
38 RECOVERY ROOM	549947	129766	47722	32367	11564		9058	16351	38
39 DELIVERY ROOM & LABOR ROOM	252999	59698	428152	1502	103751		1056	1908	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	3225774	761157	574053	112380	139107		57991		41
41.01 CARDIAC CATH LAB	2242739	529199					10474		41.01
41.02 ULTRASOUND	791339	186725	23014		5577		14947		41.02
42 RADIOLOGY-THERAPEUTIC	1316772	310707	44292		10733		14992		42
43 RADIOISOTOPE	782098	184545	49937		12101		5192		43
44 LABORATORY	5607897	1323245	377781		91545		80693		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2011626	474665	69043		16731		42055		49
50 PHYSICAL THERAPY	984853	232387	193667	15978	46930		5822		50
51 OCCUPATIONAL THERAPY	431909	101914	81635		19782				51
52 SPEECH PATHOLOGY	201537	47555	65135		15784		1753		52
53 ELECTROCARDIOLOGY	878373	207262	67306		16310		22792		53
54 ELECTROENCEPHALOGRAPHY	80673	19036	81722		19803		1956		54
54.01 SLEEP LAB									54.01
56 DRUGS CHARGED TO PATIENTS	5082658	1199309	97702		23676		38121		56
57 RENAL DIALYSIS	608818	143657					11036	19923	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1337454	315587	130790		31694		43628	46823	60
61 EMERGENCY	7323220	1727994	369096	228507	89441		155811	281265	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	91835443	17385072	7886895	1741634	1742404	1987702	1085443	1273075	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	158410	37379	78075		18919				96
96.01 SISTERS & PRIESTS MAINTENANCE	41949	9898							96.01
98 PHYSICIANS' PRIVATE OFFICES	3051950	720141	162837		39459		61587		98
100 SEASON HOSPICE	22327	5268	88062		21340				100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	95110079	18157758	8215869	1741634	1822122	1987702	1147030	1273075	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 COMMUNICATIONS						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING						6.03
6.04 BUSINESS OFFICE						6.04
6.05 OTHER ADMINISTRATIVE & GENERAL						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY	1215085					15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY		3069708				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	370062	396427	21800549		21800549	25
26 INTENSIVE CARE UNIT	198849	111735	7988173		7988173	26
31 SUBPROVIDER I	25497	47788	3401983		3401983	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	58446	214448	8245181		8245181	37
38 RECOVERY ROOM	12884	31142	840801		840801	38
39 DELIVERY ROOM & LABOR ROOM	57	969	850092		850092	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	5391	154254	5030107		5030107	41
41.01 CARDIAC CATH LAB	4352	112270	2899034		2899034	41.01
41.02 ULTRASOUND	757	68108	1090467		1090467	41.02
42 RADIOLOGY-THERAPEUTIC	5084	274573	1977153		1977153	42
43 RADIOISOTOPE	1090	45861	1080824		1080824	43
44 LABORATORY	3758	473515	7958434		7958434	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	7009	269552	2890681		2890681	49
50 PHYSICAL THERAPY	539	36440	1516616		1516616	50
51 OCCUPATIONAL THERAPY		15004	650244		650244	51
52 SPEECH PATHOLOGY	5	4773	336542		336542	52
53 ELECTROCARDIOLOGY	15221	142891	1350155		1350155	53
54 ELECTROENCEPHALOGRAPHY	60	5292	208542		208542	54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	2200	262459	6706125		6706125	56
57 RENAL DIALYSIS	6815	22254	812503		812503	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	21106	93964	2021046		2021046	60
61 EMERGENCY	464059	285989	10925382		10925382	61
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
70 I&R SERVICES-NOT APPRVD PRGM						70
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	1203241	3069708	90580634		90580634	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			292783		292783	96
96.01 SISTERS & PRIESTS MAINTENANCE			51847		51847	96.01
98 PHYSICIANS' PRIVATE OFFICES	11844		4047818		4047818	98
100 SEASON HOSPICE			136997		136997	100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	1215085	3069708	95110079		95110079	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNI-	DATA	PURCHASING
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	CATIONS	PROCESSING	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC				
	0	3	4	4A	5	6.01	6.02	6.03
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		24000	961	24961	24961			5
6.01 COMMUNICATIONS		2962	94186	97148	132	97280		6.01
6.02 DATA PROCESSING		16855	366025	382880	291	2502	385673	6.02
6.03 PURCHASING		11670	1261	12931	170	1408	4368	18877 6.03
6.04 BUSINESS OFFICE		24551	13259	37810	887	5396	73321	23 6.04
6.05 OTHER ADMINISTRATIVE & GENERAL		414886	30464	445350	2068	26668	94327	223 6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		162828	132355	295183	1198	3832	3986	145 8
9 LAUNDRY & LINEN SERVICE		176589		176589				9
10 HOUSEKEEPING					610			168 10
11 DIETARY		109179	31991	141170	245	1799	771	964 11
12 CAFETERIA		82713		82713	197			12
14 NURSING ADMINISTRATION		12771	181784	194555	315	156	276	1 14
15 CENTRAL SERVICES & SUPPLY		66386	263810	330196	155	860	2399	33 15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		25652	19603	45255	762	8211	23458	21 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		491376	117941	609317	4808	8680	46711	1136 25
26 INTENSIVE CARE UNIT		136846	39806	176652	1803	1642	9822	584 26
31 SUBPROVIDER I		73983	7289	81272	528	2424	3693	78 31
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		139301	403986	543287	1088	6803	2464	3213 37
38 RECOVERY ROOM		12099	44695	56794	225			38 38
39 DELIVERY ROOM & LABOR ROOM		108552	70127	178679	24		5020	1 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		145543	495915	641458	1036	7194	11028	98 41
41.01 CARDIAC CATH LAB			178485	178485	276	547		1807 41.01
41.02 ULTRASOUND		5835	93454	99289	314			13 41.02
42 RADIOLOGY-THERAPEUTIC		11230	66562	77792	286			255 42
43 RADIOISOTOPE		12661	132224	144885	168		1755	301 43
44 LABORATORY		95781	79319	175100	1178	3284		2757 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		17505	79266	96771	711	860	2329	299 49
50 PHYSICAL THERAPY		49102	15422	64524	92		1203	7 50
51 OCCUPATIONAL THERAPY		20698	224	20922			304	51
52 SPEECH PATHOLOGY		16514	1550	18064	32		634	1 52
53 ELECTROCARDIOLOGY		17064	44638	61702	296		6462	117 53
54 ELECTROENCEPHALOGRAPHY		20720	1560	22280	26			3 54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		24771	226313	251084	703	1720	16588	4272 56
57 RENAL DIALYSIS			10923	10923	239		660	114 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		33160	97981	131141	393	156	12297	369 60
61 EMERGENCY		93579	40499	134078	2526	4536	22616	1717 61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
70 I&R SERVICES-NOT APPRVD PRGM								70
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS		2657362	3383878	6041240	23782	88678	346492	18758 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		19795		19795		156	39181	96
96.01 SISTERS & PRIESTS MAINTENANCE					10			96.01
98 PHYSICIANS' PRIVATE OFFICES		41285	19506	60791	1169	8446		119 98
100 SEASON HOSPICE		22327		22327				100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		2740769	3403384	6144153	24961	97280	385673	18877 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	BUSINESS OFFICE 6.04	OTHER ADMIN AND GENERAL 6.05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 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
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 BUSINESS OFFICE	117437								6.04
6.05 OTHER ADMINISTRATIVE & GENERAL		568636							6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		49117	353461						8
9 LAUNDRY & LINEN SERVICE		6248	29965	212802					9
10 HOUSEKEEPING		10893			11671				10
11 DIETARY		8685	18526		668	172828			11
12 CAFETERIA		4434	14035		506		101885		12
14 NURSING ADMINISTRATION		7159	2167		78		1150	205857	14
15 CENTRAL SERVICES & SUPPLY		5227	11265		406		1378		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		17267	4353		157		4953		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	15182	92521	83379	74887	3007	141236	29103	95640	25
26 INTENSIVE CARE UNIT	4279	38294	23221	21067	838	17288	7295	23974	26
31 SUBPROVIDER I	1830	15761	12554	9218	453	14304	2845	9349	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	8213	39746	23638	59889	853		3734	17669	37
38 RECOVERY ROOM	1193	4064	2053	3955	74		805	2644	38
39 DELIVERY ROOM & LABOR ROOM	37	1869	18420	183	665		94	308	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	5908	23835	24697	13731	891		5151		41
41.01 CARDIAC CATH LAB	4300	16572					930		41.01
41.02 ULTRASOUND	2608	5847	990		36		1328		41.02
42 RADIOLOGY-THERAPEUTIC	10516	9730	1906		69		1332		42
43 RADIOISOTOPE	1756	5779	2148		78		461		43
44 LABORATORY	18007	41437	16253		586		7168		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	10323	14864	2970		107		3736		49
50 PHYSICAL THERAPY	1396	7277	8332	1952	301		517		50
51 OCCUPATIONAL THERAPY	575	3191	3512		127				51
52 SPEECH PATHOLOGY	183	1489	2802		101		156		52
53 ELECTROCARDIOLOGY	5472	6490	2896		104		2024		53
54 ELECTROENCEPHALOGRAPHY	203	596	3516		127		174		54
54.01 SLEEP LAB									54.01
56 DRUGS CHARGED TO PATIENTS	10052	37556	4203		152		3386		56
57 RENAL DIALYSIS	852	4499					980	3221	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3599	9882	5627		203		3875	7571	60
61 EMERGENCY	10953	54111	15879	27920	573		13840	45481	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	117437	544440	339307	212802	11160	172828	96415	205857	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1170	3359		121				96
96.01 SISTERS & PRIESTS MAINTENANCE		310							96.01
98 PHYSICIANS' PRIVATE OFFICES		22551	7006		253		5470		98
100 SEASON HOSPICE		165	3789		137				100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	117437	568636	353461	212802	11671	172828	101885	205857	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 COMMUNICATIONS						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING						6.03
6.04 BUSINESS OFFICE						6.04
6.05 OTHER ADMINISTRATIVE & GENERAL						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY	351919					15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY		104437				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	107180	13500	1326287		1326287	25
26 INTENSIVE CARE UNIT	57592	3805	388156		388156	26
31 SUBPROVIDER I	7385	1627	163321		163321	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16928	7303	734828		734828	37
38 RECOVERY ROOM	3731	1061	76637		76637	38
39 DELIVERY ROOM & LABOR ROOM	16	33	205349		205349	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	1561	5253	741841		741841	41
41.01 CARDIAC CATH LAB	1260	3823	208000		208000	41.01
41.02 ULTRASOUND	219	2319	112963		112963	41.02
42 RADIOLOGY-THERAPEUTIC	1473	9350	112709		112709	42
43 RADIOISOTOPE	316	1562	159209		159209	43
44 LABORATORY	1089	16026	282885		282885	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	2030	9179	144179		144179	49
50 PHYSICAL THERAPY	156	1241	86998		86998	50
51 OCCUPATIONAL THERAPY		511	29142		29142	51
52 SPEECH PATHOLOGY	1	163	23626		23626	52
53 ELECTROCARDIOLOGY	4408	4866	94837		94837	53
54 ELECTROENCEPHALOGRAPHY	17	180	27122		27122	54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	637	8938	339291		339291	56
57 RENAL DIALYSIS	1974	758	24220		24220	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	6113	3200	184426		184426	60
61 EMERGENCY	134403	9739	478372		478372	61
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
70 I&R SERVICES-NOT APPRVD PRGM						70
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	348489	104437	5944398		5944398	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			63782		63782	96
96.01 SISTERS & PRIESTS MAINTENANCE			320		320	96.01
98 PHYSICIANS' PRIVATE OFFICES	3430		109235		109235	98
100 SEASON HOSPICE			26418		26418	100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	351919	104437	6144153		6144153	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	PURCHASING COSTED REQUISITN	BUSINESS OFFICE GROSS REVENUE	
	3	4	5	6.01	6.02	6.03	6.04	
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	248950							3
4 NEW CAP REL COSTS-MVBLE EQUIP		2690521						4
5 EMPLOYEE BENEFITS	2180	760	40614016					5
6.01 COMMUNICATIONS	269	74458	215251	1244				6.01
6.02 DATA PROCESSING	1531	289358	472859	32	1316487			6.02
6.03 PURCHASING	1060	997	275837	18	14911	13137936		6.03
6.04 BUSINESS OFFICE	2230	10482	1442316	69	250280	16316	317733794	6.04
6.05 OTHER ADMINISTRATIVE & GENERA	37685	24083	3363048	341	321978	154887		6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	14790	104632	1948618	49	13606	100711		8
9 LAUNDRY & LINEN SERVICE	16040					9		9
10 HOUSEKEEPING			992067			117154		10
11 DIETARY	9917	25290	398217	23	2631	670634		11
12 CAFETERIA	7513		320394					12
14 NURSING ADMINISTRATION	1160	143708	511601	2	941	907		14
15 CENTRAL SERVICES & SUPPLY	6030	208553	251243	11	8189	22711		15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	2330	15497	1239151	105	80072	14491		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	44633	93237	7845169	111	159448	790832	41033705	25
26 INTENSIVE CARE UNIT	12430	31468	2931308	21	33527	406492	11565597	26
31 SUBPROVIDER I	6720	5762	858683	31	12607	54286	4946508	31
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	12653	319368	1768814	87	8412	2236033	22197327	37
38 RECOVERY ROOM	1099	35333	365293			26580	3223472	38
39 DELIVERY ROOM & LABOR ROOM	9860	55438	39658		17137	945	100342	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	13220	392047	1683819	92	37644	68103	15966678	41
41.01 CARDIAC CATH LAB		141100	448316	7		1257523	11620954	41.01
41.02 ULTRASOUND	530	73879	511070			8802	7049780	41.02
42 RADIOLOGY-THERAPEUTIC	1020	52620	465672			177597	28420737	42
43 RADIOISOTOPE	1150	104529	273279		5992	209235	4747058	43
44 LABORATORY	8700	62705	1914810	42		1918242	49004428	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	1590	62663	1156081	11	7951	207834	27901056	49
50 PHYSICAL THERAPY	4460	12192	150118		4107	4739	3771820	50
51 OCCUPATIONAL THERAPY	1880	177			1037		1553079	51
52 SPEECH PATHOLOGY	1500	1225	51990		2163	608	494092	52
53 ELECTROCARDIOLOGY	1550	35288	480798		22059	81138	14790492	53
54 ELECTROENCEPHALOGRAPHY	1882	1233	42966			2394	547780	54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS	2250	178910	1143001	22	56623	2974803	27166905	56
57 RENAL DIALYSIS		8635	388352		2253	79263	2303457	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3012	77458	639811	2	41976	256557	9726077	60
61 EMERGENCY	8500	32016	4106965	58	77201	1195008	29602450	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
70 I&R SERVICES-NOT APPRVD PRGM								70
71 HOME HEALTH AGENCY								71
95 SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	241374	2675101	38696575	1134	1182745	13054834	317733794	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1798				2	133742		96
96.01 SISTERS & PRIESTS MAINTENANCE			15997					96.01
98 PHYSICIANS' PRIVATE OFFICES	3750	15420	1901444	108		83102		98
100 SEASON HOSPICE	2028							100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNI- CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING MACHINE TIME 6.02	PURCHASING COSTED REQUISITN 6.03	BUSINESS OFFICE GROSS REVENUE 6.04	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2740769	3403384	5273515	617472	1354683	375838	2556401	103
104 UNIT COST MULT-WS B PT I		1.264954		496.360129		.028607		104
104 UNIT COST MULT-WS B PT I	11.009315		.129845		1.029014		.008046	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			24961	97280	385673	18877	117437	107
108 UNIT COST MULT-WS B PT III				78.199357		.001437		108
108 UNIT COST MULT-WS B PT III			.000615		.292956		.000370	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	
	6A.05	6.05	8	9	10	11	12	14	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		18157758	8215869	1741634	1822122	1987702	1147030	1273075	103
104 UNIT COST MULT-WS B PT I			43.423107		10.522461		22.477122		104
104 UNIT COST MULT-WS B PT I		.235961		1.554445		14.864880		1.950711	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III		568636	353461	212802	11671	172828	101885	205857	107
108 UNIT COST MULT-WS B PT III			1.868138		.067398		1.996532		108
108 UNIT COST MULT-WS B PT III		.007389		.189930		1.292481		.315431	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL	MEDICAL	
	SERVICES & SUPPLY COSTED REQUIS. 15	RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 BUSINESS OFFICE			6.04
6.05 OTHER ADMINISTRATIVE & GENERA			6.05
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY	2303547		15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY		317733794	17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	701561	41033705	25
26 INTENSIVE CARE UNIT	376977	11565597	26
31 SUBPROVIDER I	48337	4946508	31
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	110802	22197327	37
38 RECOVERY ROOM	24425	3223472	38
39 DELIVERY ROOM & LABOR ROOM	108	100342	39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	10220	15966678	41
41.01 CARDIAC CATH LAB	8250	11620954	41.01
41.02 ULTRASOUND	1435	7049780	41.02
42 RADIOLOGY-THERAPEUTIC	9639	28420737	42
43 RADIOISOTOPE	2067	4747058	43
44 LABORATORY	7125	49004428	44
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY	13288	27901056	49
50 PHYSICAL THERAPY	1022	3771820	50
51 OCCUPATIONAL THERAPY		1553079	51
52 SPEECH PATHOLOGY	9	494092	52
53 ELECTROCARDIOLOGY	28855	14790492	53
54 ELECTROENCEPHALOGRAPHY	113	547780	54
54.01 SLEEP LAB			54.01
56 DRUGS CHARGED TO PATIENTS	4170	27166905	56
57 RENAL DIALYSIS	12920	2303457	57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	40013	9726077	60
61 EMERGENCY	879758	29602450	61
62 OBSERVATION BEDS (NON-DISTINC			62
OTHER REIMBURSABLE COST CENTERS			
70 I&R SERVICES-NOT APPRVD PRGM			70
71 HOME HEALTH AGENCY			71
95 SPECIAL PURPOSE COST CENTERS			
SUBTOTALS	2281094	317733794	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
96.01 SISTERS & PRIESTS MAINTENANCE			96.01
98 PHYSICIANS' PRIVATE OFFICES	22453		98
100 SEASON HOSPICE			100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL	MEDICAL	
	SERVICES & SUPPLY COSTED REQUIS. 15	RECORDS & LIBRARY GROSS REVENUE 17	
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	1215085	3069708	103
104 UNIT COST MULT-WS B PT I	.527484		104
104 UNIT COST MULT-WS B PT I		.009661	104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	351919	104437	107
108 UNIT COST MULT-WS B PT III	.152773		108
108 UNIT COST MULT-WS B PT III		.000329	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	21800549		21800549		21800549	25
26 INTENSIVE CARE UNIT	7988173		7988173		7988173	26
31 SUBPROVIDER I	3401983		3401983		3401983	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8245181		8245181		8245181	37
38 RECOVERY ROOM	840801		840801		840801	38
39 DELIVERY ROOM & LABOR ROOM	850092		850092		850092	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	5030107		5030107		5030107	41
41.01 CARDIAC CATH LAB	2899034		2899034		2899034	41.01
41.02 ULTRASOUND	1090467		1090467		1090467	41.02
42 RADIOLOGY-THERAPEUTIC	1977153		1977153		1977153	42
43 RADIOISOTOPE	1080824		1080824		1080824	43
44 LABORATORY	7958434		7958434		7958434	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2890681		2890681		2890681	49
50 PHYSICAL THERAPY	1516616		1516616		1516616	50
51 OCCUPATIONAL THERAPY	650244		650244		650244	51
52 SPEECH PATHOLOGY	336542		336542		336542	52
53 ELECTROCARDIOLOGY	1350155		1350155		1350155	53
54 ELECTROENCEPHALOGRAPHY	208542		208542		208542	54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	6706125		6706125		6706125	56
57 RENAL DIALYSIS	812503		812503		812503	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2021046		2021046		2021046	60
61 EMERGENCY	10925382		10925382		10925382	61
62 OBSERVATION BEDS (NON-DISTI	1062141		1062141		1062141	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	91642775		91642775		91642775	101
102 LESS OBSERVATION BEDS	1062141		1062141		1062141	102
103 TOTAL	90580634		90580634		90580634	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	39318817		39318817			25
26 INTENSIVE CARE UNIT	11565597		11565597			26
31 SUBPROVIDER I	4946508		4946508			31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	13140395	9056932	22197327	.371449	.371449	.371449 37
38 RECOVERY ROOM	1668143	1555329	3223472	.260837	.260837	.260837 38
39 DELIVERY ROOM & LABOR ROOM	86957	13385	100342	8.471946	8.471946	8.471946 39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	5498906	10467772	15966678	.315038	.315038	.315038 41
41.01 CARDIAC CATH LAB	8920459	2700495	11620954	.249466	.249466	.249466 41.01
41.02 ULTRASOUND	3634668	3415112	7049780	.154681	.154681	.154681 41.02
42 RADIOLOGY-THERAPEUTIC	11923842	16496895	28420737	.069567	.069567	.069567 42
43 RADIOISOTOPE	2757576	1989482	4747058	.227683	.227683	.227683 43
44 LABORATORY	27577851	21426577	49004428	.162402	.162402	.162402 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	24780519	3120537	27901056	.103605	.103605	.103605 49
50 PHYSICAL THERAPY	2493824	1277996	3771820	.402091	.402091	.402091 50
51 OCCUPATIONAL THERAPY	1553079		1553079	.418681	.418681	.418681 51
52 SPEECH PATHOLOGY	470256	23836	494092	.681132	.681132	.681132 52
53 ELECTROCARDIOLOGY	9329036	5461456	14790492	.091285	.091285	.091285 53
54 ELECTROENCEPHALOGRAPHY	470552	77228	547780	.380704	.380704	.380704 54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	22983773	4183132	27166905	.246849	.246849	.246849 56
57 RENAL DIALYSIS	2213235	90222	2303457	.352732	.352732	.352732 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4648754	5077323	9726077	.207797	.207797	.207797 60
61 EMERGENCY	10524183	19078267	29602450	.369070	.369070	.369070 61
62 OBSERVATION BEDS (NON-DISTI		1714888	1714888	.619365	.619365	.619365 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	210506930	107226864	317733794			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	210506930	107226864	317733794			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				1326287		1326287
26 INTENSIVE CARE UNIT				388156		388156
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				163321		163321
33 NURSERY						
101 TOTAL				1877764		1877764

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	37027	17309			35.82	620008
26 INTENSIVE CARE UNIT	5549	2804			69.95	196140
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4370	3542			37.37	132365
33 NURSERY	17					
101 TOTAL	46963	23655				948513

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		734828	22197327	6555724			.033104	217021
38 RECOVERY ROOM		76637	3223472	853706			.023775	20297
39 DELIVERY ROOM & LABOR ROOM		205349	100342	4148			2.046491	8489
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		741841	15966678	3217443			.046462	149489
41.01 CARDIAC CATH LAB		208000	11620954	5124473			.017899	91723
41.02 ULTRASOUND		112963	7049780	1779619			.016024	28517
42 RADIOLOGY-THERAPEUTIC		112709	28420737	6060689			.003966	24037
43 RADIOISOTOPE		159209	4747058	1304725			.033538	43758
44 LABORATORY		282885	49004428	13540939			.005773	78172
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		144179	27901056	12898951			.005168	66662
50 PHYSICAL THERAPY		86998	3771820	663382			.023065	15301
51 OCCUPATIONAL THERAPY		29142	1553079	4485			.018764	84
52 SPEECH PATHOLOGY		23626	494092	143024			.047817	6839
53 ELECTROCARDIOLOGY		94837	14790492	5072069			.006412	32522
54 ELECTROENCEPHALOGRAPHY		27122	547780	260329			.049513	12890
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		339291	27166905	10979718			.012489	137126
57 RENAL DIALYSIS		24220	2303457	1391126			.010515	14628
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		184426	9726077	2829388			.018962	53651
61 EMERGENCY		478372	29602450	5034479			.016160	81357
62 OBSERVATION BEDS (NON-DISTINC		64617	1714888				.037680	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4131251	261902872	77718417				1082563

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/30/2009 13:36

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	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					37027		17309	25
26 INTENSIVE CARE UNIT					5549		2804	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					4370		3542	31
33 NURSERY					17			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					46963		23655	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
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 (14-0133) [] 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	PASS THROUGH	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	COSTS	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22197327			6555724		3536460 37
38 RECOVERY ROOM		3223472			853706		493585 38
39 DELIVERY ROOM & LABOR ROOM		100342			4148		39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		15966678			3217443		1940299 41
41.01 CARDIAC CATH LAB		11620954			5124473		855253 41.01
41.02 ULTRASOUND		7049780			1779619		510705 41.02
42 RADIOLOGY-THERAPEUTIC		28420737			6060689		2781343 42
43 RADIOISOTOPE		4747058			1304725		687664 43
44 LABORATORY		49004428			13540939		178855 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		27901056			12898951		255670 49
50 PHYSICAL THERAPY		3771820			663382		50
51 OCCUPATIONAL THERAPY		1553079			4485		51
52 SPEECH PATHOLOGY		494092			143024		52
53 ELECTROCARDIOLOGY		14790492			5072069		1622997 53
54 ELECTROENCEPHALOGRAPHY		547780			260329		10607 54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		27166905			10979718		773101 56
57 RENAL DIALYSIS		2303457			1391126		25590 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9726077			2829388		1819538 60
61 EMERGENCY		29602450			5034479		1961338 61
62 OBSERVATION BEDS (NON-DISTINC		1714888					465750 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		261902872			77718417		17918755 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					62
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.371449	.371449	.371449			37
38 RECOVERY ROOM	.260837	.260837	.260837			38
39 DELIVERY ROOM & LABOR ROOM	8.471946	8.471946	8.471946			39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.315038	.315038	.315038			41
41.01 CARDIAC CATH LAB	.249466	.249466	.249466			41.01
41.02 ULTRASOUND	.154681	.154681	.154681			41.02
42 RADIOLOGY-THERAPEUTIC	.069567	.069567	.069567			42
43 RADIOISOTOPE	.227683	.227683	.227683			43
44 LABORATORY	.162402	.162402	.162402			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.103605	.103605	.103605			49
50 PHYSICAL THERAPY	.402091	.402091	.402091			50
51 OCCUPATIONAL THERAPY	.418681	.418681	.418681			51
52 SPEECH PATHOLOGY	.681132	.681132	.681132			52
53 ELECTROCARDIOLOGY	.091285	.091285	.091285			53
54 ELECTROENCEPHALOGRAPHY	.380704	.380704	.380704			54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	.246849	.246849	.246849			56
57 RENAL DIALYSIS	.352732	.352732	.352732			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.207797	.207797	.207797			60
61 EMERGENCY	.369070	.369070	.369070			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.619365	.619365	.619365			62
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.246849	1
2 PROGRAM VACCINE CHARGES	5123	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1265	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 (14-0133) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3536460	11493					37
38 RECOVERY ROOM		493585						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1940299						41
41.01 CARDIAC CATH LAB		855253						41.01
41.02 ULTRASOUND		510705						41.02
42 RADIOLOGY-THERAPEUTIC		2781343						42
43 RADIOISOTOPE		687664						43
44 LABORATORY		178855						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		255670						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1622997						53
54 ELECTROENCEPHALOGRAPHY		10607						54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		773101						56
57 RENAL DIALYSIS		25590						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1819538						60
61 EMERGENCY		1961338						61
62 OBSERVATION BEDS (NON-DISTINCT)		465750						62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		17918755	11493					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		17918755	11493					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		1313615	4269			37
38 RECOVERY ROOM		128745				38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC		611268				41
41.01 CARDIAC CATH LAB		213357				41.01
41.02 ULTRASOUND		78996				41.02
42 RADIOLOGY-THERAPEUTIC		193490				42
43 RADIOISOTOPE		156569				43
44 LABORATORY		29046				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		26489				49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY		148155				53
54 ELECTROENCEPHALOGRAPHY		4038				54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS		190839				56
57 RENAL DIALYSIS		9026				57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		378095				60
61 EMERGENCY		723871				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		288469				62
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		4494068	4269			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		4494068	4269			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-T133) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		734828	22197327	46818			.033104	1550
38 RECOVERY ROOM		76637	3223472	6121			.023775	146
39 DELIVERY ROOM & LABOR ROOM		205349	100342				2.046491	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		741841	15966678	107011			.046462	4972
41.01 CARDIAC CATH LAB		208000	11620954				.017899	41.01
41.02 ULTRASOUND		112963	7049780	55161			.016024	884
42 RADIOLOGY-THERAPEUTIC		112709	28420737	108344			.003966	430
43 RADIOISOTOPE		159209	4747058	20052			.033538	673
44 LABORATORY		282885	49004428	450118			.005773	2599
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		144179	27901056	1048068			.005168	5416
50 PHYSICAL THERAPY		86998	3771820	1142373			.023065	26349
51 OCCUPATIONAL THERAPY		29142	1553079	1251840			.018764	23490
52 SPEECH PATHOLOGY		23626	494092	190870			.047817	9127
53 ELECTROCARDIOLOGY		94837	14790492	109114			.006412	700
54 ELECTROENCEPHALOGRAPHY		27122	547780	883			.049513	44
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		339291	27166905	675540			.012489	8437
57 RENAL DIALYSIS		24220	2303457	176525			.010515	1856
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		184426	9726077	53552			.018962	1015
61 EMERGENCY		478372	29602450				.016160	61
62 OBSERVATION BEDS (NON-DISTINC		64617	1714888				.037680	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4131251	261902872	5442390				87688

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-T133) [] 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
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
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-T133) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22197327			46818		37
38 RECOVERY ROOM		3223472			6121		38
39 DELIVERY ROOM & LABOR ROOM		100342					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		15966678			107011		1601 41
41.01 CARDIAC CATH LAB		11620954					41.01
41.02 ULTRASOUND		7049780			55161		41.02
42 RADIOLOGY-THERAPEUTIC		28420737			108344		8269 42
43 RADIOISOTOPE		4747058			20052		43
44 LABORATORY		49004428			450118		762 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		27901056			1048068		49
50 PHYSICAL THERAPY		3771820			1142373		50
51 OCCUPATIONAL THERAPY		1553079			1251840		51
52 SPEECH PATHOLOGY		494092			190870		52
53 ELECTROCARDIOLOGY		14790492			109114		6465 53
54 ELECTROENCEPHALOGRAPHY		547780			883		54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		27166905			675540		491 56
57 RENAL DIALYSIS		2303457			176525		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9726077			53552		60
61 EMERGENCY		29602450					61
62 OBSERVATION BEDS (NON-DISTINC		1714888					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		261902872			5442390		17588 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-T133) [] 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
41.01 CARDIAC CATH LAB						41.01
41.02 ULTRASOUND						41.02
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
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-T133) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.371449	.371449	.371449			37
38 RECOVERY ROOM	.260837	.260837	.260837			38
39 DELIVERY ROOM & LABOR ROOM	8.471946	8.471946	8.471946			39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.315038	.315038	.315038			41
41.01 CARDIAC CATH LAB	.249466	.249466	.249466			41.01
41.02 ULTRASOUND	.154681	.154681	.154681			41.02
42 RADIOLOGY-THERAPEUTIC	.069567	.069567	.069567			42
43 RADIOISOTOPE	.227683	.227683	.227683			43
44 LABORATORY	.162402	.162402	.162402			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.103605	.103605	.103605			49
50 PHYSICAL THERAPY	.402091	.402091	.402091			50
51 OCCUPATIONAL THERAPY	.418681	.418681	.418681			51
52 SPEECH PATHOLOGY	.681132	.681132	.681132			52
53 ELECTROCARDIOLOGY	.091285	.091285	.091285			53
54 ELECTROENCEPHALOGRAPHY	.380704	.380704	.380704			54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	.246849	.246849	.246849			56
57 RENAL DIALYSIS	.352732	.352732	.352732			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.207797	.207797	.207797			60
61 EMERGENCY	.369070	.369070	.369070			61
62 OBSERVATION BEDS (NON-DISTINCT	.619365	.619365	.619365			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.246849	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T133) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1601						41
41.01 CARDIAC CATH LAB								41.01
41.02 ULTRASOUND								41.02
42 RADIOLOGY-THERAPEUTIC		8269						42
43 RADIOISOTOPE								43
44 LABORATORY		762						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		6465						53
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		491						56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		17588						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		17588						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-T133) [] 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 I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)	COST
	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			504				41
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC			575				42
43 RADIOISOTOPE							43
44 LABORATORY			124				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY			590				53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS			121				56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL			1914				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			1914				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 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				1326287		1326287
26 INTENSIVE CARE UNIT				388156		388156
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				163321		163321
33 NURSERY						
101 TOTAL				1877764		1877764

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	37027	10100			35.82	361782
26 INTENSIVE CARE UNIT	5549	1135			69.95	79393
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4370	582			37.37	21749
33 NURSERY	17	8				
101 TOTAL	46963	11825				462924

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		734828	22197327	2456932			.033104	81334 37
38 RECOVERY ROOM		76637	3223472	289912			.023775	6893 38
39 DELIVERY ROOM & LABOR ROOM		205349	100342	51811			2.046491	106031 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		741841	15966678	1221988			.046462	56776 41
41.01 CARDIAC CATH LAB		208000	11620954	1871238			.017899	33493 41.01
41.02 ULTRASOUND		112963	7049780	819952			.016024	13139 41.02
42 RADIOLOGY-THERAPEUTIC		112709	28420737	2945986			.003966	11684 42
43 RADIOISOTOPE		159209	4747058	545696			.033538	18302 43
44 LABORATORY		282885	49004428	7482552			.005773	43197 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		144179	27901056	5087517			.005168	26292 49
50 PHYSICAL THERAPY		86998	3771820	184856			.023065	4264 50
51 OCCUPATIONAL THERAPY		29142	1553079				.018764	51
52 SPEECH PATHOLOGY		23626	494092	37698			.047817	1803 52
53 ELECTROCARDIOLOGY		94837	14790492	1970407			.006412	12634 53
54 ELECTROENCEPHALOGRAPHY		27122	547780	98780			.049513	4891 54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		339291	27166905	5309034			.012489	66305 56
57 RENAL DIALYSIS		24220	2303457	340211			.010515	3577 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		184426	9726077	735787			.018962	13952 60
61 EMERGENCY		478372	29602450	2759546			.016160	44594 61
62 OBSERVATION BEDS (NON-DISTINC		64617	1714888				.037680	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4131251	261902872	34209903				549161 101

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/30/2009 13:36

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	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					37027		10100	25
26 INTENSIVE CARE UNIT					5549		1135	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					4370		582	31
33 NURSERY					17		8	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					46963		11825	101

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/30/2009 13:36

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
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 (14-0133) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22197327			2456932		37
38 RECOVERY ROOM		3223472			289912		38
39 DELIVERY ROOM & LABOR ROOM		100342			51811		39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		15966678			1221988		41
41.01 CARDIAC CATH LAB		11620954			1871238		41.01
41.02 ULTRASOUND		7049780			819952		41.02
42 RADIOLOGY-THERAPEUTIC		28420737			2945986		42
43 RADIOISOTOPE		4747058			545696		43
44 LABORATORY		49004428			7482552		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		27901056			5087517		49
50 PHYSICAL THERAPY		3771820			184856		50
51 OCCUPATIONAL THERAPY		1553079					51
52 SPEECH PATHOLOGY		494092			37698		52
53 ELECTROCARDIOLOGY		14790492			1970407		53
54 ELECTROENCEPHALOGRAPHY		547780			98780		54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		27166905			5309034		56
57 RENAL DIALYSIS		2303457			340211		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9726077			735787		60
61 EMERGENCY		29602450			2759546		61
62 OBSERVATION BEDS (NON-DISTINC		1714888					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		261902872			34209903		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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 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
41.01 CARDIAC CATH LAB						41.01
41.02 ULTRASOUND						41.02
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T133) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		734828	22197327				.033104	37
38 RECOVERY ROOM		76637	3223472				.023775	38
39 DELIVERY ROOM & LABOR ROOM		205349	100342				2.046491	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		741841	15966678	26613			.046462	1236 41
41.01 CARDIAC CATH LAB		208000	11620954	375			.017899	7 41.01
41.02 ULTRASOUND		112963	7049780				.016024	41.02
42 RADIOLOGY-THERAPEUTIC		112709	28420737	14734			.003966	58 42
43 RADIOISOTOPE		159209	4747058	4974			.033538	167 43
44 LABORATORY		282885	49004428	32614			.005773	188 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		144179	27901056	4394			.005168	23 49
50 PHYSICAL THERAPY		86998	3771820	250			.023065	6 50
51 OCCUPATIONAL THERAPY		29142	1553079				.018764	51
52 SPEECH PATHOLOGY		23626	494092	525			.047817	25 52
53 ELECTROCARDIOLOGY		94837	14790492	16086			.006412	103 53
54 ELECTROENCEPHALOGRAPHY		27122	547780	898			.049513	44 54
54.01 SLEEP LAB								54.01
56 DRUGS CHARGED TO PATIENTS		339291	27166905	7859			.012489	98 56
57 RENAL DIALYSIS		24220	2303457				.010515	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		184426	9726077				.018962	60
61 EMERGENCY		478372	29602450	48428			.016160	783 61
62 OBSERVATION BEDS (NON-DISTINC		64617	1714888				.037680	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4131251	261902872	157750				2738 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-T133) [] 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
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
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-T133) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22197327					37
38 RECOVERY ROOM		3223472					38
39 DELIVERY ROOM & LABOR ROOM		100342					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		15966678			26613		41
41.01 CARDIAC CATH LAB		11620954			375		41.01
41.02 ULTRASOUND		7049780					41.02
42 RADIOLOGY-THERAPEUTIC		28420737			14734		42
43 RADIOISOTOPE		4747058			4974		43
44 LABORATORY		49004428			32614		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		27901056			4394		49
50 PHYSICAL THERAPY		3771820			250		50
51 OCCUPATIONAL THERAPY		1553079					51
52 SPEECH PATHOLOGY		494092			525		52
53 ELECTROCARDIOLOGY		14790492			16086		53
54 ELECTROENCEPHALOGRAPHY		547780			898		54
54.01 SLEEP LAB							54.01
56 DRUGS CHARGED TO PATIENTS		27166905			7859		56
57 RENAL DIALYSIS		2303457					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9726077					60
61 EMERGENCY		29602450			48428		61
62 OBSERVATION BEDS (NON-DISTINC		1714888					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		261902872			157750		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-T133) [] 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
41.01 CARDIAC CATH LAB						41.01
41.02 ULTRASOUND						41.02
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	37027	4370					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	37027	4370					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37027	4370					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)	17309	3542					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) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21800549	3401983					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	21800549	3401983					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37216135	3991680					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37216135	3991680					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.585782	.852268					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1005.11	913.43					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	21800549	3401983					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) (14-0133)	SUB I (PPS) (14-T133)	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	588.77	778.49				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10191020	2757412				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10191020	2757412				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
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7988173	5549	1439.57	2804	4036554	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	16089557	1618933				48
49 TOTAL PROGRAM INPATIENT COSTS	30317131	4376345				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	816148	132365				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1082563	87688				51
52 TOTAL PROGRAM EXCLUDABLE COST	1898711	220053				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	28418420	4156292				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) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						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. 14-0133 HOLY CROSS HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/30/2009 13:36

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0133)(14-T133)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1804	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	588.77	84
85 OBSERVATION BED COST	1062141	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		21800549		1062141		86
87 NEW CAPITAL-RELATED COST	1326287	21800549	.060837	1062141	64617	87
88 NON PHYSICIAN ANESTHETIST		21800549		1062141		88
89 MEDICAL EDUCATION		21800549		1062141		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	37027	4370					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	37027	4370					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37027	4370					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)	10100	582					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		17					15
16 TITLE V OR XIX NURSERY DAYS		8					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21800549	3401983					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	21800549	3401983					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37216135	3991680					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37216135	3991680					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.585782	.852268					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1005.11	913.43					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	21800549	3401983					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	588.77	778.49			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5946577	453081			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5946577	453081			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) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS		17		8	42
43	INTENSIVE CARE UNIT	7988173	5549	1439.57	1135	1633912 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7396635	38469			48
49	TOTAL PROGRAM INPATIENT COSTS	14977124	491550			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	441175	21749			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	549161	2738			51
52	TOTAL PROGRAM EXCLUDABLE COST	990336	24487			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13986788	467063			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54			65			54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0133)(14-T133)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1804	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	588.77	84
85 OBSERVATION BED COST	1062141	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		21800549		1062141		86
87 NEW CAPITAL-RELATED COST	1326287	21800549	.060837	1062141	64617	87
88 NON PHYSICIAN ANESTHETIST		21800549		1062141		88
89 MEDICAL EDUCATION		21800549		1062141		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0133)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		19802423		25
26 INTENSIVE CARE UNIT		5656126		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371449	6555724	2435117	37
38 RECOVERY ROOM	.260837	853706	222678	38
39 DELIVERY ROOM & LABOR ROOM	8.471946	4148	35142	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.315038	3217443	1013617	41
41.01 CARDIAC CATH LAB	.249466	5124473	1278382	41.01
41.02 ULTRASOUND	.154681	1779619	275273	41.02
42 RADIOLOGY-THERAPEUTIC	.069567	6060689	421624	42
43 RADIOISOTOPE	.227683	1304725	297064	43
44 LABORATORY	.162402	13540939	2199076	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.103605	12898951	1336396	49
50 PHYSICAL THERAPY	.402091	663382	266740	50
51 OCCUPATIONAL THERAPY	.418681	4485	1878	51
52 SPEECH PATHOLOGY	.681132	143024	97418	52
53 ELECTROCARDIOLOGY	.091285	5072069	463004	53
54 ELECTROENCEPHALOGRAPHY	.380704	260329	99108	54
54.01 SLEEP LAB				54.01
56 DRUGS CHARGED TO PATIENTS	.246849	10979718	2710332	56
57 RENAL DIALYSIS	.352732	1391126	490695	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.207797	2829388	587938	60
61 EMERGENCY	.369070	5034479	1858075	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.619365			62
101 TOTAL		77718417	16089557	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		77718417		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-T133)	<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		4017565		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371449	46818	17390	37
38 RECOVERY ROOM	.260837	6121	1597	38
39 DELIVERY ROOM & LABOR ROOM	8.471946			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.315038	107011	33713	41
41.01 CARDIAC CATH LAB	.249466			41.01
41.02 ULTRASOUND	.154681	55161	8532	41.02
42 RADIOLOGY-THERAPEUTIC	.069567	108344	7537	42
43 RADIOISOTOPE	.227683	20052	4565	43
44 LABORATORY	.162402	450118	73100	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.103605	1048068	108585	49
50 PHYSICAL THERAPY	.402091	1142373	459338	50
51 OCCUPATIONAL THERAPY	.418681	1251840	524122	51
52 SPEECH PATHOLOGY	.681132	190870	130008	52
53 ELECTROCARDIOLOGY	.091285	109114	9960	53
54 ELECTROENCEPHALOGRAPHY	.380704	883	336	54
54.01 SLEEP LAB				54.01
56 DRUGS CHARGED TO PATIENTS	.246849	675540	166756	56
57 RENAL DIALYSIS	.352732	176525	62266	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.207797	53552	11128	60
61 EMERGENCY	.369070			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.619365			62
101 TOTAL		5442390	1618933	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5442390		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0133)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		9949153		25
26 INTENSIVE CARE UNIT		2353920		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371449	2456932	912625	37
38 RECOVERY ROOM	.260837	289912	75620	38
39 DELIVERY ROOM & LABOR ROOM	8.471946	51811	438940	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.315038	1221988	384973	41
41.01 CARDIAC CATH LAB	.249466	1871238	466810	41.01
41.02 ULTRASOUND	.154681	819952	126831	41.02
42 RADIOLOGY-THERAPEUTIC	.069567	2945986	204943	42
43 RADIOISOTOPE	.227683	545696	124246	43
44 LABORATORY	.162402	7482552	1215181	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.103605	5087517	527092	49
50 PHYSICAL THERAPY	.402091	184856	74329	50
51 OCCUPATIONAL THERAPY	.418681			51
52 SPEECH PATHOLOGY	.681132	37698	25677	52
53 ELECTROCARDIOLOGY	.091285	1970407	179869	53
54 ELECTROENCEPHALOGRAPHY	.380704	98780	37606	54
54.01 SLEEP LAB				54.01
56 DRUGS CHARGED TO PATIENTS	.246849	5309034	1310530	56
57 RENAL DIALYSIS	.352732	340211	120003	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.207797	735787	152894	60
61 EMERGENCY	.369070	2759546	1018466	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.619365			62
101 TOTAL		34209903	7396635	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		34209903		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 type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T133)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		659988		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371449			37
38 RECOVERY ROOM	.260837			38
39 DELIVERY ROOM & LABOR ROOM	8.471946			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.315038	26613	8384	41
41.01 CARDIAC CATH LAB	.249466	375	94	41.01
41.02 ULTRASOUND	.154681			41.02
42 RADIOLOGY-THERAPEUTIC	.069567	14734	1025	42
43 RADIOISOTOPE	.227683	4974	1132	43
44 LABORATORY	.162402	32614	5297	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.103605	4394	455	49
50 PHYSICAL THERAPY	.402091	250	101	50
51 OCCUPATIONAL THERAPY	.418681			51
52 SPEECH PATHOLOGY	.681132	525	358	52
53 ELECTROCARDIOLOGY	.091285	16086	1468	53
54 ELECTROENCEPHALOGRAPHY	.380704	898	342	54
54.01 SLEEP LAB				54.01
56 DRUGS CHARGED TO PATIENTS	.246849	7859	1940	56
57 RENAL DIALYSIS	.352732			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.207797			60
61 EMERGENCY	.369070	48428	17873	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.619365			62
101 TOTAL		157750	38469	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		157750		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0133)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	7055167					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7055167					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	14110334					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	75004					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	207.06					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0133)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0133)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	35394267					26
27						27
28	35188235					28
28.01						28.01
29	206032					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0133) 1	HOSPITAL (14-0133) 1.01	HOSPITAL (14-0133) 1.02	
1 MEDICAL AND OTHER SERVICES	5534			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4494068			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3541045			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	5534			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	16616			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	16616			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	16616			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	11082			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	5534			17
17.01 TOTAL PPS PAYMENTS	3541045			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0133) 1	HOSPITAL (14-0133) 1.01	HOSPITAL (14-0133) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE	2298	18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	953364	18.01
19	SUBTOTAL	2590917	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	2590917	23
24	PRIMARY PAYER PAYMENTS	2660	24
25	SUBTOTAL	2588257	25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		26
27	BAD DEBTS	388740	27
27.01	REDUCED REIMBURSABLE BAD DEBTS	272118	27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	285526	27.02
28	SUBTOTAL	2860375	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)	-437	30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		31
32	SUBTOTAL	2860812	32
33	SEQUESTRATION ADJUSTMENT		33
34	INTERIM PAYMENTS	2861653	34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		34.01
35	BALANCE DUE PROVIDER/PROGRAM	-841	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-T133) 1	SUB I (14-T133) 1.01	SUB I (14-T133) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1914			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2406			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	2406			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T133) 1	SUB I (14-T133) 1.01	SUB I (14-T133) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
	643		
19			19
20			20
21			21
22			22
23			23
24			24
25			25
	1763		
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
	1763		
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36
	1763		
TO BE COMPLETED BY CONTRACTOR			
50			50
51			51
52			52
53			53
54			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0133)
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
(14-0133)
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
(14-0133)
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 (14-0133)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		34282924		2585896	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.		971475		278945	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM .01					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02					3.02
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04					3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05					3.05
					3.50
PROVIDER .51	01/30/2009	66164	01/30/2009	3188	3.51
TO .52					3.52
PROGRAM .53					3.53
.54					3.54
SUBTOTAL .99		-66164		-3188	3.99
4 TOTAL INTERIM PAYMENTS		35188235		2861653	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01					5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02					5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03					5.03
					5.50
PROVIDER .50					5.51
TO .51					5.52
PROGRAM .52					
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO					
(BALANCE DUE) BASED ON THE COST PROVIDER .01					6.01
REPORT. PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T133)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5787329		1763	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 .01					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02					3.02
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04					3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05					3.05
PROVIDER .50					3.50
TO .51					3.51
PROGRAM .52		NONE		NONE	3.52
PROGRAM .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99					3.99
4 TOTAL INTERIM PAYMENTS		5787329		1763	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01					5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02					5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51					5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO					
(BALANCE DUE) BASED ON THE COST PROVIDER .01					6.01
REPORT. PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T133)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		5173279			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0951			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		706887			1.04
1.05	OUTLIER PAYMENTS		201			1.05
1.06	TOTAL PPS PAYMENTS		5880367			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)		11.972603			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		5880367			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL		5880367			6
7	DEDUCTIBLES		9392			7
8	SUBTOTAL		5870975			8
9	COINSURANCE		24000			9
10	SUBTOTAL		5846975			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		14675			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		10273			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		14675			11.02
12	SUBTOTAL		5857248			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T133)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		5857248				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		5787329				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		69919				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX			NF I
	HOSPITAL (14-0133) (PPS)	SUB I (14-T133) (PPS)	SUB II	SUB III	SUB IV			
1	1	1	1	1	1		1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
COMPUTATION OF LESSER OF COST OR CHARGES								
10		12254163		659988			10	
11		34209903		157750			11	
12							12	
13							13	
14							14	
15							15	
16		46464066		817738			16	
CUSTOMARY CHARGES								
17							17	
18							18	
19							19	
20		46464066		817738			20	
21		46464066		817738			21	
22							22	
23							23	
PROSPECTIVE PAYMENT AMOUNT								
24							24	
25							25	
26							26	
27							27	
28							28	
29							29	
30							30	
31							31	
32							32	
33							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 (14-0133) (PPS)	SUB I (14-T133) (PPS)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS						37
38.01	REIMBURSABLE BAD DEBTS						38
38.02	REDUCED REIMBURSABLE BAD DEBTS						38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	ELIMINATE IP COSTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)						59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20050471			1
2	TEMPORARY INVESTMENTS	510156			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	15938870			4
5	OTHER RECEIVABLES	948387			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1461829			7
8	PREPAID EXPENSES	1384155			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	400000			10
11	TOTAL CURRENT ASSETS	40693868			11
FIXED ASSETS					
12	LAND	1337233			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1595014			13
13.01	ACCUMULATED DEPRECIATION	-1409216			13.01
14	BUILDINGS	54892589			14
14.01	ACCUMULATED DEPRECIATION	-31272789			14.01
15	LEASEHOLD IMPROVEMENTS	169032			15
15.01	ACCUMULATED AMORTIZATION	-133344			15.01
16	FIXED EQUIPMENT	25825711			16
16.01	ACCUMULATED DEPRECIATION	-21098891			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	54994757			18
18.01	ACCUMULATED DEPRECIATION	-42408479			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	321388			20
21	TOTAL FIXED ASSETS	42813005			21
OTHER ASSETS					
22	INVESTMENTS	1226022			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	250505			25
26	TOTAL OTHER ASSETS	1476527			26
27	TOTAL ASSETS	84983400			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	6559441			28
29	SALARIES, WAGES & FEES PAYABLE	7431371			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	682496			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	8179568			35
36	TOTAL CURRENT LIABILITIES	22852876			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	13331614			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	27057963			41
42	TOTAL LONG TERM LIABILITIES	40389577			42
43	TOTAL LIABILITIES	63242453			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	21740947			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	21740947			51
52	TOTAL LIABILITIES AND FUND BALANCES	84983400			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	24234840			1
2 NET INCOME (LOSS)	13320405			2
3 TOTAL	37555245			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFER FROM UNRESTRICTED	1838743			5
6 GAINS ON POSTRETIREMENT PLAN	444263			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	2283006			10
11 SUBTOTAL	39838251			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 LOSSES AND ADJUSTMENTS	17941864			13
14	155440			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	18097304			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	21740947			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	40286904		40286904	1
2 SUBPROVIDER I	4946508		4946508	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	45233412		45233412	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	11565597		11565597	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	11565597		11565597	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	56799009		56799009	16
17 ANCILLARY SERVICES	154676008	106258777	260934785	17
18 OUTPATIENT SERVICES				18
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN REVENUE		6034943	6034943	24
24.01 NUTRITION REVENUE		2805	2805	24.01
25 TOTAL PATIENT REVENUES	211475017	112296525	323771542	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		100097048	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	13919860		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		13919860	33
34 DEDUCT (SPECIFY)		-4	34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS		-4	39
40 TOTAL OPERATING EXPENSES		114016904	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	323771542	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	222973935	2
3	NET PATIENT REVENUES	100797607	3
4	LESS - TOTAL OPERATING EXPENSES	114016904	4
5	NET INCOME FROM SERVICE TO PATIENTS	-13219297	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	10000	6
7	INCOME FROM INVESTMENTS	7306	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	45661	11
12	PARKING LOT RECEIPTS	80444	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	345529	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	5658	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	20552	21
22	RENTAL OF HOSPITAL SPACE	381269	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	428148	24
24.01	ADD ASSETS RELEASED FROM RESTRICTIO	155440	24.01
24.02	CAPITATION REVENUE	682652	24.02
24.03	HCHP BONUS	371999	24.03
24.04	PROVIDER TAX	12889822	24.04
24.05	SALE OF SCRAP	1009	24.05
24.06	HB 5151 REVENUE	9775000	24.06
24.07	NET ASSETS RELEASED FROM RESTRICTIO	110544	24.07
24.08	CHAP INCOME	900060	24.08
24.09	FOUNDATION INCOME	157060	24.09
24.10	UCMC INCOME	171550	24.10
25	TOTAL OTHER INCOME	26539703	25
26	TOTAL	13320406	26
27	ROUNDING	1	27
28			28
29			29
30	TOTAL OTHER EXPENSES	1	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	13320405	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0133)	HOSPITAL (14-0133)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	2349515				2
3					3
3.01	2956				3.01
4					4
4.01	0.00	0.00			4.01
4.02					4.02
4.03					4.03
5	0.1176				5
5.01	0.2805				5.01
5.02	0.3981				5.02
5.03	0.0840				5.03
5.04	197359				5.04
6	2549830				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0133)	HOSPITAL (14-0133)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 BUSINESS OFFICE					6.04
6.05 OTHER ADMINISTRATIVE & GENERAL					6.05
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
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
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
70 I&R SERVICES-NOT APPRVD PRGM					70
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 SISTERS & PRIESTS MAINTENANCE					96.01
98 PHYSICIANS' PRIVATE OFFICES					98
00 SEASON HOSPICE					00
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	46.75		27.28				74.03 25
26 INTENSIVE CARE UNIT	50.53		20.45				70.98 26
33 NURSERY			47.06				47.06 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	29.53	15.93	11.07				56.53 37
38 RECOVERY ROOM	26.48	15.31	8.99				50.78 38
39 DELIVERY ROOM & LABOR ROOM	4.13		51.63				55.76 39
41 RADIOLOGY-DIAGNOSTIC	20.15	12.15	7.65				39.95 41
41.01 CARDIAC CATH LAB	44.10	7.36	16.10				67.56 41.01
41.02 ULTRASOUND	25.24	7.24	11.63				44.11 41.02
42 RADIOLOGY-THERAPEUTIC	21.32	9.79	10.37				41.48 42
43 RADIOISOTOPE	27.48	14.49	11.50				53.47 43
44 LABORATORY	27.63	0.36	15.27				43.26 44
49 RESPIRATORY THERAPY	46.23	0.92	18.23				65.38 49
50 PHYSICAL THERAPY	17.59		4.90				22.49 50
51 OCCUPATIONAL THERAPY	0.29						0.29 51
52 SPEECH PATHOLOGY	28.95		7.63				36.58 52
53 ELECTROCARDIOLOGY	34.29	10.97	13.32				58.58 53
54 ELECTROENCEPHALOGRAPHY	47.52	1.94	18.03				67.49 54
56 DRUGS CHARGED TO PATIENTS	40.42	2.85	19.54				62.81 56
57 RENAL DIALYSIS	60.39	1.11	14.77				76.27 57
60 CLINIC	29.09	18.71	7.57				55.37 60
61 EMERGENCY	17.01	6.63	9.32				32.96 61
62 OBSERVATION BEDS (NON-DISTINCT)		27.16					27.16 62
101 TOTAL CHARGES	24.46	5.64	10.77				40.87 101

***** 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	81.05		13.32				94.37 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.21						0.21 37
38 RECOVERY ROOM	0.19						0.19 38
41 RADIOLOGY-DIAGNOSTIC	0.67	0.01	0.17				0.85 41
41.02 ULTRASOUND	0.78						0.78 41.02
42 RADIOLOGY-THERAPEUTIC	0.38	0.03	0.05				0.46 42
43 RADIOISOTOPE	0.42		0.10				0.52 43
44 LABORATORY	0.92		0.07				0.99 44
49 RESPIRATORY THERAPY	3.76		0.02				3.78 49
50 PHYSICAL THERAPY	30.29		0.01				30.30 50
51 OCCUPATIONAL THERAPY	80.60						80.60 51
52 SPEECH PATHOLOGY	38.63		0.11				38.74 52
53 ELECTROCARDIOLOGY	0.74	0.04	0.11				0.89 53
54 ELECTROENCEPHALOGRAPHY	0.16		0.16				0.32 54
56 DRUGS CHARGED TO PATIENTS	2.49		0.03				2.52 56
57 RENAL DIALYSIS	7.66						7.66 57
60 CLINIC	0.55						0.55 60
61 EMERGENCY			0.16				0.16 61
101 TOTAL CHARGES	1.71	0.01	0.05				1.77 101

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	2740769	2.88	-2740769	-6.17		3
4	NEW CAP REL COSTS-MVBLE EQUIP	3403384	3.58	-3403384	-7.66		4
5	EMPLOYEE BENEFITS	5248554	5.52	-5248554	-11.82		5
6.01	COMMUNICATIONS	492375	.52	-492375	-1.11		6.01
6.02	DATA PROCESSING	894521	.94	-894521	-2.01		6.02
6.03	PURCHASING	302813	.32	-302813	-.68		6.03
6.04	BUSINESS OFFICE	2039055	2.14	-2039055	-4.59		6.04
6.05	OTHER ADMINISTRATIVE & GENERAL	16770726	17.63	-16770726	-37.76		6.05
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	6057948	6.37	-6057948	-13.64		8
9	LAUNDRY & LINEN SERVICE	669010	.70	-669010	-1.51		9
10	HOUSEKEEPING	1342089	1.41	-1342089	-3.02		10
11	DIETARY	949196	1.00	-949196	-2.14		11
12	CAFETERIA	475815	.50	-475815	-1.07		12
14	NURSING ADMINISTRATION	705952	.74	-705952	-1.59		14
15	CENTRAL SERVICES & SUPPLY	330017	.35	-330017	-.74		15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	1995764	2.10	-1995764	-4.49		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	10316614	10.85	11483935	25.85	21800549	22.92
26	INTENSIVE CARE UNIT	4475653	4.71	3512520	7.91	7988173	8.40
31	SUBPROVIDER I	1870582	1.97	1531401	3.45	3401983	3.58
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	4311659	4.53	3933522	8.86	8245181	8.67
38	RECOVERY ROOM	419026	.44	421775	.95	840801	.88
39	DELIVERY ROOM & LABOR ROOM	50703	.05	799389	1.80	850092	.89
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	2150864	2.26	2879243	6.48	5030107	5.29
41.01	CARDIAC CATH LAB	1873091	1.97	1025943	2.31	2899034	3.05
41.02	ULTRASOUND	568715	.60	521752	1.17	1090467	1.15
42	RADIOLOGY-THERAPEUTIC	944761	.99	1032392	2.32	1977153	2.08
43	RADIOISOTOPE	551382	.58	529442	1.19	1080824	1.14
44	LABORATORY	4714241	4.96	3244193	7.30	7958434	8.37
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1520664	1.60	1370017	3.08	2890681	3.04
50	PHYSICAL THERAPY	866127	.91	650489	1.46	1516616	1.59
51	OCCUPATIONAL THERAPY	397424	.42	252820	.57	650244	.68
52	SPEECH PATHOLOGY	170504	.18	166038	.37	336542	.35
53	ELECTROCARDIOLOGY	610218	.64	739937	1.67	1350155	1.42
54	ELECTROENCEPHALOGRAPHY	48339	.05	160203	.36	208542	.22
54.01	SLEEP LAB						54.01

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
56	DRUGS CHARGED TO PATIENTS	4310289	4.53	2395836	5.39	6706125	7.05	56
57	RENAL DIALYSIS	524350	.55	288153	.65	812503	.85	57
60	CLINIC	993455	1.04	1027591	2.31	2021046	2.12	60
61	EMERGENCY	6275276	6.60	4650106	10.47	10925382	11.49	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
70	I&R SERVICES-NOT APPRVD PRGM							70
71	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
96	GIFT, FLOWER, COFFEE SHOP & CAN			292783	.66	292783	.31	96
96.01	SISTERS & PRIESTS MAINTENANCE	39872	.04	11975	.03	51847	.05	96.01
98	PHYSICIANS' PRIVATE OFFICES	2688282	2.83	1359536	3.06	4047818	4.26	98
100	SEASON HOSPICE			136997	.31	136997	.14	100
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	95110079	100.00	0	.00	95110079	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS 1	CHARGES 2	CAPITAL COST TO CHARGES 3	PROGRAM CHARGES 4	INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	734828	22197327	.033104	6555724	217021	37
38 RECOVERY ROOM	76637	3223472	.023775	853706	20297	38
39 DELIVERY ROOM & LABOR ROOM	205349	100342	2.046491	4148	8489	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	741841	15966678	.046462	3217443	149489	41
41.01 CARDIAC CATH LAB	208000	11620954	.017899	5124473	91723	41.01
41.02 ULTRASOUND	112963	7049780	.016024	1779619	28517	41.02
42 RADIOLOGY-THERAPEUTIC	112709	28420737	.003966	6060689	24037	42
43 RADIOISOTOPE	159209	4747058	.033538	1304725	43758	43
44 LABORATORY	282885	49004428	.005773	13540939	78172	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	144179	27901056	.005168	12898951	66662	49
50 PHYSICAL THERAPY	86998	3771820	.023065	663382	15301	50
51 OCCUPATIONAL THERAPY	29142	1553079	.018764	4485	84	51
52 SPEECH PATHOLOGY	23626	494092	.047817	143024	6839	52
53 ELECTROCARDIOLOGY	94837	14790492	.006412	5072069	32522	53
54 ELECTROENCEPHALOGRAPHY	27122	547780	.049513	260329	12890	54
54.01 SLEEP LAB						54.01
56 DRUGS CHARGED TO PATIENTS	339291	27166905	.012489	10979718	137126	56
57 RENAL DIALYSIS	24220	2303457	.010515	1391126	14628	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	184426	9726077	.018962	2829388	53651	60
61 EMERGENCY	478372	29602450	.016160	5034479	81357	61
62 OBSERVATION BEDS (NON-DISTINCT)	64617	1714888	.037680			62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	4131251	261902872		77718417	1082563	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1326287		1326287	37027	35.82	17309	620008 25
26 INTENSIVE CARE UNIT	388156		388156	5549	69.95	2804	196140 26
101 TOTAL	1714443		1714443			20113	816148 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						816148	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						1082563	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						1898711	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						4080	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						20113	
PER DISCHARGE CAPITAL COSTS						465.37	
PER DIEM CAPITAL COSTS						94.40	

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)	28418420
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	103176966
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.275

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))	4376345
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	9451690
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.463

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)	1898711
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4485042
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	17893165
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.251