

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [XX] 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 SACRED HEART HOSPITAL (14-0151) (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	
	1	PART A 2	PART B 3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	545116	254126		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	545116	254126		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: 3240 W. FRANKLIN BLVD P.O.BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60624 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0151	07/01/1988	N	P	P	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2008 TO: 06/30/2009 17
 18 TYPE OF CONTROL 4 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

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

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974 21.03

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? YES 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? YES 25.01

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

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

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN NO NO 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)	NO	NO	25.06
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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
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 (EXLUDED 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.	YES	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?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES	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 NO 56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO						60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)							60.01
MULTICAMPUS								
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO						61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS			
	1	2	3	4	5			
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	10/26/2009					63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1222	2228	3865	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	1222	2228	3865		12
13	RPCB VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	TOTAL SALARIES	10888447		10888447	480896.00	22.64		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	125000		125000	2080.00	60.10	GOLDEN LIGHT	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	164159		164159	10670.40	15.38		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	473613	49111	522724	18283.00	28.59		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1287767		1287767	21566.00	59.71	PER LIST	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	40000		40000	1040.00	38.46	DR. NOORLAG	10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	1632824		1632824			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	84703		84703			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	20255		20255			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	26601		26601			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	1790434	-49111	1741323	67267.20	25.89		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	163713		163713	8548.80	19.15		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	273226		273226	27872.00	9.80		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	325715	-155243	170472	12649.80	13.48		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		155243	155243	11519.80	13.48		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	414810		414810	12604.80	32.91		30
31	CENTRAL SERVICES AND SUPPLY	76449		76449	4160.00	18.38		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	157902		157902	8195.20	19.27		33
34	SOCIAL SERVICE	47260		47260	1872.00	25.25		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	10599288		10599288	468145.60	22.64	1
2	EXCLUDED AREA SALARIES	473613	49111	522724	18283.00	28.59	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	10125675	-49111	10076564	449862.60	22.40	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1327767		1327767	22606.00	58.74	4
5	SUBTOTAL WAGE-RELATED COSTS	1632824		1632824		16.20%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	13086266	-49111	13037155	472468.60	27.59	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	3249509	-49111	3200398	154689.60	20.69	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	6845246	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	6845246	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.362794	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	21616687	28
29	TOTAL GROSS MEDICAID COST	7842404	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	7842404	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300		1402350	1402350		1402350	-601904	800446	3
4	0400				82557	82557	227948	310505	4
5	0500		972004	972004		972004		972004	5
6.10	0610	45674	158531	204205		204205		204205	6.10
6.20	0620	115389	151998	267387		267387		267387	6.20
6.30	0630	73089	1789	74878		74878		74878	6.30
6.40	0650	492149	170071	662220		662220		662220	6.40
6.50	0660	1064133	1786907	2851040	-23057	2827983	-433943	2394040	6.50
7	0700	163713	429224	592937		592937		592937	7
8	0800		887229	887229		887229		887229	8
9	0900				96987	96987		96987	9
10	1000	273226	311715	584941	-96987	487954		487954	10
11	1100	325715	400391	726106	-346079	380027		380027	11
12	1200				346079	346079	-62890	283189	12
14	1400	414810	765306	1180116		1180116		1180116	14
15	1500	76449	449318	525767		525767		525767	15
16	1600								16
17	1700	157902	144334	302236		302236	-10880	291356	17
18	1800	47260	3649	50909		50909		50909	18
20	2000								20
22	2200	164159	162043	326202		326202	-84500	241702	22
23	2300								23
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	2380245	482674	2862919	-26593	2836326		2836326	25
26	2600	673852	59467	733319	-4793	728526		728526	26
ANCILLARY SERVICE COST CENTERS									
37	3700	595333	614885	1210218	-501044	709174		709174	37
38	3800	77088	7278	84366	-1514	82852		82852	38
40	4000		687765	687765	-3468	684297	-683141	1156	40
41	4100	677442	339619	1017061	66776	1083837	-1435	1082402	41
43	4300	89661	61187	150848	-150848				43
44	4400	580242	1059085	1639327	-47029	1592298	-2083	1590215	44
49	4900	349538	180907	530445	-20114	510331		510331	49
50	5000	87059	25981	113040	-3736	109304		109304	50
53	5300	37509	12753	50262	-2471	47791		47791	53
54	5400		60668	60668		60668	-60668		54
55	5500				732470	732470		732470	55
56	5600	277854	1336618	1614472	-27712	1586760	-16706	1570054	56
59	3950								59
OUTPATIENT SERVICE COST CENTERS									
60	6000	656242	409107	1065349	-7170	1058179	-295935	762244	60
61	6100	519101	639699	1158800	-2754	1156046	-574877	581169	61
62	6200								62
OTHER REIMBURSABLE COST CENTERS									
71	7100								71
SPECIAL PURPOSE COST CENTERS									
88	8800		109820	109820	-109820				88
95		10414834	14284372	24699206	-50320	24648886	-2601014	22047872	95
NONREIMBURSABLE COST CENTERS									
98	9800	473613	537208	1010821		1010821		1010821	98
100	7950				50320	50320		50320	100
101	TOTAL	10888447	14821580	25710027		25710027	-2601014	23109013	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
1		2	3	4	5		
1 RECLASS CAFETERIA COSTS	A	CAFETERIA	12		155243	190836	1
2							2
3 RECLASS SUPPLY COSTS	B	MEDICAL SUPPLIES CHARGED TO P	55			732470	3
4	B						4
5	B						5
6	B						6
7	B						7
8	B						8
9	B						9
10	B						10
11	B						11
12	B						12
13	B						13
14	B						14
15	B						15
16							16
17 RECLASS DEPRECIATION EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4			512065	17
18							18
19 RECLASS RADIOISOTOPE	E	RADIOLOGY-DIAGNOSTIC	41		89661	61187	19
20 RECLASS INTEREST EXPENSE ON LEASES	F	NEW CAP REL COSTS-MVBLE EQUIP	4			82557	20
21	F	ADMINISTRATIVE & GENERAL	6.50			26054	21
22	F	OTHER NONREIMBURSABLE	100			1209	22
23 RECLASS SUBSIDIARY COSTS	G	OTHER NONREIMBURSABLE	100		49111		23
24 RECLASS LAUNDRY EXPENSES	H	LAUNDRY & LINEN SERVICE	9			96987	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					294015	1703365	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
		1					
1	RECLASS CAFETERIA COSTS	A	DIETARY	11	155243	190836	1
2							2
3	RECLASS SUPPLY COSTS	B	ADULTS & PEDIATRICS	25		26593	3
4		B	INTENSIVE CARE UNIT	26		4793	4
5		B	OPERATING ROOM	37		501044	5
6		B	RECOVERY ROOM	38		1514	6
7		B	LABORATORY	44		47029	7
8		B	ELECTROCARDIOLOGY	53		2471	8
9		B	RADIOLOGY-DIAGNOSTIC	41		84072	9
10		B	ANESTHESIOLOGY	40		3468	10
11		B	RESPIRATORY THERAPY	49		20114	11
12		B	PHYSICAL THERAPY	50		3736	12
13		B	EMERGENCY	61		2754	13
14		B	DRUGS CHARGED TO PATIENTS	56		27712	14
15		B	CLINIC	60		7170	15
16							16
17	RECLASS DEPRECIATION EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		512065	9 17
18							18
19	RECLASS RADIOISOTOPE	E	RADIOISOTOPE	43	89661	61187	19
20	RECLASS INTEREST EXPENSE ON LEASE	F	INTEREST EXPENSE	88		109820	11 20
21		F					21
22		F					22
23	RECLASS SUBSIDIARY COSTS	G	ADMINISTRATIVE & GENERAL	6.50	49111		23
24	RECLASS LAUNDRY EXPENSES	H	HOUSEKEEPING	10		96987	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				294015	1703365	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	ACQUISITIONS			DISPOSALS	ENDING	FULLY	
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS	
	1	2	3	4	5	6	7	
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	ACQUISITIONS			DISPOSALS	ENDING	FULLY	
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS	
	1	2	3	4	5	6	7	
1 LAND								1
2 LAND IMPROVEMENTS	431118	2825		2825		433943		2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	1507604	75793		75793		1583397		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	6694776	1621468		1621468		8316244		6
7 SUBTOTAL	8633498	1700086		1700086		10333584		7
8 RECONCILING ITEMS								8
9 TOTAL	8633498	1700086		1700086		10333584		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	-511	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)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1629115			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-535304			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-62890	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	B	-16706	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-10880	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-935	ADMINISTRATIVE & GENERAL	6.50	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	9 32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	228459	NONPHYSICIAN ANESTHETISTS	20	33
33 NON-PHYSICIAN ANESTHETIST					34
34 PHYSICIANS' ASSISTANT					35
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				37
37 OFFSET MARKETING COSTS	A	-137731	ADMINISTRATIVE & GENERAL	6.50	38
38 OFFSET CABLE TV COSTS	A	-3156	ADMINISTRATIVE & GENERAL	6.50	39
39 OFFSET DONATIONS	A	-12875	ADMINISTRATIVE & GENERAL	6.50	40
40 DUES OFFSET	A	-9843	ADMINISTRATIVE & GENERAL	6.50	41
41 OFFSET MISCELLANEOUS INCOME	B	-1742	ADMINISTRATIVE & GENERAL	6.50	42
42 OFFSET MARKETING COSTS/LOPEZ	A	-30748	ADMINISTRATIVE & GENERAL	6.50	43
43 OFFSET CLINIC RENT EXPENSE	A	-66600	NEW CAP REL COSTS-BLDG & FIXT	3	9 44
44 OFFSET CLINIC PHYS MALP COST	A	-59350	ADMINISTRATIVE & GENERAL	6.50	45
45 OFFSET MISC AG EXPENSES	A	-84257	ADMINISTRATIVE & GENERAL	6.50	46
46 OFFSET STATE INCOME TAXES	A	-13088	ADMINISTRATIVE & GENERAL	6.50	47
47 OFFSET OTHER NONALLOWABLE EXPENSE	A	-5218	ADMINISTRATIVE & GENERAL	6.50	47.05
47.05 OFFSET PHYS BILLING COSTS--ANEST	A	-12850	ANESTHESIOLOGY	40	47.06
47.06 OFFSET PHYS BILLING COSTS--ER DOC	A	-5579	EMERGENCY	61	48
48 OFFSET PHYS BILLING COSTS--GOLDEN	A	-55095	CLINIC	60	49
49 OFFSET ER PHYS MALP COST	A	-75000	ADMINISTRATIVE & GENERAL	6.50	50
50 TOTAL		-2601014			

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	3	NEW CAP REL COSTS-BLDG & FIXT	19018	600000	-580982	9 1
2	3	NEW CAP REL COSTS-BLDG & FIXT	45678		45678	9 2
3						3
4						4
5	TOTALS		64696	600000	-535304	5

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

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

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

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

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

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

PROVIDER NO. 14-0151 SACRED HEART 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
 11/18/2009 18:05

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE	NO.	2	3	4	5	6	7	8	9	
1	44	LABORATORY	AGGREGATE	2083	2083					
2	60	CLINIC	AGGREGATE	115840	115840					
3	61	EMERGENCY	AGGREGATE	569298	569298					
4	40	ANESTHESIOLOGY	AGGREGATE	670291	670291					
5	60	CLINIC	SALARIED PHYSICIAN	125000	125000					
6	22	I&R SERVICES-SALARY & FR	AGGREGATE	124500	84500	40000	125000	1040	62500	3125
7	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	60668	60668					
8	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	1435	1435					
101		TOTAL		1669115	1629115	40000		1040	62500	3125

PROVIDER NO. 14-0151 SACRED HEART 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
 11/18/2009 18:05

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1	44 LABORATORY		AGGREGATE					2083
2	60 CLINIC		AGGREGATE					115840
3	61 EMERGENCY		AGGREGATE					569298
4	40 ANESTHESIOLOGY		AGGREGATE					670291
5	60 CLINIC		SALARIED PHYSICIAN					125000
6	22 I&R SERVICES-SALARY & FR		AGGREGATE			62500		84500
7	54 ELECTROENCEPHALOGRAPHY		AGGREGATE					60668
8	41 RADIOLOGY-DIAGNOSTIC		AGGREGATE					1435
101	TOTAL					62500		1629115

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT DATA	PURCHASING CASHIERING		
	FOR COST	BLDGS &	MOVABLE	BENEFITS	TELEPHONES	PROCESSING		
	ALLOCATION	FIXTURES	EQUIPMENT					
	0	3	4	5	6.10	6.20	6.30	6.40
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	800446	800446						3
4 NEW CAP REL COSTS-MVBLE EQUIP	310505		310505					4
5 EMPLOYEE BENEFITS	972004	3615	1402	977021				5
6.10 NONPATIENT TELEPHONES	204205			4098	208303			6.10
6.20 DATA PROCESSING	267387			10354	3255	280996		6.20
6.30 PURCHASING	74878	11886	4611	6558	4340		102273	6.30
6.40 CASHIERING	662220	14236	5522	44161	8679	140497	1103	876418
6.50 ADMINISTRATIVE & GENERAL	2394040	54622	21189	91078	46651	28100	1726	6.50
7 MAINTENANCE & REPAIRS	592937			14690	6509		6425	7
8 OPERATION OF PLANT	887229	133754	51885		1085		35	8
9 LAUNDRY & LINEN SERVICE	96987							9
10 HOUSEKEEPING	487954	11855	4599	24517	2170		2096	10
11 DIETARY	380027	31815	12342	15296	7594		3038	11
12 CAFETERIA	283189	19403	7527	13930				12
14 NURSING ADMINISTRATION	1180116	15124	5867	37221	3255		384	14
15 CENTRAL SERVICES & SUPPLY	525767	21843	8473	6860	4340			15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	291356	35988	13960	14169	13019	28100	69	17
18 SOCIAL SERVICE	50909	2169	841	4241	4340			18
20 NONPHYSICIAN ANESTHETISTS								20
22 I&R SERVICES-SALARY & FRINGES A	241702	4308	1671	14730	8679		193	22
23 I&R SERVICES-OTHER PRGM COSTS A								23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2836326	194991	75638	213578	15189		5815	156942
26 INTENSIVE CARE UNIT	728526	21737	8432	60465	5425		1043	27992
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	709174	63390	24590	53419	7594		30297	52215
38 RECOVERY ROOM	82852	4836	1876	6917	2170		92	18192
40 ANESTHESIOLOGY	1156	2124	824		3255		252	47883
41 RADIOLOGY-DIAGNOSTIC	1082402	37404	14510	68832	8679		6100	121822
43 RADIOISOTOPE								43
44 LABORATORY	1590215	24404	9467	52065	7594		10237	158418
49 RESPIRATORY THERAPY	510331	7171	2782	31364	8679		4378	41579
50 PHYSICAL THERAPY	109304	18529	7188	7812	3255		813	4268
53 ELECTROCARDIOLOGY	47791	7020	2723	3366	4340		538	36409
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PAT	732470						22715	38754
56 DRUGS CHARGED TO PATIENTS	1570054	4700	1823	24932	6509		2011	124144
59 INDUSTRIAL MEDICINE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	762244	37479	14539	58885	13019	56199	1561	16682
61 EMERGENCY	581169	8511	3302	46579	8679	28100	600	31118
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	22047872	792914	307583	930117	208303	280996	101521	876418
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	1010821			42497			752	98
100 OTHER NONREIMBURSABLE	50320	7532	2922	4407				100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	23109013	800446	310505	977021	208303	280996	102273	876418

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 5A	ADMIN AND GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6.50	7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.10 NONPATIENT TELEPHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING									6.30
6.40 CASHIERING									6.40
6.50 ADMINISTRATIVE & GENERAL	2637406	2637406							6.50
7 MAINTENANCE & REPAIRS	620561	79948	700509						7
8 OPERATION OF PLANT	1073988	138364	132235	1344587					8
9 LAUNDRY & LINEN SERVICE	96987	12495			109482				9
10 HOUSEKEEPING	533191	68692	11721	27733		641337			10
11 DIETARY	450112	57989	31454	74423		36248	650226		11
12 CAFETERIA	324049	41748	19182	45387		22115		452481	12
14 NURSING ADMINISTRATION	1241967	160005	14953	35379		17241		19621	14
15 CENTRAL SERVICES & SUPPLY	567283	73084	21595	51096					15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	396661	51103	35579	84184		40991		12757	17
18 SOCIAL SERVICE	62500	8052	2145	5074		2486		2914	18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES A	271283	34950	4259	10078	548	4907		16610	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3498479	450723	192775	456124	74612	222132	583068	116075	25
26 INTENSIVE CARE UNIT	853620	109974	21491	50849	8594	24765	67158	21143	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	940679	121190	62670	148283	12043	72201		37299	37
38 RECOVERY ROOM	116935	15065	4781	11311		5496		3788	38
40 ANESTHESIOLOGY	55494	7149	2100	4969		2421			40
41 RADIOLOGY-DIAGNOSTIC	1339749	172603	36979	87497	2846	42594		38853	41
43 RADIOISOTOPE									43
44 LABORATORY	1852400	238648	24127	57086		27807		44325	44
49 RESPIRATORY THERAPY	606284	78109	7089	16773		8179		23765	49
50 PHYSICAL THERAPY	151169	19475	18318	43343	2518	21101		5699	50
53 ELECTROCARDIOLOGY	102187	13165	6940	16421		8015		3108	53
54 ELECTROENCEPHALOGRAPHY									54
55 MEDICAL SUPPLIES CHARGED TO PAT	793939	102285				24896		6476	55
56 DRUGS CHARGED TO PATIENTS	1734173	223417	4647	10994		5365		15056	56
59 INDUSTRIAL MEDICINE									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	960608	123757	37054	87673	438	42693		60709	60
61 EMERGENCY	708058	91221	8415	19910	7883	9684		24283	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	21989762	2493211	700509	1344587	109482	641337	650226	452481	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1054070	135798							98
100 OTHER NONREIMBURSABLE	65181	8397							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	23109013	2637406	700509	1344587	109482	641337	650226	452481	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.10 NONPATIENT TELEPHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING								6.30
6.40 CASHIERING								6.40
6.50 ADMINISTRATIVE & GENERAL								6.50
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	1489166							14
15 CENTRAL SERVICES & SUPPLY		713058						15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY			621275					17
18 SOCIAL SERVICE				83171				18
20 NONPHYSICIAN ANESTHETISTS								20
22 I&R SERVICES-SALARY & FRINGES A					342635			22
23 I&R SERVICES-OTHER PRGM COSTS A								23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	728992		245811	66686	23093	6658570	-23093	6635477
26 INTENSIVE CARE UNIT	132840					1290434		1290434
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	156158		124194		279553	1954270	-279553	1674717
38 RECOVERY ROOM	15862					173238		173238
40 ANESTHESIOLOGY					11077	83210	-11077	72133
41 RADIOLOGY-DIAGNOSTIC			68239		5820	1795180	-5820	1789360
43 RADIOISOTOPE								43
44 LABORATORY			30025		11452	2285870	-11452	2274418
49 RESPIRATORY THERAPY	99493					839692		839692
50 PHYSICAL THERAPY			23656			285279		285279
53 ELECTROCARDIOLOGY			10994			160830		160830
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PAT		713058				1640654		1640654
56 DRUGS CHARGED TO PATIENTS						1993652		1993652
59 INDUSTRIAL MEDICINE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	254158		102813	16485		1686388		1686388
61 EMERGENCY	101663		15543		11640	998300	-11640	986660
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	1489166	713058	621275	83171	342635	21845567	-342635	21502932
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES						1189868		1189868
100 OTHER NONREIMBURSABLE						73578		73578
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1489166	713058	621275	83171	342635	23109013	-342635	22766378

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	NONPATIENT DATA	PURCHASING	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT	COST TO BE ALLOC	BENEFITS	TELEPHONES	PROCESSING	
	0	3	4	4A	5	6.10	6.20	6.30
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		3615	1402	5017	5017			5
6.10 NONPATIENT TELEPHONES					21	21		6.10
6.20 DATA PROCESSING					53		53	6.20
6.30 PURCHASING		11886	4611	16497	34			6.30
6.40 CASHIERING		14236	5522	19758	227	1	27	6.40
6.50 ADMINISTRATIVE & GENERAL		54622	21189	75811	468	6	5	6.50
7 MAINTENANCE & REPAIRS					75	1		7
8 OPERATION OF PLANT		133754	51885	185639				8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING		11855	4599	16454	126			10
11 DIETARY		31815	12342	44157	79	1		11
12 CAFETERIA		19403	7527	26930	72			12
14 NURSING ADMINISTRATION		15124	5867	20991	191			14
15 CENTRAL SERVICES & SUPPLY		21843	8473	30316	35			15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		35988	13960	49948	73	1	5	17
18 SOCIAL SERVICE		2169	841	3010	22			18
20 NONPHYSICIAN ANESTHETISTS								20
22 I&R SERVICES-SALARY & FRINGES A		4308	1671	5979	76	1		22
23 I&R SERVICES-OTHER PRGM COSTS A								23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		194991	75638	270629	1094	2		25
26 INTENSIVE CARE UNIT		21737	8432	30169	311	1		26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		63390	24590	87980	274	1		37
38 RECOVERY ROOM		4836	1876	6712	36			38
40 ANESTHESIOLOGY		2124	824	2948				40
41 RADIOLOGY-DIAGNOSTIC		37404	14510	51914	354	1		41
43 RADIOISOTOPE								43
44 LABORATORY		24404	9467	33871	267	1		44
49 RESPIRATORY THERAPY		7171	2782	9953	161	1		49
50 PHYSICAL THERAPY		18529	7188	25717	40			50
53 ELECTROCARDIOLOGY		7020	2723	9743	17			53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS		4700	1823	6523	128	1		56
59 INDUSTRIAL MEDICINE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		37479	14539	52018	303	1	11	60
61 EMERGENCY		8511	3302	11813	239	1	5	61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS		792914	307583	1100497	4776	21	53	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES					218			98
100 OTHER NONREIMBURSABLE		7532	2922	10454	23			100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		800446	310505	1110951	5017	21	53	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERING 6.40	ADMIN AND GENERAL 6.50	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.10 NONPATIENT TELEPHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING									6.30
6.40 CASHIERING	20191								6.40
6.50 ADMINISTRATIVE & GENERAL		76569							6.50
7 MAINTENANCE & REPAIRS		2321	3435						7
8 OPERATION OF PLANT		4017	648	190310					8
9 LAUNDRY & LINEN SERVICE		363			363				9
10 HOUSEKEEPING		1994	57	3925		22895			10
11 DIETARY		1683	154	10534		1294	58393		11
12 CAFETERIA		1212	94	6424		789		35521	12
14 NURSING ADMINISTRATION		4645	73	5008		615		1540	14
15 CENTRAL SERVICES & SUPPLY		2122	106	7232					15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		1484	174	11915		1463		1001	17
18 SOCIAL SERVICE		234	11	718		89		229	18
20 NONPHYSICIAN ANESTHETISTS									20
22 I&R SERVICES-SALARY & FRINGES A		1015	21	1426	2	175		1304	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3619	13087	948	64559	248	7931	52362	9113	25
26 INTENSIVE CARE UNIT	646	3193	105	7197	29	884	6031	1660	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1204	3518	307	20988	40	2577		2928	37
38 RECOVERY ROOM	420	437	23	1601		196		297	38
40 ANESTHESIOLOGY	1104	208	10	703		86			40
41 RADIOLOGY-DIAGNOSTIC	2809	5011	181	12384	9	1521		3050	41
43 RADIOISOTOPE									43
44 LABORATORY	3632	6928	118	8080		993		3480	44
49 RESPIRATORY THERAPY	959	2268	35	2374		292		1866	49
50 PHYSICAL THERAPY	98	565	90	6135	8	753		447	50
53 ELECTROCARDIOLOGY	840	382	34	2324		286		244	53
54 ELECTROENCEPHALOGRAPHY									54
55 MEDICAL SUPPLIES CHARGED TO PAT	894	2969				889		508	55
56 DRUGS CHARGED TO PATIENTS	2863	6486	23	1556		192		1182	56
59 INDUSTRIAL MEDICINE									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	385	3593	182	12409	1	1524		4766	60
61 EMERGENCY	718	2648	41	2818	26	346		1906	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	20191	72383	3435	190310	363	22895	58393	35521	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		3942							98
100 OTHER NONREIMBURSABLE		244							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	20191	76569	3435	190310	363	22895	58393	35521	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.10 NONPATIENT TELEPHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING								6.30
6.40 CASHIERING								6.40
6.50 ADMINISTRATIVE & GENERAL								6.50
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	33125							14
15 CENTRAL SERVICES & SUPPLY		39811						15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY			66075					17
18 SOCIAL SERVICE				4313				18
20 NONPHYSICIAN ANESTHETISTS								20
22 I&R SERVICES-SALARY & FRINGES A					10030			22
23 I&R SERVICES-OTHER PRGM COSTS A								23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	16216		26143	3458		470349		470349 25
26 INTENSIVE CARE UNIT	2955					53350		53350 26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3474		13209			141397		141397 37
38 RECOVERY ROOM	353					10090		10090 38
40 ANESTHESIOLOGY						5100		5100 40
41 RADIOLOGY-DIAGNOSTIC			7257			85477		85477 41
43 RADIOISOTOPE								43
44 LABORATORY			3193			62218		62218 44
49 RESPIRATORY THERAPY	2213					20830		20830 49
50 PHYSICAL THERAPY			2516			36500		36500 50
53 ELECTROCARDIOLOGY			1169			15126		15126 53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PAT		39811				48742		48742 55
56 DRUGS CHARGED TO PATIENTS						19279		19279 56
59 INDUSTRIAL MEDICINE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	5653		10935	855		92888		92888 60
61 EMERGENCY	2261		1653			24572		24572 61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	33125	39811	66075	4313		1085918		1085918 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES						4282		4282 98
100 OTHER NONREIMBURSABLE						10721		10721 100
101 CROSS FOOT ADJUSTMENTS					10030	10030		10030 101
102 NEGATIVE COST CENTER								102
103 TOTAL	33125	39811	66075	4313	10030	1110951		1110951 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	PURCHASING	CASHIERING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	TELEPHONES NUMBER OF PHONES	PROCESSING TIME SPENT	COST OF REQUISITION	GROSS REVENUE	
	3	4	5	6.10	6.20	6.30	6.40	
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	53136							3
4 NEW CAP REL COSTS-MVBLE EQUIP		53136						4
5 EMPLOYEE BENEFITS	240	240	10888447					5
6.10 NONPATIENT TELEPHONES			45674	192				6.10
6.20 DATA PROCESSING			115389	3	100			6.20
6.30 PURCHASING	789	789	73089	4		1879290		6.30
6.40 CASHIERING	945	945	492149	8	50	20260	59270423	6.40
6.50 ADMINISTRATIVE & GENERAL	3626	3626	1015022	43	10	31720		6.50
7 MAINTENANCE & REPAIRS			163713	6		118057		7
8 OPERATION OF PLANT	8879	8879		1		634		8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	787	787	273226	2		38514		10
11 DIETARY	2112	2112	170472	7		55821		11
12 CAFETERIA	1288	1288	155243					12
14 NURSING ADMINISTRATION	1004	1004	414810	3		7062		14
15 CENTRAL SERVICES & SUPPLY	1450	1450	76449	4				15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	2389	2389	157902	12	10	1267		17
18 SOCIAL SERVICE	144	144	47260	4				18
20 NONPHYSICIAN ANESTHETISTS								20
22 I&R SERVICES-SALARY & FRINGES	286	286	164159	8		3555		22
23 I&R SERVICES-OTHER PRGM COSTS								23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	12944	12944	2380245	14		106855	10613499	25
26 INTENSIVE CARE UNIT	1443	1443	673852	5		19173	1893037	26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	4208	4208	595333	7		556716	3531124	37
38 RECOVERY ROOM	321	321	77088	2		1683	1230292	38
40 ANESTHESIOLOGY	141	141		3		4624	3238157	40
41 RADIOLOGY-DIAGNOSTIC	2483	2483	767103	8		112093	8238467	41
43 RADIOISOTOPE								43
44 LABORATORY	1620	1620	580242	7		188114	10714297	44
49 RESPIRATORY THERAPY	476	476	349538	8		80454	2811887	49
50 PHYSICAL THERAPY	1230	1230	87059	3		14943	288628	50
53 ELECTROCARDIOLOGY	466	466	37509	4		9884	2462245	53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P						417387	2620813	55
56 DRUGS CHARGED TO PATIENTS	312	312	277854	6		36949	8395470	56
59 INDUSTRIAL MEDICINE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2488	2488	656242	12	20	28684	1128121	60
61 EMERGENCY	565	565	519101	8	10	11016	2104386	61
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	52636	52636	10365723	192	100	1865465	59270423	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES			473613			13825		98
100 OTHER NONREIMBURSABLE	500	500	49111					100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	800446	310505	977021	208303	280996	102273	876418	103
104 UNIT COST MULT-WS B PT I		5.843590		1084.911458		.054421		104
104 UNIT COST MULT-WS B PT I	15.064100		.089730		2809.960000		.014787	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			5017	21	53	16531	20191	107
108 UNIT COST MULT-WS B PT III				.109375		.008796		108
108 UNIT COST MULT-WS B PT III			.000461		.530000		.000341	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	
	6A.50	6.50	7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.10									6.10
6.20									6.20
6.30									6.30
6.40									6.40
6.50									6.50
7	-2637406	20471607							7
8		620561	47036						8
9		1073988	8879	38157					9
10		96987			193542				10
11		533191	787	787		19604			11
12		450112	2112	2112		1108	44431		12
14		324049	1288	1288		676		13975	14
15		1241967	1004	1004		527		606	15
16		567283	1450	1450					16
17									17
18		396661	2389	2389		1253		394	18
20		62500	144	144		76		90	20
22		271283	286	286	968	150		513	22
23									23
INPATIENT ROUTINE SERV COST CENTERS									
25		3498479	12944	12944	131900	6790	39842	3585	25
26		853620	1443	1443	15193	757	4589	653	26
ANCILLARY SERVICE COST CENTERS									
37									37
38		940679	4208	4208	21290	2207		1152	38
40		116935	321	321		168		117	40
41		55494	141	141		74			41
43		1339749	2483	2483	5031	1302		1200	43
44									44
49		1852400	1620	1620		850		1369	49
50		606284	476	476		250		734	50
53		151169	1230	1230	4451	645		176	53
54		102187	466	466		245		96	54
55									55
56		793939				761		200	56
59		1734173	312	312		164		465	59
OUTPATIENT SERVICE COST CENTERS									
60									60
61		960608	2488	2488	774	1305		1875	61
62		708058	565	565	13935	296		750	62
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95	-2637406	19352356	47036	38157	193542	19604	44431	13975	95
NONREIMBURSABLE COST CENTERS									
98		1054070							98
100		65181							100
101									101
102									102
103		2637406	700509	1344587	109482	641337	650226	452481	103
104			14.893039		.565676		14.634512		104
104		.128832		35.238279		32.714599		32.377889	104
105									105
106									106
106									106
107		76569	3435	190310	363	22895	58393	35521	107
108			.073029		.001876		1.314240		108
108		.003740		4.987551		1.167874		2.541753	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	
	14	15	17	18	22	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.10 NONPATIENT TELEPHONES						6.10
6.20 DATA PROCESSING						6.20
6.30 PURCHASING						6.30
6.40 CASHIERING						6.40
6.50 ADMINISTRATIVE & GENERAL						6.50
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	228509					14
15 CENTRAL SERVICES & SUPPLY		318316				15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY			8194			17
18 SOCIAL SERVICE				2235		18
20 NONPHYSICIAN ANESTHETISTS						20
22 I&R SERVICES-SALARY & FRINGES					1825	22
23 I&R SERVICES-OTHER PRGM COSTS						23
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	111862		3242	1792	123	25
26 INTENSIVE CARE UNIT	20384					26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	23962		1638		1489	37
38 RECOVERY ROOM	2434					38
40 ANESTHESIOLOGY					59	40
41 RADIOLOGY-DIAGNOSTIC			900		31	41
43 RADIOISOTOPE						43
44 LABORATORY			396		61	44
49 RESPIRATORY THERAPY	15267					49
50 PHYSICAL THERAPY			312			50
53 ELECTROCARDIOLOGY			145			53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P		318316				55
56 DRUGS CHARGED TO PATIENTS						56
59 INDUSTRIAL MEDICINE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	39000		1356	443		60
61 EMERGENCY	15600		205		62	61
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	228509	318316	8194	2235	1825	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES						98
100 OTHER NONREIMBURSABLE						100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	1489166	713058	621275	83171	342635	103
104 UNIT COST MULT-WS B PT I	6.516881		75.820722		187.745205	104
104 UNIT COST MULT-WS B PT I		2.240095		37.212975		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	33125	39811	66075	4313	10030	107
108 UNIT COST MULT-WS B PT III	.144961		8.063827		5.495890	108
108 UNIT COST MULT-WS B PT III		.125068		1.929754		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	6635477		6635477		6635477	25
26 INTENSIVE CARE UNIT	1290434		1290434		1290434	26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1674717		1674717		1674717	37
38 RECOVERY ROOM	173238		173238		173238	38
40 ANESTHESIOLOGY	72133		72133		72133	40
41 RADIOLOGY-DIAGNOSTIC	1789360		1789360		1789360	41
43 RADIOISOTOPE						43
44 LABORATORY	2274418		2274418		2274418	44
49 RESPIRATORY THERAPY	839692		839692		839692	49
50 PHYSICAL THERAPY	285279		285279		285279	50
53 ELECTROCARDIOLOGY	160830		160830		160830	53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO	1640654		1640654		1640654	55
56 DRUGS CHARGED TO PATIENTS	1993652		1993652		1993652	56
59 INDUSTRIAL MEDICINE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1686388		1686388		1686388	60
61 EMERGENCY	986660		986660		986660	61
62 OBSERVATION BEDS (NON-DISTI	130457		130457		130457	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	21633389		21633389		21633389	101
102 LESS OBSERVATION BEDS	130457		130457		130457	102
103 TOTAL	21502932		21502932		21502932	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	10186477		10186477			25
26 INTENSIVE CARE UNIT	1893037		1893037			26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1328458	2202666	3531124	.474273	.474273	.474273 37
38 RECOVERY ROOM	354592	875700	1230292	.140810	.140810	.140810 38
40 ANESTHESIOLOGY	1215494	2022663	3238157	.022276	.022276	.022276 40
41 RADIOLOGY-DIAGNOSTIC	2890513	5347954	8238467	.217196	.217196	.217196 41
43 RADIOISOTOPE						43
44 LABORATORY	6353820	4360477	10714297	.212279	.212279	.212279 44
49 RESPIRATORY THERAPY	2693894	117993	2811887	.298622	.298622	.298622 49
50 PHYSICAL THERAPY	60923	227705	288628	.988397	.988397	.988397 50
53 ELECTROCARDIOLOGY	1457710	1004535	2462245	.065318	.065318	.065318 53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO	1629216	991597	2620813	.626010	.626010	.626010 55
56 DRUGS CHARGED TO PATIENTS	7511492	883978	8395470	.237468	.237468	.237468 56
59 INDUSTRIAL MEDICINE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	39021	1089100	1128121	1.494864	1.494864	1.494864 60
61 EMERGENCY	448934	1655452	2104386	.468859	.468859	.468859 61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	221753	205269	427022	.305504	.305504	.305504 62
101 SUBTOTAL	38285334	20985089	59270423			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	38285334	20985089	59270423			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				470349		470349
26 INTENSIVE CARE UNIT				53350		53350
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				523699		523699

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	11902	4354			39.52	172070
26 INTENSIVE CARE UNIT	1344	792			39.69	31434
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	13246	5146				203504

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0151) [] 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		141397	3531124	659740			.040043	26418 37
38 RECOVERY ROOM		10090	1230292	158505			.008201	1300 38
40 ANESTHESIOLOGY		5100	3238157	592524			.001575	933 40
41 RADIOLOGY-DIAGNOSTIC		85477	8238467	1556983			.010375	16154 41
43 RADIOISOTOPE								43
44 LABORATORY		62218	10714297	3244245			.005807	18839 44
49 RESPIRATORY THERAPY		20830	2811887	1112158			.007408	8239 49
50 PHYSICAL THERAPY		36500	288628	36279			.126460	4588 50
53 ELECTROCARDIOLOGY		15126	2462245	743575			.006143	4568 53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P		48742	2620813	946787			.018598	17608 55
56 DRUGS CHARGED TO PATIENTS		19279	8395470	3255765			.002296	7475 56
59 INDUSTRIAL MEDICINE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		92888	1128121	26849			.082339	2211 60
61 EMERGENCY		24572	2104386	170539			.011677	1991 61
62 OBSERVATION BEDS (NON-DISTINC		9247	427022	61			.021655	1 62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		571466	47190909	12504010				110325 101

PROVIDER NO. 14-0151 SACRED HEART 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
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS	DAYS	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					11902		4354	25
26	INTENSIVE CARE UNIT					1344		792	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					13246		5146	101

PROVIDER NO. 14-0151 SACRED HEART 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
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0151) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 INDUSTRIAL MEDICINE							59
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 (14-0151) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3531124			659740		1126705 37
38 RECOVERY ROOM		1230292			158505		370515 38
40 ANESTHESIOLOGY		3238157			592524		802005 40
41 RADIOLOGY-DIAGNOSTIC		8238467			1556983		2161852 41
43 RADIOISOTOPE							43
44 LABORATORY		10714297			3244245		68839 44
49 RESPIRATORY THERAPY		2811887			1112158		30750 49
50 PHYSICAL THERAPY		288628			36279		50
53 ELECTROCARDIOLOGY		2462245			743575		335193 53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P		2620813			946787		315270 55
56 DRUGS CHARGED TO PATIENTS		8395470			3255765		309957 56
59 INDUSTRIAL MEDICINE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1128121			26849		754953 60
61 EMERGENCY		2104386			170539		109611 61
62 OBSERVATION BEDS (NON-DISTINC		427022			61		193358 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		47190909			12504010		6579008 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0151) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 INDUSTRIAL MEDICINE					59
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 [XX] HOSPITAL (14-0151) [] 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	.474273	.474273	.474273			37
38 RECOVERY ROOM	.140810	.140810	.140810			38
40 ANESTHESIOLOGY	.022276	.022276	.022276			40
41 RADIOLOGY-DIAGNOSTIC	.217196	.217196	.217196			41
43 RADIOISOTOPE						43
44 LABORATORY	.212279	.212279	.212279			44
49 RESPIRATORY THERAPY	.298622	.298622	.298622			49
50 PHYSICAL THERAPY	.988397	.988397	.988397			50
53 ELECTROCARDIOLOGY	.065318	.065318	.065318			53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PAT	.626010	.626010	.626010			55
56 DRUGS CHARGED TO PATIENTS	.237468	.237468	.237468			56
59 INDUSTRIAL MEDICINE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.494864	1.494864	1.494864			60
61 EMERGENCY	.468859	.468859	.468859			61
62 OBSERVATION BEDS (NON-DISTINCT	.305504	.305504	.305504			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	1	.237468	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0151) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1126705						37
38 RECOVERY ROOM		370515						38
40 ANESTHESIOLOGY		802005						40
41 RADIOLOGY-DIAGNOSTIC		2161852						41
43 RADIOISOTOPE								43
44 LABORATORY		68839						44
49 RESPIRATORY THERAPY		30750						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		335193						53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA		315270						55
56 DRUGS CHARGED TO PATIENTS		309957						56
59 INDUSTRIAL MEDICINE								59
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		754953						60
61 EMERGENCY		109611						61
62 OBSERVATION BEDS (NON-DISTINCT		193358						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		6579008						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		6579008						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0151) [] 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		534366				37
38 RECOVERY ROOM		52172				38
40 ANESTHESIOLOGY		17865				40
41 RADIOLOGY-DIAGNOSTIC		469546				41
43 RADIOISOTOPE						43
44 LABORATORY		14613				44
49 RESPIRATORY THERAPY		9183				49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY		21894				53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PAT		197362				55
56 DRUGS CHARGED TO PATIENTS		73605				56
59 INDUSTRIAL MEDICINE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		1128552				60
61 EMERGENCY		51392				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		59072				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		2629622				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		2629622				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				470349		470349
26 INTENSIVE CARE UNIT				53350		53350
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				523699		523699

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	11902	5894			39.52	232931
26 INTENSIVE CARE UNIT	1344	297			39.69	11788
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	13246	6191				244719

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0151) [] 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		141397	3531124	364535			.040043	14597 37
38 RECOVERY ROOM		10090	1230292	88613			.008201	727 38
40 ANESTHESIOLOGY		5100	3238157	274070			.001575	432 40
41 RADIOLOGY-DIAGNOSTIC		85477	8238467	868290			.010375	9009 41
43 RADIOISOTOPE								43
44 LABORATORY		62218	10714297	2257397			.005807	13109 44
49 RESPIRATORY THERAPY		20830	2811887	896288			.007408	6640 49
50 PHYSICAL THERAPY		36500	288628	11263			.126460	1424 50
53 ELECTROCARDIOLOGY		15126	2462245	428146			.006143	2630 53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P		48742	2620813	273309			.018598	5083 55
56 DRUGS CHARGED TO PATIENTS		19279	8395470	2765689			.002296	6350 56
59 INDUSTRIAL MEDICINE								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		92888	1128121	2796			.082339	230 60
61 EMERGENCY		24572	2104386	17477			.011677	204 61
62 OBSERVATION BEDS (NON-DISTINC		9247	427022				.021655	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		571466	47190909	8247873				60435 101

PROVIDER NO. 14-0151 SACRED HEART 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
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	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					11902		5894	25
26	INTENSIVE CARE UNIT					1344		297	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					13246		6191	101

PROVIDER NO. 14-0151 SACRED HEART 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
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0151)	[]	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 INDUSTRIAL MEDICINE							59
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 (14-0151) [] 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	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3531124			364535		37
38 RECOVERY ROOM		1230292			88613		38
40 ANESTHESIOLOGY		3238157			274070		40
41 RADIOLOGY-DIAGNOSTIC		8238467			868290		41
43 RADIOISOTOPE							43
44 LABORATORY		10714297			2257397		44
49 RESPIRATORY THERAPY		2811887			896288		49
50 PHYSICAL THERAPY		288628			11263		50
53 ELECTROCARDIOLOGY		2462245			428146		53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P		2620813			273309		55
56 DRUGS CHARGED TO PATIENTS		8395470			2765689		56
59 INDUSTRIAL MEDICINE							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1128121			2796		60
61 EMERGENCY		2104386			17477		61
62 OBSERVATION BEDS (NON-DISTINC		427022					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		47190909			8247873		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0151) [] 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	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
			9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 INDUSTRIAL MEDICINE					59
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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	11902						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	11902						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11902						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)	4354						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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6635477						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	6635477						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10365254						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10365254						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.640165						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	870.88						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	6635477						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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	557.51					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2427399					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2427399					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	1290434	1344	960.14	792	760431	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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3277764					48
49 TOTAL PROGRAM INPATIENT COSTS	6465594					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	203504					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	110325					51
52 TOTAL PROGRAM EXCLUDABLE COST	313829					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6151765					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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL (PPS) (14-0151)
 SUB I SUB II SUB III SUB IV
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	234	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	557.51	84
85 OBSERVATION BED COST	130457	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		6635477		130457		86
87 NEW CAPITAL-RELATED COST	470349	6635477	.070884	130457	9247	87
88 NON PHYSICIAN ANESTHETIST		6635477		130457		88
89 MEDICAL EDUCATION		6635477		130457		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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	11902					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	11902					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11902					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)	5894					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0151)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6635477						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	6635477						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10365254						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10365254						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.640165						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	870.88						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	6635477						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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	557.51					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3285964					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3285964					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	1290434	1344	960.14	297	285162	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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	2006239					48
49 TOTAL PROGRAM INPATIENT COSTS	5577365					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	244719					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	60435					51
52 TOTAL PROGRAM EXCLUDABLE COST	305154					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	5272211					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) (14-0151)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] 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 (PPS) (14-0151)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	234	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	557.51	84
85 OBSERVATION BED COST	130457	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		6635477		130457		86
87 NEW CAPITAL-RELATED COST	470349	6635477	.070884	130457	9247	87
88 NON PHYSICIAN ANESTHETIST		6635477		130457		88
89 MEDICAL EDUCATION		6635477		130457		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0151)	<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		4121284		25
26 INTENSIVE CARE UNIT		1134936		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.474273	659740	312897	37
38 RECOVERY ROOM	.140810	158505	22319	38
40 ANESTHESIOLOGY	.022276	592524	13199	40
41 RADIOLOGY-DIAGNOSTIC	.217196	1556983	338170	41
43 RADIOISOTOPE				43
44 LABORATORY	.212279	3244245	688685	44
49 RESPIRATORY THERAPY	.298622	1112158	332115	49
50 PHYSICAL THERAPY	.988397	36279	35858	50
53 ELECTROCARDIOLOGY	.065318	743575	48569	53
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.626010	946787	592698	55
56 DRUGS CHARGED TO PATIENTS	.237468	3255765	773140	56
59 INDUSTRIAL MEDICINE				59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.494864	26849	40136	60
61 EMERGENCY	.468859	170539	79959	61
62 OBSERVATION BEDS (NON-DISTINCT	.305504	61	19	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		12504010	3277764	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		12504010		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0151)	<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		4526484		25
26 INTENSIVE CARE UNIT		425612		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.474273	364535	172889	37
38 RECOVERY ROOM	.140810	88613	12478	38
40 ANESTHESIOLOGY	.022276	274070	6105	40
41 RADIOLOGY-DIAGNOSTIC	.217196	868290	188589	41
43 RADIOISOTOPE				43
44 LABORATORY	.212279	2257397	479198	44
49 RESPIRATORY THERAPY	.298622	896288	267651	49
50 PHYSICAL THERAPY	.988397	11263	11132	50
53 ELECTROCARDIOLOGY	.065318	428146	27966	53
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.626010	273309	171094	55
56 DRUGS CHARGED TO PATIENTS	.237468	2765689	656763	56
59 INDUSTRIAL MEDICINE				59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.494864	2796	4180	60
61 EMERGENCY	.468859	17477	8194	61
62 OBSERVATION BEDS (NON-DISTINCT	.305504			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		8247873	2006239	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8247873		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0151)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1313927					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1391296					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2948750					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	36575					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	118.73					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	5.00					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	5.00					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	4.69					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	4.92					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	4.87				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0151)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.041017				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.049298				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.041017				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	29114				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	30828				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	65338				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	125280	0	125280		3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2938				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.4768				4.01
4.02	SUM OF 4 AND 4.01	0.7706				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.5279				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	2984732				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	8800560				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	8800560				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	570439				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	107095				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	9478094				16
17	PRIMARY PAYER PAYMENTS	3012				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	9475082				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	646592				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	94566				20
21	REIMBURSABLE BAD DEBTS	669066				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	468346				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	471822				21.02
22	SUBTOTAL	9202270				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0151)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	9202270					26
27						27
28	8657154					28
28.01						28.01
29	545116					29
30						30
TO BE COMPLETED BY INTERMEDIARY						
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 (14-0151) 1	HOSPITAL (14-0151) 1.01	HOSPITAL (14-0151) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2629622			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1722844			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	1722844			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0151) 1	HOSPITAL (14-0151) 1.01	HOSPITAL (14-0151) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36
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
(14-0151)
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
(14-0151)
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
(14-0151)
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 (14-0151)

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		8282345		1329122	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	06/19/2009 111074 02/10/2009 263735	06/19/2009 13675 02/10/2009 25785	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54	
SUBTOTAL	.99	374809		39460	3.99
4 TOTAL INTERIM PAYMENTS		8657154		1368582	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52	
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02	
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
 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 (14-0151) (PPS)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES				
3	MEDICAL AND OTHER SERVICES				
4	INTERNS AND RESIDENTS				
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				
6	COST OF TEACHING PHYSICIANS				
7	SUBTOTAL				
8	INPATIENT PRIMARY PAYER PAYMENTS				
9	OUTPATIENT PRIMARY PAYER PAYMENTS				
10	SUBTOTAL				
11	COMPUTATION OF LESSER OF COST OR CHARGES				
12	ROUTINE SERVICE CHARGES	4952096			
13	ANCILLARY SERVICE CHARGES	8247873			
14	INTERNS AND RESIDENTS SERVICE CHARGES				
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE				
16	TEACHING PHYSICIANS				
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION				
18	TOTAL REASONABLE CHARGES	13199969			
19	CUSTOMARY CHARGES				
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
23	ACCORDANCE WITH 42 CFR 413.13(E)				
24	RATIO OF LINE 17 TO LINE 18				
25	TOTAL CUSTOMARY CHARGES	13199969			
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	13199969			
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				
28	COST OF COVERED SERVICES				
29	PROSPECTIVE PAYMENT AMOUNT				
30	OTHER THAN OUTLIER PAYMENTS				
31	OUTLIER PAYMENTS				
32	PROGRAM CAPITAL PAYMENTS				
33	CAPITAL EXCEPTION PAYMENTS				
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS				
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				
36	SUBTOTAL				
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)				
38	LESSER OF LINES 30 OR 31				
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				

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 (14-0151) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, 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	TO ZERO OUT SETTLEMENT, SINCE NO ADD						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

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	4.00 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	4.00 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	5.00 3.11
3.12	SEE INSTRUCTIONS	5.00 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	4.00 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	4.50 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	4.50 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	4.50 3.16
3.17	SEE INSTRUCTIONS	84662.80 3.17
3.18	SEE INSTRUCTIONS	380983 3.18

PROVIDER NO. 14-0151 SACRED HEART HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2009.08
11/18/2009 18:05

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	6465594	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	3012	15
16	TOTAL PART A REASONABLE COST	6462582	16
PART B REASONABLE COST			
17	REASONABLE COST	2629622	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	2629622	19
20	TOTAL REASONABLE COST	9092204	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.710783	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.289217	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	150672	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	107095	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	43577	25

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

WORKSHEET E-3
 PART IV

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

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

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
3.19 SEE INSTRUCTIONS				3.19
3.20 SEE INSTRUCTIONS				3.20
3.21 SEE INSTRUCTIONS				3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			0.00	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			0.00	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001				3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001				3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			6191	4
5 TOTAL INPATIENT DAYS			13012	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.475792	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0		6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD				6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			13012	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-121180			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	5337009			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	586999			7
8 PREPAID EXPENSES	153060			8
9 OTHER CURRENT ASSETS	-1638369			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	4317519			11
FIXED ASSETS				
12 LAND				12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS				13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	4109699			14
14.01 ACCUMULATED DEPRECIATION				14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT				18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	4109699			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	3184380			25
26 TOTAL OTHER ASSETS	3184380			26
27 TOTAL ASSETS	11611598			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1825486			28
29 SALARIES, WAGES & FEES PAYABLE	797172			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	971380			35
36 TOTAL CURRENT LIABILITIES	3594038			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	2213333			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				41
42 TOTAL LONG TERM LIABILITIES	2213333			42
43 TOTAL LIABILITIES	5807371			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	5804227			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	5804227			51
52 TOTAL LIABILITIES AND FUND BALANCES	11611598			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	4923457			1
2 NET INCOME (LOSS)	880770			2
3 TOTAL	5804227			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	5804227			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	5804227			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	10186477		10186477	1
2 SUBPROVIDER I				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	10186477		10186477	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	1893037		1893037	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	1893037		1893037	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	12079514		12079514	16
17 ANCILLARY SERVICES	26205820	19686352	45892172	17
18 OUTPATIENT SERVICES				18
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 GOLDEN LIGHT CLINIC II		765712	765712	24
24.01 GOLDEN LIGHT III		298055	298055	24.01
24.02 OAK PARK CLINIC		234970	234970	24.02
24.03 HHA		28015	28015	24.03
24.04 PHYSICIAN REVENUE		1830839	1830839	24.04
25 TOTAL PATIENT REVENUES	38285334	22843943	61129277	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		25710027	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE			28
29 ROUNDING			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 VARIANCE BETWEEN COST REPORT AND F/S			35
36 AUDIT AJES			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		25710027	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	61129277	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	35021259	2
3	NET PATIENT REVENUES	26108018	3
4	LESS - TOTAL OPERATING EXPENSES	25710027	4
5	NET INCOME FROM SERVICE TO PATIENTS	397991	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	511	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	62890	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	16706	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	10880	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	935	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS INCOME	1742	24
24.01	GRANT INCOME		24.01
24.02	IDPA ASSESSMENT		24.02
24.03	ER PROF FEES	119347	24.03
24.04	ANEST PROF FEES	259901	24.04
24.05	EEG PROF FEES	9867	24.05
25	TOTAL OTHER INCOME	482779	25
26	TOTAL	880770	26
27	INCOME TAX EXPENSE		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	880770	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0151)	HOSPITAL (14-0151)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	470908				2
3					3
3.01	1488				3.01
4	35.65				4
4.01	4.87	0.00	4.87		4.01
4.02			3.93		4.02
4.03			18507		4.03
5			0.2938		5
5.01			0.4768		5.01
5.02			0.7706		5.02
5.03			0.1689		5.03
5.04			79536		5.04
6	570439				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 (14-0151)	HOSPITAL (14-0151)	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	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.10 NONPATIENT TELEPHONES					6.10
6.20 DATA PROCESSING					6.20
6.30 PURCHASING					6.30
6.40 CASHIERING					6.40
6.50 ADMINISTRATIVE & GENERAL					6.50
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
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 INDUSTRIAL MEDICINE					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
00 OTHER NONREIMBURSABLE					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	36.58		49.52				86.10 25
26 INTENSIVE CARE UNIT	58.93		22.10				81.03 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.68	31.91	10.32				60.91 37
38 RECOVERY ROOM	12.88	30.12	7.20				50.20 38
40 ANESTHESIOLOGY	18.30	24.77	8.46				51.53 40
41 RADIOLOGY-DIAGNOSTIC	18.90	26.24	10.54				55.68 41
44 LABORATORY	30.28	0.64	21.07				51.99 44
49 RESPIRATORY THERAPY	39.55	1.09	31.87				72.51 49
50 PHYSICAL THERAPY	12.57		3.90				16.47 50
53 ELECTROCARDIOLOGY	30.20	13.61	17.39				61.20 53
55 MEDICAL SUPPLIES CHARGED TO PAT	36.13	12.03	10.43				58.59 55
56 DRUGS CHARGED TO PATIENTS	38.78	3.69	32.94				75.41 56
60 CLINIC	2.38	66.92	0.25				69.55 60
61 EMERGENCY	8.10	5.21	0.83				14.14 61
62 OBSERVATION BEDS (NON-DISTINCT	0.01	45.28					45.29 62
101 TOTAL CHARGES	21.10	11.10	13.92				46.12 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6.10							6.10
6.20							6.20
6.30							6.30
6.40							6.40
6.50							6.50
7							7
8							8
9							9
10							10
11							11
12							12
14							14
15							15
16							16
17							17
18							18
20							20
22							22
23							23
INPATIENT ROUTINE SERV COST CENTERS							
25							25
26							26
ANCILLARY SERVICE COST CENTERS							
37							37
38							38
40							40
41							41
43							43
44							44
49							49
50							50
53							53
54							54
55							55
56							56
59							59
60							60
61							61
62							62
OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							
71							71

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	1010821	4.37	179047	1.67	1189868	5.15	98
100 OTHER NONREIMBURSABLE	50320	.22	23258	.22	73578	.32	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	23109013	100.00	0	.00	23109013	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	141397	3531124	.040043	659740	26418	37
38 RECOVERY ROOM	10090	1230292	.008201	158505	1300	38
40 ANESTHESIOLOGY	5100	3238157	.001575	592524	933	40
41 RADIOLOGY-DIAGNOSTIC	85477	8238467	.010375	1556983	16154	41
43 RADIOISOTOPE						43
44 LABORATORY	62218	10714297	.005807	3244245	18839	44
49 RESPIRATORY THERAPY	20830	2811887	.007408	1112158	8239	49
50 PHYSICAL THERAPY	36500	288628	.126460	36279	4588	50
53 ELECTROCARDIOLOGY	15126	2462245	.006143	743575	4568	53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PAT	48742	2620813	.018598	946787	17608	55
56 DRUGS CHARGED TO PATIENTS	19279	8395470	.002296	3255765	7475	56
59 INDUSTRIAL MEDICINE						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	92888	1128121	.082339	26849	2211	60
61 EMERGENCY	24572	2104386	.011677	170539	1991	61
62 OBSERVATION BEDS (NON-DISTINCT	9247	427022	.021655	61	1	62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	571466	47190909		12504010	110325	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	470349		470349	11902	39.52	4354	172070 25
26 INTENSIVE CARE UNIT	53350		53350	1344	39.69	792	31434 26
101 TOTAL	523699		523699			5146	203504 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						203504	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						110325	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						313829	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						1222	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						5146	
PER DISCHARGE CAPITAL COSTS						256.82	
PER DIEM CAPITAL COSTS						60.99	

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)	6151765
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	17760230
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.346

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)	313829
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 OPPTS. (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)	2629622
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	6579008
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.400