

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 1

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 PROVENA ST. MARY'S HOSPITAL (14-0155) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	265011	-136426		1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	265011	-136426		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: 500 WEST COURT STREET
 1.01 CITY: KANKAKEE STATE: IL P.O.BOX: ZIP CODE: 60901 COUNTY: KANKAKEE 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	PROVENA ST. MARY'S HOSPITAL	14-0155	07/01/1969	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	PROVENA ST. MARY'S RENAL	14-2318	07/01/1973				16
17	COST REPORTING PERIOD (MM/DD/YYYY)			FROM: 01/01/2009 TO: 12/31/2009				17
18	TYPE OF CONTROL			1 2				18
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1				19
20	SUBPROVIDER I							20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			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
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
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
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	148003		40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET: 9223 WEST ST. FRANCIS ROAD		P.O.BOX:		40.02
40.03	CITY: FRANKFORT, IL 60423		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?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 63288	PAID LOSSES: 4644496	AND/OR SELF INSURANCE: 1342567			
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.					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.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

	DATE	Y/N	LIMIT	Y/N	FEE\$
	0	1	2	3	4
	/ /	NO	0.00	NO	
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.				
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? YES				
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.				
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.				
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)				
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)				
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.)				
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.				
	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)				

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XX 15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3337	1	8025	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		3337	1	8025	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	37189868		37189868	1480181.00	25.13		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	615310	323279	938589	117053.00	8.02		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1287490		1287490	21215.16	60.69		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	432706		432706	10491.00	41.25		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	6659936		6659936	108788.00	61.22		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	10022309		10022309			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	168610		168610			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	270885		270885	7048.00	38.43		21
22 ADMINISTRATIVE & GENERAL	4019455	-326214	3693241	128425.00	28.76		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	836169		836169	40930.00	20.43		24
25 LAUNDRY & LINEN SERVICE	38514		38514	3562.00	10.81		25
26 HOUSEKEEPING	680321		680321	55842.00	12.18		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	713942	-493843	220099	18001.00	12.23		27
27.01 DIETARY UNDER CONTRACT	270902		270902	10028.00	27.01		27.01
28 CAFETERIA		493843	493843	40391.00	12.23		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	948688		948688	23679.00	40.06		30
31 CENTRAL SERVICES AND SUPPLY	509123		509123	15044.00	33.84		31
32 PHARMACY	1173499		1173499	34485.00	34.03		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1227297		1227297	50028.00	24.53		33
34 SOCIAL SERVICE	577918		577918	15341.00	37.67		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	4	5		
1 NET SALARIES	37460770		37460770	1490209.00	25.14		1
2 EXCLUDED AREA SALARIES	615310	323279	938589	117053.00	8.02		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	36845460	-323279	36522181	1373156.00	26.60		3
4 SUBTOTAL OTHER WAGES & REL COSTS	8380132		8380132	140494.16	59.65		4
5 SUBTOTAL WAGE-RELATED COSTS	10022309		10022309		27.44%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	55247901	-323279	54924622	1513650.16	36.29		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	11266713	-326214	10940499	442804.00	24.71		13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2318

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						1	
2	3.00			3.00	6.00	7.00	2	
3	5.50			5.50			3	
4							4	
5	312						5	
6	24						6	
7	3						7	
8							8	
9							9	
10							10	
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST						11	
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						12	
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						1406716	13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP						15	
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

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	35765796 17
17.01	GROSS MEDICAID REVENUES	14773956 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	50539752 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.202086 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	67937410 28
29	TOTAL GROSS MEDICAID COST	13729199 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	79159148 30
31	UNCOMPENSATED CARE COST	15996956 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	13729199 32

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 SUPPLY RECLASS	A	MEDICAL SUPPLIES CHARGED TO P	55		6991283	1
2	A	MEDICAL SUPPLY IMPANTS	55.01		5166104	2
3	A					3
4	A					4
5	A					5
6	A					6
7	A					7
8	A					8
9	A					9
10	A					10
11	A					11
12	A					12
13	A					13
14	A					14
15	A					15
16	A					16
17	A					17
18	A					18
19	A					19
20	A					20
21	A					21
22	A					22
23	A					23
24	A					24
25	A					25
26	A					26
27	A					27
28	A					28
29	A					29
30	A					30
31	A					31
32	A					32
33	A					33
34	A					34
35	A					35
36 SUBTOTAL					12157387	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 SUPPLY RECLASS	A	EMPLOYEE BENEFITS	5		43	1
2	A	ADMINISTRATIVE & GENERAL	6		2074	2
3	A	OPERATION OF PLANT	8		1629	3
4	A	LAUNDRY & LINEN SERVICE	9		121	4
5	A	HOUSEKEEPING	10		4372	5
6	A	DIETARY	11		5742	6
7	A	NURSING ADMINISTRATION	14		2168	7
8	A	CENTRAL SERVICES & SUPPLY	15		449936	8
9	A	STERILE PROCESSING	15.01		32433	9
10	A	PHARMACY	16		4506	10
11	A	MEDICAL RECORDS & LIBRARY	17		59	11
12	A	PARAMED ED PRGM-(SPECIFY)	24		2776	12
13	A	ADULTS & PEDIATRICS	25		235047	13
14	A	INTENSIVE CARE UNIT	26		51400	14
15	A	SURGICAL INTENSIVE CARE UNIT	29		36215	15
16	A	OPERATING ROOM	37		5874515	16
17	A	SPECIAL PROCEDURES	37.01		89348	17
18	A	RECOVERY ROOM	38		20096	18
19	A	OP ONCOLOGY	38.01		24539	19
20	A	SUBSTANCE ABUSE	39.02		111	20
21	A	DIABETES EDUCATION	39.04		80	21
22	A	INFUSION CLINIC	39.06		3160	22
23	A	ANESTHESIOLOGY	40		166271	23
24	A	RADIOLOGY-DIAGNOSTIC	41		104300	24
25	A	RADIOISOTOPE	43		693	25
26	A	CARDIAC CATH LAB	43.01		2794768	26
27	A	LABORATORY	44		653583	27
28	A	RESPIRATORY THERAPY	49		132386	28
29	A	PHYSICAL THERAPY	50		10064	29
30	A	WOUND CARE	50.01		4511	30
31	A	OCCUPATIONAL THERAPY	51		1137	31
32	A	SPEECH PATHOLOGY	52		135	32
33	A	ELECTROCARDIOLOGY	53		13350	33
34	A	ELECTROENCEPHALOGRAPHY	54		1118	34
35	A	RENAL DIALYSIS	57		1094199	35
36 SUBTOTAL					11816885	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1	A				1
2	A				2
3	A				3
4	A				4
5 DRUG RECLASS	B	DRUGS CHARGED TO PATIENTS	56		6584254
6	B	CENTRAL SERVICES & SUPPLY	15		3567
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	B				16
17	B				17
18	B				18
19	B				19
20	B				20
21	B				21
22	B				22
23	B				23
24	B				24
25	B				25
26	B				26
27	B				27
28	B				28
29	B				29
30	B				30
31 DEPRECIATION RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		2821394
32	C	NEW CAP REL COSTS-MVBLE EQUIP	4		2507851
33	C				33
34	C				34
35	C				35
36 SUBTOTAL					24074453

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	A	OCCUPATIONAL HEALTH	60.01		16572	1
2	A	EMERGENCY	61		318431	2
3	A	OTHER NRCC	100		1842	3
4	A	SISTERS RESIDENCE	100.01		3657	4
5	B	ADMINISTRATIVE & GENERAL	6		4296	5
6	B	OPERATION OF PLANT	8		2	6
7	B	DIETARY	11		11864	7
8	B	STERILE PROCESSING	15.01		77	8
9	B	PHARMACY	16		6077303	9
10	B	INFUSION CLINIC	39.06		53	10
11	B	ADULTS & PEDIATRICS	25		5983	11
12	B	INTENSIVE CARE UNIT	26		1528	12
13	B	SURGICAL INTENSIVE CARE UNIT	29		1067	13
14	B	OPERATING ROOM	37		1213	14
15	B	SPECIAL PROCEDURES	37.01		1448	15
16	B	RECOVERY ROOM	38		11	16
17	B	OP ONCOLOGY	38.01		1393	17
18	B	ANESTHESIOLOGY	40		35680	18
19	B	RADIOLOGY-DIAGNOSTIC	41		136138	19
20	B	RADIOISOTOPE	43		172222	20
21	B	CARDIAC CATH LAB	43.01		44309	21
22	B	RESPIRATORY THERAPY	49		15028	22
23	B	PHYSICAL THERAPY	50		815	23
24	B	WOUND CARE	50.01		2715	24
25	B	ELECTROCARDIOLOGY	53		1348	25
26	B	OCCUPATIONAL HEALTH	60.01		68550	26
27	B	EMERGENCY	61		61	27
28	B	OTHER NRCC	100		4716	28
29	B	SISTERS RESIDENCE	100.01		1	29
30	B					30
31	C	EMPLOYEE BENEFITS	5		4310	9 31
32	C	ADMINISTRATIVE & GENERAL	6		56508	9 32
33	C	OPERATION OF PLANT	8		612672	33
34	C	BIO MED	8.01		456	34
35	C	LAUNDRY & LINEN SERVICE	9		36	35
36		SUBTOTAL			19419190	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	C				1
2	C				2
3	C				3
4	C				4
5	C				5
6	C				6
7	C				7
8	C				8
9	C				9
10	C				10
11	C				11
12	C				12
13	C				13
14	C				14
15	C				15
16	C				16
17	C				17
18	C				18
19	C				19
20	C				20
21	C				21
22	C				22
23	C				23
24	C				24
25	C				25
26	C				26
27	C				27
28	C				28
29	C				29
30	C				30
31	C				31
32	C				32
33	C				33
34	C				34
35	C				35
36 SUBTOTAL					24074453 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	C	HOUSEKEEPING	10		5193	1
2	C	DIETARY	11		24383	2
3	C	NURSING ADMINISTRATION	14		50296	3
4	C	CENTRAL SERVICES & SUPPLY	15		3506	4
5	C	STERILE PROCESSING	15.01		97654	5
6	C	PHARMACY	16		8775	6
7	C	MEDICAL RECORDS & LIBRARY	17		6948	7
8	C	ADULTS & PEDIATRICS	25		176065	8
9	C	INTENSIVE CARE UNIT	26		28625	9
10	C	SURGICAL INTENSIVE CARE UNIT	29		16075	10
11	C	OPERATING ROOM	37		288185	11
12	C	SPECIAL PROCEDURES	37.01		18582	12
13	C	RECOVERY ROOM	38		3143	13
14	C	OP ONCOLOGY	38.01		1749	14
15	C	SUBSTANCE ABUSE	39.02		45	15
16	C	INFUSION CLINIC	39.06		4611	16
17	C	ANESTHESIOLOGY	40		24434	17
18	C	RADIOLOGY-DIAGNOSTIC	41		522035	18
19	C	RADIOISOTOPE	43		32222	19
20	C	CARDIAC CATH LAB	43.01		180264	20
21	C	LABORATORY	44		118543	21
22	C	RESPIRATORY THERAPY	49		33368	22
23	C	PHYSICAL THERAPY	50		4314	23
24	C	WOUND CARE	50.01		150	24
25	C	OCCUPATIONAL THERAPY	51		636	25
26	C	SPEECH PATHOLOGY	52		80	26
27	C	ELECTROCARDIOLOGY	53		38469	27
28	C	RENAL DIALYSIS	57		45185	28
29	C	OCCUPATIONAL HEALTH	60.01		43364	29
30	C	EMERGENCY	61		30075	30
31	C	INTEREST EXPENSE	88		166567	31
32	C	OTHER NRCC	100		406101	32
33	C	SISTERS RESIDENCE	100.01		375	33
34	C	ELECTROENCEPHALOGRAPHY	54		1414	34
35	C	OLD CAP REL COSTS-BLDG & FIXT	1		2273832	9 35
36		SUBTOTAL			24074453	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
1	1	2	3	4	5
1	C				1
2 REHAB RECLASS	D	OCCUPATIONAL THERAPY	51	19620	815 2
3	D	SPEECH PATHOLOGY	52	19620	815 3
4 CARDIAC REHAB RECLASS	E	RESPIRATORY THERAPY	49	46579	6484 4
5 CAFETERIA RECLASS	F	CAFETERIA	12	493843	688877 5
6 CAPITAL INTEREST RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		3425119 6
7 WORKERS COMP RECLASS	H	EMPLOYEE BENEFITS	5		548913 7
8 CAPITAL INSURANCE	I	NEW CAP REL COSTS-BLDG & FIXT	3		159320 8
9 SALARY RECLASS	K	ADULTS & PEDIATRICS	25	98511	9
10	K	OPERATING ROOM	37	82200	10
11	K	RECOVERY ROOM	38	18682	11
12	K	ANESTHESIOLOGY	40	11209	12
13	K	RADIOLOGY-DIAGNOSTIC	41	61274	13
14	K	RADIOISOTOPE	43	5781	14
15	K	CARDIAC CATH LAB	43.01	26591	15
16	K	RESPIRATORY THERAPY	49	12717	16
17	K	ELECTROCARDIOLOGY	53	9249	17
18					18
19	L	PARAMED ED PRGM-(SPECIFY)	24	323279	19
20	L				20
21	L				21
22	L				22
23	L				23
24	L				24
25	L				25
26	L				26
27	L				27
28	L				28
29					29
30 IV THERAPY LABOR	M	DRUGS CHARGED TO PATIENTS	56	426020	5860 30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1655175	28910656 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	C					1
2 REHAB RECLASS	D	PHYSICAL THERAPY	50	39240	1630	2
3	D					3
4 CARDIAC REHAB RECLASS	E	ELECTROCARDIOLOGY	53	46579	6484	4
5 CAFETERIA RECLASS	F	DIETARY	11	493843	688877	5
6 CAPITAL INTEREST RECLASS	G	INTEREST EXPENSE	88		3425119	11 6
7 WORKERS COMP RECLASS	H	ADMINISTRATIVE & GENERAL	6		548913	7
8 CAPITAL INSURANCE	I	ADMINISTRATIVE & GENERAL	6		159320	11 8
9 SALARY RECLASS	K	ADMINISTRATIVE & GENERAL	6	326214		9
10	K					10
11	K					11
12	K					12
13	K					13
14	K					14
15	K					15
16	K					16
17	K					17
18						18
19	L	ADULTS & PEDIATRICS	25	23520		19
20	L	INTENSIVE CARE UNIT	26	26266		20
21	L	OPERATING ROOM	37	19064		21
22	L	RECOVERY ROOM	38	17576		22
23	L	RADIOLOGY-DIAGNOSTIC	41	7995		23
24	L	CARDIAC CATH LAB	43.01	12360		24
25	L	RESPIRATORY THERAPY	49	15567		25
26	L	ELECTROCARDIOLOGY	53	7288		26
27	L	RENAL DIALYSIS	57	9689		27
28	L	EMERGENCY	61	183954		28
29						29
30 IV THERAPY LABOR	M	ADULTS & PEDIATRICS	25	426020	5860	30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1655175	28910656	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	5113245					5113245		1
2 LAND IMPROVEMENTS	1330230				2465	1327765	949430	2
3 BUILDINGS AND FIXTURES	91556096	412197		412197	736303	91231990	19011437	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	33856203	3146650		3146650	1987493	35015360	16105980	6
7 SUBTOTAL	131855774	3558847		3558847	2726261	132688360	36066847	7
8 RECONCILING ITEMS								8
9 TOTAL	131855774	3558847		3558847	2726261	132688360	36066847	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	2821394		3447652	-358745		-313209	5597092 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	4726279						4726279 4	
5 TOTAL	7547673		3447652	-358745		-313209	10323371 5	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	2273832						2273832 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 TOTAL	2273832						2273832 5	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-165665	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-6534	ADMINISTRATIVE & GENERAL	6	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	-262182			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-2006579			14
15 LAUNDRY AND LINEN SERVICE	B	-24053	LAUNDRY & LINEN SERVICE	9	15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-370920	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1200	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES	B	-350	ADMINISTRATIVE & GENERAL	6	23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 RADIOLOGY OTHER OPER INCOME	B	-26455	RADIOLOGY-DIAGNOSTIC	41	37
38 EQUITY TRSFR OF UNCONS INV	B	-69596	ADMINISTRATIVE & GENERAL	6	38
39 OTHER OPER INC 11.0300.4590	B	-5613	ADMINISTRATIVE & GENERAL	6	39
40 NURSERY PHOTOS 11.0646.4200	B	-2533	ADULTS & PEDIATRICS	25	40
41 ADULTS & PDS OTHER OPER INCOME	B	-2486	ADULTS & PEDIATRICS	25	41
41.01 ONCOLOGY CLINICAL TRIAL INCOME	B	-5550	OP ONCOLOGY	38.01	41.01
42 VOLUNTEER HOURS CONTRIBUTION	B	-352239	ADMINISTRATIVE & GENERAL	6	42
43 REAL ESTATE TAXES 11.0950.8260	A	-11846	ADMINISTRATIVE & GENERAL	6	43
44 MEDICAL AFFAIRS ADJUSTMENT	A	-207123	ADMINISTRATIVE & GENERAL	6	44
45 MARKETING EXPENSES	A	-758179	ADMINISTRATIVE & GENERAL	6	45
46 MARKETING DEPRECIATION	A	-14127	NEW CAP REL COSTS-MVBLE EQUIP	4	9 46
46.10 AHA DUES	A	-6378	ADMINISTRATIVE & GENERAL	6	46.10
46.11 LOSS ON DEFEASANCE	A	28878	NEW CAP REL COSTS-BLDG & FIXT	3	11 46.11
46.30 ADMIN NON-ALLOWABLE EXP	A	-690	ADMINISTRATIVE & GENERAL	6	46.30
46.40 EMS NON-ALLOW	A	-1417	PARAMED ED PRGM-(SPECIFY)	24	46.40
47 MEDICAID PROVIDER TAX ASSESMEN	A	-3639215	ADMINISTRATIVE & GENERAL	6	47
48					48
49 OFFSET RENTAL INCOME	B	-313209	NEW CAP REL COSTS-BLDG & FIXT	3	14 49
50 TOTAL		-8225261			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	8529581	10380535	-1850954	1
2	6	ADMINISTRATIVE & GENERAL	INFORMATION SYSTEMS	3498315	4373071	-874756	2
3	26	INTENSIVE CARE UNIT	EICU EXPENSE	778155	1099627	-321472	3
4	6	ADMINISTRATIVE & GENERAL	CBO EXPENSE	1413273	2246480	-833207	4
4.01	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY MANAGEMENT FEES	449608	449608		4.01
4.02	4	NEW CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	2232555		2232555	9 4.02
4.03	44	LABORATORY	ALVERNO LAB	1	1		4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	3066374	3425119	-358745	12 4.04
5		TOTALS		19967862	21974441	-2006579	5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	57	RENAL DIALYSIS	56288		56288	171400	424	34939	1747
2	25	ADULTS & PEDIATRICS	67967		67967	171400	44	3626	181
3	39.02	SUBSTANCE ABUSE	4531		4531	171400	29	2390	120
4	61	EMERGENCY	285133	118466	166667	171400	8988	740646	37032
5	44	LABORATORY	30000		30000	171400	306	25216	1261
6	53	ELECTROCARDIOLOGY							
7	43.01	CARDIAC CATH LAB	15000		15000	171400	88	7252	363
8	49	RESPIRATORY THERAPY	5000		5000	171400	36	2967	148
9	50.01	WOUND CARE	1531	1531					
10	38.01	OP ONCOLOGY	15725		15725	171400	47	3873	194
11	17	MEDICAL RECORDS & LIBRAR	54998		54998	171400	479	39471	1974
12	6	ADMINISTRATIVE & GENERAL	16530		16530	171400	50	4120	206
14	26	INTENSIVE CARE UNIT							
101		TOTAL	552703	119997	432706		10491	864500	43226

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/25/2010 13:15

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	57 RENAL DIALYSIS					34939	21349	21349
2	25 ADULTS & PEDIATRICS					3626	64341	64341
3	39.02 SUBSTANCE ABUSE					2390	2141	2141
4	61 EMERGENCY					740646		118466
5	44 LABORATORY					25216	4784	4784
6	53 ELECTROCARDIOLOGY							
7	43.01 CARDIAC CATH LAB					7252	7748	7748
8	49 RESPIRATORY THERAPY					2967	2033	2033
9	50.01 WOUND CARE							1531
10	38.01 OP ONCOLOGY					3873	11852	11852
11	17 MEDICAL RECORDS & LIBRAR					39471	15527	15527
12	6 ADMINISTRATIVE & GENERAL					4120	12410	12410
14	26 INTENSIVE CARE UNIT							
101	TOTAL					864500	142185	262182

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	BIO MED 8.01	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	109215641	5092227	4637343	10133338	108479478	15517015	4926125	1727101	95
NONREIMBURSABLE COST CENTERS									
100 OTHER NRCC	1427264	270604	88153	44188	1830209	306955	394688	49656	100
100.01 SISTERS RESIDENCE	475964	234261	783	98174	809182	135713	341680		100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	111118869	5597092	4726279	10275700	111118869	15959683	5662493	1776757	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	STER PROC 15.01	PHARMACY 16	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	93913	1357042	1622145	1154452	1643663	732888	1063230	2361381	95
NONREIMBURSABLE COST CENTERS									
100 OTHER NRCC	3407					24193	2166		100
100.01 SISTERS RESIDENCE	927					713			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	98247	1357042	1622145	1154452	1643663	757794	1065396	2361381	103

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.02
 05/25/2010 13:15

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	18	24	25	26	27	
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	3168994	926500	712297	107219380	-1406716	105812664	95
NONREIMBURSABLE COST CENTERS							
100 OTHER NRCC				2611274		2611274	100
100.01 SISTERS RESIDENCE				1288215		1288215	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	3168994	926500	712297	111118869	-1406716	109712153	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	BIO MED
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	OF PLANT	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL		
	0	3	4	4A	5	6	8	8.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		5092227	4637343	9729570	73714	431870	1736585	16484 95
NONREIMBURSABLE COST CENTERS								
100 OTHER NRCC		270604	88153	358757	321	8543	139138	474 100
100.01 SISTERS RESIDENCE		234261	783	235044	714	3777	120451	100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		5597092	4726279	10323371	74749	444190	1996174	16958 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	STER PROC 15.01	PHARMACY 16	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	23453	31701	706015	6505	126749	170477	369238	77565	95
NONREIMBURSABLE COST CENTERS									
100 OTHER NRCC	851					5627	752		100
100.01 SISTERS RESIDENCE	231					166			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	24535	31701	706015	6505	126749	176270	369990	77565	103

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/25/2010 13:15

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	18	24	25	26	27	
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	149693	11628		9436244		9436244	95
NONREIMBURSABLE COST CENTERS							
100 OTHER NRCC				514463		514463	100
100.01 SISTERS RESIDENCE				360383		360383	100.01
101 CROSS FOOT ADJUSTMENTS			12281	12281		12281	101
102 NEGATIVE COST CENTER							102
103 TOTAL	149693	11628	12281	10323371		10323371	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	BIO MED
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	WORKORDERS
	3	4	5	6A	6	8	8.01
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	405194						3
4 NEW CAP REL COSTS-MVBLE EQUIP		2264242					4
5 EMPLOYEE BENEFITS	4760	4310	36918983				5
6 ADMINISTRATIVE & GENERAL	23299	55033	3693241	-15959683	95159186		6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	96082	308826	836169		4849204	281053	8
8.01 BIO MED		473			1513405	473	4258 8.01
9 LAUNDRY & LINEN SERVICE	1155		38514		64208	1155	9
10 HOUSEKEEPING	1195		680321		1141516	1195	10
11 DIETARY	12367	211280	220099		1158240	12367	11
12 CAFETERIA			493843		949252		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION		50296	948688		1353334	610	14
15 CENTRAL SERVICES & SUPPLY	7924	3506	231066		484453	7924	15
15.01 STERILE PROCESSING	7198	97564	278057		710851	7198	15.01
16 PHARMACY	2033	8775	1173499		1904700	2033	8 16
17 MEDICAL RECORDS & LIBRARY	5321	6948	1227297		2496833	5321	17
18 SOCIAL SERVICE	300		577918		759366	300	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)	200		427103		476696	200	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	55989	172611	7544604		11371914	55989	488 25
26 INTENSIVE CARE UNIT	7281	28625	1764604		2928385	7281	153 26
29 SURGICAL INTENSIVE CARE UNIT	5800	16075	1174523		2022736	5800	114 29
33 NURSERY							33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	11680	288185	1397677		3214720	11680	479 37
37.01 SPECIAL PROCEDURES	9258	18582	347700		699582	9258	37.01
38 RECOVERY ROOM	1687	3143	997567		1338307	1687	43 38
38.01 OP ONCOLOGY	29137	1749	1266759		2624884	29137	18 38.01
39.02 SUBSTANCE ABUSE	414	45	207847		315399	414	39.02
39.04 DIABETES EDUCATION	1017		74543		114254	1017	39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC	2366	4611	178799		273000	2366	17 39.06
40 ANESTHESIOLOGY	310	24434	37882		4557762	310	228 40
41 RADIOLOGY-DIAGNOSTIC	13671	446600	2578548		5578434	13671	268 41
43 RADIOISOTOPE	1800	29507	189146		333842	1800	43
43.01 CARDIAC CATH LAB	4035	180264	486167		901509	4035	77 43.01
44 LABORATORY	11835	111702			5425498	11835	174 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	2482	32245	1070525		1535915	2482	123 49
50 PHYSICAL THERAPY	7442	4314	437158		1279915	7442	61 50
50.01 WOUND CARE	3291	150	155736		257635	3291	19 50.01
51 OCCUPATIONAL THERAPY	406	636	144942		200927	406	51
52 SPEECH PATHOLOGY	240	80	102191		135652	240	1123 52
53 ELECTROCARDIOLOGY	3245	38469	395833		633870	3245	136 53
54 ELECTROENCEPHALOGRAPHY	799	1414	48290		75961	799	54
55 MEDICAL SUPPLIES CHARGED TO P					6991283		55
55.01 MEDICAL SUPPLY IMPANTS					5166104		55.01
56 DRUGS CHARGED TO PATIENTS			426020		7134709		56
57 RENAL DIALYSIS	13325	38021	1721947		4574040	13325	440 57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH	8000	3560	858514		1387347	8000	60.01
61 EMERGENCY	10218	30075	1974160		3583727	10218	170 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES					426		65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION	BIO MED
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	OF PLANT SQUARE FEET	WORKORDERS
	3	4	5	6A	6	8	8.01
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	368645	2221635	36407497	-15959683	92519795	244504	4139 95
NONREIMBURSABLE COST CENTERS							
100 OTHER NRCC	19590	42232	158761		1830209	19590	119 100
100.01 SISTERS RESIDENCE	16959	375	352725		809182	16959	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	5597092	4726279	10275700		15959683	5662493	1776757 103
104 UNIT COST MULT-WS B PT I		2.087356				20.147421	104
104 UNIT COST MULT-WS B PT I	13.813363		.278331		.167716		417.275012 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			74749		444190	1996174	16958 107
108 UNIT COST MULT-WS B PT III						7.102482	108
108 UNIT COST MULT-WS B PT III			.002025		.004668		3.982621 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA HOURS OF SERVICE 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	STER PROC TIME SERV 15.01	PHARMACY COSTED REQUIS. 16	
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	831381	57297	125996	54490	667333	518783	100156	100	95
NONREIMBURSABLE COST CENTERS									
100 OTHER NRCC	30165					17125	204		100
100.01 SISTERS RESIDENCE	8203					505			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	98247	1357042	1622145	1154452	1643663	757794	1065396	2361381	103
104 UNIT COST MULT-WS B PT I	.112960		12.874575		2.463033		10.615743		104
104 UNIT COST MULT-WS B PT I		23.684346		21.186493		1.412706		23613.810000	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	24535	31701	706015	6505	126749	176270	369990	77565	107
108 UNIT COST MULT-WS B PT III	.028209		5.603472		.189934		3.686628		108
108 UNIT COST MULT-WS B PT III		.553275		.119380		.328609		775.650000	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	PARAMED	
	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT	EDUCATION ASSIGNED TIME	
	17	18	24	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
8.01 BIO MED				8.01
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
15.01 STERILE PROCESSING				15.01
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	10001			17
18 SOCIAL SERVICE		9999		18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES				22
23 I&R SERVICES-OTHER PRGM COSTS				23
24 PARAMED ED PRGM-(SPECIFY)			9817	24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	8040	7180	828	25
26 INTENSIVE CARE UNIT	899	981	828	26
29 SURGICAL INTENSIVE CARE UNIT	562	613		29
33 NURSERY				33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM			828	37
37.01 SPECIAL PROCEDURES				37.01
38 RECOVERY ROOM			552	38
38.01 OP ONCOLOGY				38.01
39.02 SUBSTANCE ABUSE				39.02
39.04 DIABETES EDUCATION				39.04
39.05 PODIATRY				39.05
39.06 INFUSION CLINIC				39.06
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC			276	41
43 RADIOISOTOPE				43
43.01 CARDIAC CATH LAB			276	43.01
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY			552	49
50 PHYSICAL THERAPY				50
50.01 WOUND CARE				50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY			276	53
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO P				55
55.01 MEDICAL SUPPLY IMPANTS				55.01
56 DRUGS CHARGED TO PATIENTS				56
57 RENAL DIALYSIS		625	276	57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60.01 OCCUPATIONAL HEALTH				60.01
61 EMERGENCY	500	600	5125	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES				65
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	PARAMED	
	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT	EDUCATION ASSIGNED TIME	
	17	18	24	
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	10001	9999	9817	95
NONREIMBURSABLE COST CENTERS				
100 OTHER NRCC				100
100.01 SISTERS RESIDENCE				100.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	3168994	926500	712297	103
104 UNIT COST MULT-WS B PT I	316.867713		72.557502	104
104 UNIT COST MULT-WS B PT I		92.659266		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	149693	11628	12281	107
108 UNIT COST MULT-WS B PT III	14.967803		1.250993	108
108 UNIT COST MULT-WS B PT III		1.162916		108

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/25/2010 13:15

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

----- WORKSHEET B -----

DESCRIPTION 1	PART 2	LINE NO. 3	AMOUNT 4	
1 EXCLUDE EPO FROM RENAL FACILITY	1	57	-1406716	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
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	20784560		20784560	64341	20848901	25
26 INTENSIVE CARE UNIT	4549769		4549769		4549769	26
29 SURGICAL INTENSIVE CARE UNI	3082002		3082002		3082002	29
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5620178		5620178		5620178	37
37.01 SPECIAL PROCEDURES	1048683		1048683		1048683	37.01
38 RECOVERY ROOM	1814926		1814926		1814926	38
38.01 OP ONCOLOGY	3772493		3772493	11852	3784345	38.01
39.02 SUBSTANCE ABUSE	400222		400222	2141	402363	39.02
39.04 DIABETES EDUCATION	159290		159290		159290	39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	396826		396826		396826	39.06
40 ANESTHESIOLOGY	5432565		5432565		5432565	40
41 RADIOLOGY-DIAGNOSTIC	7257250		7257250		7257250	41
43 RADIOISOTOPE	435855		435855		435855	43
43.01 CARDIAC CATH LAB	1275416		1275416	7748	1283164	43.01
44 LABORATORY	6671631		6671631	4784	6676415	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2050583		2050583	2033	2052616	49
50 PHYSICAL THERAPY	1709093		1709093		1709093	50
50.01 WOUND CARE	430929		430929		430929	50.01
51 OCCUPATIONAL THERAPY	253141		253141		253141	51
52 SPEECH PATHOLOGY	635793		635793		635793	52
53 ELECTROCARDIOLOGY	920745		920745		920745	53
54 ELECTROENCEPHALOGRAPHY	109756		109756		109756	54
55 MEDICAL SUPPLIES CHARGED TO	8183968		8183968		8183968	55
55.01 MEDICAL SUPPLY IMPANTS	6032542		6032542		6032542	55.01
56 DRUGS CHARGED TO PATIENTS	10692695		10692695		10692695	56
57 RENAL DIALYSIS	4804392		4804392	21349	4825741	57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	1855031		1855031		1855031	60.01
61 EMERGENCY	5431833		5431833		5431833	61
62 OBSERVATION BEDS (NON-DISTI	873060		873060		873060	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	497		497		497	65
101 SUBTOTAL	106685724		106685724	114248	106799972	101
102 LESS OBSERVATION BEDS	873060		873060		873060	102
103 TOTAL	105812664		105812664	114248	105926912	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	23640391		23640391			25
26 INTENSIVE CARE UNIT	14964682		14964682			26
29 SURGICAL INTENSIVE CARE UNI	10428038		10428038			29
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	11195457	18421250	29616707	.189764	.189764	.189764 37
37.01 SPECIAL PROCEDURES	977026	2590891	3567917	.293920	.293920	.293920 37.01
38 RECOVERY ROOM	1484211	4834964	6319175	.287209	.287209	.287209 38
38.01 OP ONCOLOGY		3448602	3448602	1.093920	1.093920	1.097356 38.01
39.02 SUBSTANCE ABUSE	51163	621987	673150	.594551	.594551	.597732 39.02
39.04 DIABETES EDUCATION	1733733	175344	1909077	.083438	.083438	.083438 39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	211786	298378	510164	.777840	.777840	.777840 39.06
40 ANESTHESIOLOGY	2740023	7131414	9871437	.550332	.550332	.550332 40
41 RADIOLOGY-DIAGNOSTIC	27642113	64248037	91890150	.078977	.078977	.078977 41
43 RADIOISOTOPE	3318706	4206751	7525457	.057917	.057917	.057917 43
43.01 CARDIAC CATH LAB	12556269	7623404	20179673	.063203	.063203	.063587 43.01
44 LABORATORY	26532372	33350667	59883039	.111411	.111411	.111491 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	8890797	2445171	11335968	.180892	.180892	.181071 49
50 PHYSICAL THERAPY	1552867	3423842	4976709	.343418	.343418	.343418 50
50.01 WOUND CARE	55596	457082	512678	.840545	.840545	.840545 50.01
51 OCCUPATIONAL THERAPY	590189	578062	1168251	.216684	.216684	.216684 51
52 SPEECH PATHOLOGY	205717	95344	301061	2.111841	2.111841	2.111841 52
53 ELECTROCARDIOLOGY	5085594	4107276	9192870	.100159	.100159	.100159 53
54 ELECTROENCEPHALOGRAPHY	220888	303588	524476	.209268	.209268	.209268 54
55 MEDICAL SUPPLIES CHARGED TO	25830297	16551245	42381542	.193102	.193102	.193102 55
55.01 MEDICAL SUPPLY IMPANTS	12902208	7676328	20578536	.293147	.293147	.293147 55.01
56 DRUGS CHARGED TO PATIENTS	51711888	34150624	85862512	.124533	.124533	.124533 56
57 RENAL DIALYSIS	1378029	17857894	19235923	.249761	.249761	.250871 57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH		1308884	1308884	1.417262	1.417262	1.417262 60.01
61 EMERGENCY	11153756	28755729	39909485	.136104	.136104	.136104 61
62 OBSERVATION BEDS (NON-DISTI		1884615	1884615	.463256	.463256	.463256 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 SUBTOTAL	257053796	266547373	523601169			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	257053796	266547373	523601169			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2411900		2411900	25
26 INTENSIVE CARE UNIT				343157		343157	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT				239223		239223	29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
101 TOTAL				2994280		2994280	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	26316	13098			91.65	1200432	25
26 INTENSIVE CARE UNIT	3606	1957			95.16	186228	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT	2254	1325			106.13	140622	29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	1052						33
101 TOTAL	33228	16380				1527282	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----	CAPITAL COSTS	
	1	2	3	4	5	6	7	8			
ANCILLARY SERVICE COST CENTERS											
37 OPERATING ROOM		1246418	29616707	5613497				.042085		236244	37
37.01 SPECIAL PROCEDURES		241596	3567917	479191				.067713		32447	37.01
38 RECOVERY ROOM		59737	6319175	654133				.009453		6184	38
38.01 OP ONCOLOGY		634513	3448602					.183991			38.01
39.02 SUBSTANCE ABUSE		11767	673150	11760				.017481		206	39.02
39.04 DIABETES EDUCATION		22231	1909077	997693				.011645		11618	39.04
39.05 PODIATRY											39.05
39.06 INFUSION CLINIC		62077	510164	115851				.121680		14097	39.06
40 ANESTHESIOLOGY		80581	9871437	1370897				.008163		11191	40
41 RADIOLOGY-DIAGNOSTIC		1283009	91890150	12993943				.013962		181421	41
43 RADIOISOTOPE		101372	7525457	1783572				.013471		24026	43
43.01 CARDIAC CATH LAB		482124	20179673	5662004				.023892		135277	43.01
44 LABORATORY		512568	59883039	14252744				.008559		121989	44
46.30 BLOOD CLOTTING FACTORS ADMIN											46.30
49 RESPIRATORY THERAPY		136795	11335968	5440157				.012067		65646	49
50 PHYSICAL THERAPY		173247	4976709	1013512				.034812		35282	50
50.01 WOUND CARE		84855	512678	89				.165513		15	50.01
51 OCCUPATIONAL THERAPY		11385	1168251	303922				.009745		2962	51
52 SPEECH PATHOLOGY		10560	301061	149933				.035076		5259	52
53 ELECTROCARDIOLOGY		154370	9192870	2709848				.016792		45504	53
54 ELECTROENCEPHALOGRAPHY		20267	524476	110159				.038642		4257	54
55 MEDICAL SUPPLIES CHARGED TO P		37319	42381542	13828343				.000881		12183	55
55.01 MEDICAL SUPPLY IMPANTS		24115	20578536	6176601				.001172		7239	55.01
56 DRUGS CHARGED TO PATIENTS		111733	85862512	29230577				.001301		38029	56
57 RENAL DIALYSIS		412692	19235923	1031958				.021454		22140	57
59.97 CARDIAC REHABILITATION											59.97
59.98 HYPERBARIC OXYGEN THERAPY											59.98
59.99 LITHOTRIPSY											59.99
OUTPATIENT SERVICE COST CENTERS											
60.01 OCCUPATIONAL HEALTH		188664	1308884					.144141			60.01
61 EMERGENCY		337967	39909485	5311693				.008468		44979	61
62 OBSERVATION BEDS (NON-DISTINC		101000	1884615					.053592			62
63.50 RHC											63.50
63.60 FQHC											63.60
OTHER REIMBURSABLE COST CENTERS											
65 AMBULANCE SERVICES											65
101 TOTAL		6542962	474568058	109242077						1058195	101

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	NURSING	ALLIED	ALL OTHER	TOTAL	
		ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
		COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
		1	2	2.01	2.02 3	4	
	INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS			60078		60078	25
26	INTENSIVE CARE UNIT			60078		60078	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			120156		120156	101

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/25/2010 13:15

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	TOTAL	PER	INPATIENT	INPATIENT	
		PATIENT		DIEM	PROGRAM	
		DAYS	6	DAYS	PASS THRU	
		5		7	COSTS	8
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	26316	2.28	13098	29863	25
26	INTENSIVE CARE UNIT	3606	16.66	1957	32604	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT	2254		1325		29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I					31
33	NURSERY	1052				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	33228		16380	62467	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER		TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				60078			60078 37
37.01 SPECIAL PROCEDURES							37.01
38 RECOVERY ROOM				40052			40052 38
38.01 OP ONCOLOGY							38.01
39.02 SUBSTANCE ABUSE							39.02
39.04 DIABETES EDUCATION							39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC							39.06
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				20026			20026 41
43 RADIOISOTOPE							43
43.01 CARDIAC CATH LAB				20026			20026 43.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				40052			40052 49
50 PHYSICAL THERAPY							50
50.01 WOUND CARE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY				20026			20026 53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 MEDICAL SUPPLY IMPANTS							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS				20026			20026 57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH							60.01
61 EMERGENCY				371855			371855 61
62 OBSERVATION BEDS (NON-DISTINC				2516			2516 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL				594657			594657 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	60078	29616707	.002029	.002029	5613497	11390	5929544 37
37.01 SPECIAL PROCEDURES		3567917			479191		853048 37.01
38 RECOVERY ROOM	40052	6319175	.006338	.006338	654133	4146	1292384 38
38.01 OP ONCOLOGY		3448602					1185349 38.01
39.02 SUBSTANCE ABUSE		673150			11760		30108 39.02
39.04 DIABETES EDUCATION		1909077			997693		39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC		510164			115851		252646 39.06
40 ANESTHESIOLOGY		9871437			1370897		1639200 40
41 RADIOLOGY-DIAGNOSTIC	20026	91890150	.000218	.000218	12993943	2833	17536622 41
43 RADIOISOTOPE		7525457			1783572		1570605 43
43.01 CARDIAC CATH LAB	20026	20179673	.000992	.000992	5662004	5617	3219222 43.01
44 LABORATORY		59883039			14252744		727989 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	40052	11335968	.003533	.003533	5440157	19220	544342 49
50 PHYSICAL THERAPY		4976709			1013512		5077 50
50.01 WOUND CARE		512678			89		185929 50.01
51 OCCUPATIONAL THERAPY		1168251			303922		51
52 SPEECH PATHOLOGY		301061			149933		52
53 ELECTROCARDIOLOGY	20026	9192870	.002178	.002178	2709848	5902	1331454 53
54 ELECTROENCEPHALOGRAPHY		524476			110159		97885 54
55 MEDICAL SUPPLIES CHARGED TO P		42381542			13828343		5859961 55
55.01 MEDICAL SUPPLY IMPANTS		20578536			6176601		4285814 55.01
56 DRUGS CHARGED TO PATIENTS		85862512			29230577		10064949 56
57 RENAL DIALYSIS	20026	19235923	.001041	.001041	1031958	1074	5560 57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH		1308884					432831 60.01
61 EMERGENCY	371855	39909485	.009317	.009317	5311693	49489	4055365 61
62 OBSERVATION BEDS (NON-DISTINC	2516	1884615	.001335	.001335			1148260 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	594657	474568058			109242077	99671	62254144 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			12031			37
37.01 SPECIAL PROCEDURES						37.01
38 RECOVERY ROOM			8191			38
38.01 OP ONCOLOGY						38.01
39.02 SUBSTANCE ABUSE						39.02
39.04 DIABETES EDUCATION						39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC						39.06
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			3823			41
43 RADIOISOTOPE						43
43.01 CARDIAC CATH LAB			3193			43.01
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY			1923			49
50 PHYSICAL THERAPY						50
50.01 WOUND CARE						50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY			2900			53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.01 MEDICAL SUPPLY IMPANTS						55.01
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS			6			57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH						60.01
61 EMERGENCY			37784			61
62 OBSERVATION BEDS (NON-DISTINC			1533			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL			71384			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] 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	.189764	.189764	.189764			37
37.01 SPECIAL PROCEDURES	.293920	.293920	.293920			37.01
38 RECOVERY ROOM	.287209	.287209	.287209			38
38.01 OP ONCOLOGY	1.093920	1.093920	1.093920			38.01
39.02 SUBSTANCE ABUSE	.594551	.594551	.594551			39.02
39.04 DIABETES EDUCATION	.083438	.083438	.083438			39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	.777840	.777840	.777840			39.06
40 ANESTHESIOLOGY	.550332	.550332	.550332			40
41 RADIOLOGY-DIAGNOSTIC	.078977	.078977	.078977			41
43 RADIOISOTOPE	.057917	.057917	.057917			43
43.01 CARDIAC CATH LAB	.063203	.063203	.063203			43.01
44 LABORATORY	.111411	.111411	.111411			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.180892	.180892	.180892			49
50 PHYSICAL THERAPY	.343418	.343418	.343418			50
50.01 WOUND CARE	.840545	.840545	.840545			50.01
51 OCCUPATIONAL THERAPY	.216684	.216684	.216684			51
52 SPEECH PATHOLOGY	2.111841	2.111841	2.111841			52
53 ELECTROCARDIOLOGY	.100159	.100159	.100159			53
54 ELECTROENCEPHALOGRAPHY	.209268	.209268	.209268			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.193102	.193102	.193102			55
55.01 MEDICAL SUPPLY IMPANTS	.293147	.293147	.293147			55.01
56 DRUGS CHARGED TO PATIENTS	.124533	.124533	.124533			56
57 RENAL DIALYSIS	.249761	.249761	.249761			57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	1.417262	1.417262	1.417262			60.01
61 EMERGENCY	.136104	.136104	.136104			61
62 OBSERVATION BEDS (NON-DISTINCT	.463256	.463256	.463256			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.124533	1
2 PROGRAM VACCINE CHARGES	7090	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	883	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 (14-0155) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5929544						37
37.01 SPECIAL PROCEDURES		853048						37.01
38 RECOVERY ROOM		1292384						38
38.01 OP ONCOLOGY		1185349						38.01
39.02 SUBSTANCE ABUSE		30108						39.02
39.04 DIABETES EDUCATION								39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC		252646						39.06
40 ANESTHESIOLOGY		1639200						40
41 RADIOLOGY-DIAGNOSTIC		17536622						41
43 RADIOISOTOPE		1570605						43
43.01 CARDIAC CATH LAB		3219222						43.01
44 LABORATORY		727989	7295					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		544342						49
50 PHYSICAL THERAPY		5077						50
50.01 WOUND CARE		185929						50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1331454						53
54 ELECTROENCEPHALOGRAPHY		97885						54
55 MEDICAL SUPPLIES CHARGED TO PA		5859961						55
55.01 MEDICAL SUPPLY IMPANTS		4285814						55.01
56 DRUGS CHARGED TO PATIENTS		10064949						56
57 RENAL DIALYSIS		5560	49731					57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH		432831						60.01
61 EMERGENCY		4055365						61
62 OBSERVATION BEDS (NON-DISTINCT		1148260						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		62254144	57026					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		62254144	57026					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1125214					37
37.01 SPECIAL PROCEDURES		250728					37.01
38 RECOVERY ROOM		371184					38
38.01 OP ONCOLOGY		1296677					38.01
39.02 SUBSTANCE ABUSE		17901					39.02
39.04 DIABETES EDUCATION							39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC		196518					39.06
40 ANESTHESIOLOGY		902104					40
41 RADIOLOGY-DIAGNOSTIC		1384990					41
43 RADIOISOTOPE		90965					43
43.01 CARDIAC CATH LAB		203464					43.01
44 LABORATORY		81106	813				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		98467					49
50 PHYSICAL THERAPY		1744					50
50.01 WOUND CARE		156282					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		133357					53
54 ELECTROENCEPHALOGRAPHY		20484					54
55 MEDICAL SUPPLIES CHARGED TO PAT		1131570					55
55.01 MEDICAL SUPPLY IMPANTS		1256374					55.01
56 DRUGS CHARGED TO PATIENTS		1253418					56
57 RENAL DIALYSIS		1389	12421				57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH		613435					60.01
61 EMERGENCY		551951					61
62 OBSERVATION BEDS (NON-DISTINCT)		531938					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		11671260	13234				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		11671260	13234				104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0155)	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)	26316						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	26316						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26316						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)	13098						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) (14-0155)	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	20848901						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	20848901						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23640391						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23640391						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.881919						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	898.33						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	20848901						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) (14-0155)	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	792.25					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10376891					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10376891					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4549769	3606	1261.72	1957	2469186	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT	3082002	2254	1367.35	1325	1811739	46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	16520481					48
49 TOTAL PROGRAM INPATIENT COSTS	31178297					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1589749					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1157866					51
52 TOTAL PROGRAM EXCLUDABLE COST	2747615					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	28430682					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) (14-0155)	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 SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0155)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1102	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	792.25	84
85 OBSERVATION BED COST	873060	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		20848901		873060		86
87 NEW CAPITAL-RELATED COST	2411900	20848901	.115685	873060	101000	87
88 NON PHYSICIAN ANESTHETIST		20848901		873060		88
89 NURSING SCHOOL		20848901		873060		89
89.01 ALLIED HEALTH	60078	20848901	.002882	873060	2516	89.01
89.02 ALL OTHER		20848901		873060		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0155) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		12006766		25
26 INTENSIVE CARE UNIT		9096141		26
29 SURGICAL INTENSIVE CARE UNIT		6437068		29
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.189764	5613497	1065240	37
37.01 SPECIAL PROCEDURES	.293920	479191	140844	37.01
38 RECOVERY ROOM	.287209	654133	187873	38
38.01 OP ONCOLOGY	1.097356			38.01
39.02 SUBSTANCE ABUSE	.597732	11760	7029	39.02
39.04 DIABETES EDUCATION	.083438	997693	83246	39.04
39.05 PODIATRY				39.05
39.06 INFUSION CLINIC	.777840	115851	90114	39.06
40 ANESTHESIOLOGY	.550332	1370897	754448	40
41 RADIOLOGY-DIAGNOSTIC	.078977	12993943	1026223	41
43 RADIOISOTOPE	.057917	1783572	103299	43
43.01 CARDIAC CATH LAB	.063587	5662004	360030	43.01
44 LABORATORY	.111491	14252744	1589053	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.181071	5440157	985055	49
50 PHYSICAL THERAPY	.343418	1013512	348058	50
50.01 WOUND CARE	.840545	89	75	50.01
51 OCCUPATIONAL THERAPY	.216684	303922	65855	51
52 SPEECH PATHOLOGY	2.111841	149933	316635	52
53 ELECTROCARDIOLOGY	.100159	2709848	271416	53
54 ELECTROENCEPHALOGRAPHY	.209268	110159	23053	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.193102	13828343	2670281	55
55.01 MEDICAL SUPPLY IMPANTS	.293147	6176601	1810652	55.01
56 DRUGS CHARGED TO PATIENTS	.124533	29230577	3640171	56
57 RENAL DIALYSIS	.250871	1031958	258888	57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60.01 OCCUPATIONAL HEALTH	1.417262			60.01
61 EMERGENCY	.136104	5311693	722943	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.463256			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		109242077	16520481	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		109242077		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0155)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	17451794					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5817265					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						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	1347776					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	183.51					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0155)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0155) 1	HOSPITAL (14-0155) 1.01	HOSPITAL (14-0155) 1.02	
1 MEDICAL AND OTHER SERVICES	14117			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	11599876			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9227012			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	71384			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	14117			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	64116			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	64116			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	64116			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	49999			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	14117			17
17.01 TOTAL PPS PAYMENTS	9298396			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0155) 1	HOSPITAL (14-0155) 1.01	HOSPITAL (14-0155) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2077143		18.01
19 SUBTOTAL	7235370		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	7235370		23
24 PRIMARY PAYER PAYMENTS	1486		24
25 SUBTOTAL	7233884		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	280558		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	196391		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	232868		27.02
28 SUBTOTAL	7430275		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS	4306		30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	7434581		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7571007		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-136426		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0155)

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		27062075		7699396	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54	09/11/2009 07/31/2009	156327 11358 	09/11/2009 12/31/2008 07/31/2009	6225 134614 	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	144969		-128389	3.99	
4 TOTAL INTERIM PAYMENTS		27207044		7571007	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		NONE NONE	NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52	
SUBTOTAL	.99				5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		265011	-136426	6.01 6.02	
7 TOTAL MEDICARE PROGRAM LIABILITY		27472055		7434581	7	

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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	5141485			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	71760802			4
5	OTHER RECEIVABLES	1032069			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-51785826			6
7	INVENTORY	2769699			7
8	PREPAID EXPENSES	646679			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	1054182			10
11	TOTAL CURRENT ASSETS	30619090			11
FIXED ASSETS					
12	LAND	5113245			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1327765			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	91231991			14
14.01	ACCUMULATED DEPRECIATION	-78647059			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	35015361			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	54041303			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2853490			25
26	TOTAL OTHER ASSETS	2853490			26
27	TOTAL ASSETS	87513883			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	7675208			28
29	SALARIES, WAGES & FEES PAYABLE	3466452			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	10311567			34
35	OTHER CURRENT LIABILITIES	1727333			35
36	TOTAL CURRENT LIABILITIES	23180560			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	205826			41
42	TOTAL LONG TERM LIABILITIES	205826			42
43	TOTAL LIABILITIES	23386386			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	64127497			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	64127497			51
52	TOTAL LIABILITIES AND FUND BALANCES	87513883			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	55630039			1
2 NET INCOME (LOSS)	6916906			2
3 TOTAL	62546945			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	1580552			5
6 INVESTMENT INCOME				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1580552			10
11 SUBTOTAL	64127497			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ASSETS RELEASED FOR OPERATIONS				13
14				14
15 TRANSFER PROVENA IMAGING RECEIVABLE				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	64127497			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	24230159		24230159	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	24230159		24230159	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	25397607		25397607	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	25397607		25397607	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	49627766		49627766	18
19 ANCILLARY SERVICES	207564479		207564479	19
20 OUTPATIENT SERVICES		276104384	276104384	20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	257192245	276104384	533296629	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		119344130	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	17242582		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		17242582	33
34 DEDUCT (SPECIFY)			34
35 INVESTMENT INCOME			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		136586712	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	533296629	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	391675694	2
3	NET PATIENT REVENUES	141620935	3
4	LESS - TOTAL OPERATING EXPENSES	136586712	4
5	NET INCOME FROM SERVICE TO PATIENTS	5034223	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		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		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	969832	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ASSETS RELEASED FROM RESTRICTIONS	72223	24
24.01	UNRESTRICTED CONTRIBUTIONS	29233	24.01
24.02	OTHER OPERATING REVENUE	797931	24.02
24.03	MISC	69596	24.03
24.04	MISC	-56132	24.04
25	TOTAL OTHER INCOME	1882683	25
26	TOTAL	6916906	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	6916906	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2318

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTE PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1048373	HRS OF SERVICE	32170.00	15.47	1
2 LICENSED PRACTICAL NURSES	234304	HRS OF SERVICE	11490.00	5.52	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	201736	HRS OF SERVICE	13182.00	6.34	4
5 SOCIAL WORKERS	105832	HRS OF SERVICE	4115.00	1.98	5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	141392	ACCUMULATED COST			8
9 SUBTOTAL	1731637				9
10 EMPLOYEE BENEFITS		SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU	46804	SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS	8461	PERCENTAGE OF TIME			13
14 SUPPLIES	46578	REQUISITIONS			14
15 DRUGS	1771205	REQUISITIONS			15
16 OTHER	226658	ACCUMULATED COST			16
17 SUBTOTAL	3831343				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	184063	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	79363	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	479271	SALARY			22
23 ADMINISTRATIVE AND GENERAL	767140	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	527144	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS	20026				25
26 CENTRAL SERVICES & SUPPLIES	63861	REQUISITIONS			26
27 PHARMACY	-1406716	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	258897	ACCUMULATED COST			28
29 SUBTOTAL	4804392				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
32.97 CARDIAC REHABILITATION		CHARGES			32.97
32.98 HYPERBARIC OXYGEN THERAPY		CHARGES			32.98
32.99 LITHOTRIPSY		CHARGES			32.99
33 TOTAL COSTS	4804392				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2318

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUB-TOTAL	OVERHEAD	TOTAL	
	BUILDING	EQUIPMENT	RNS	CARE	SALARY OTHER							
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	758011	87824	1048373	541872	479271	364489	110439		3390279	1394087	4784366	1
2 MAINTENANCE												
3 HEMODIALYSIS	424916	55227	587651	303737	268649	203464	61904		1905548	783565	2689113	2
4 INTERMITTENT PERITONEAL TRAINING												3
5 HEMODIALYSIS												4
6 INTERMITTENT PERITONEAL												5
7 CAPD	3072	171	4269	2202	1951	1476	450		13591	5589	19180	6
8 CCPD	1479	79	2020	1054	930	701	214		6477	2663	9140	7
9 HOME												8
10 HEMODIALYSIS												9
11 INTERMITTENT PERITONEAL												10
12 CAPD	38174	4558	52824	27294	24144	18288	5564		170846	70252	241098	11
13 CCPD	267443	24947	369901	191190	169100	129577	38966		1191124	489791	1680915	12
14 OTHER BILLABLE SERVICES												13
15 INPATIENT DIALYSIS	22927	2842	31708	16395	14497	10983	3341		102693	42227	144920	14
16 METHOD II HOME PATIENT												15
17 EPO (INCL IN RENAL DEPT)						1406716						16
18.01 ARANESP (INCL IN RENAL DEPT)												17
19 OTHER												18
20 TOTAL	758011	87824	1048373	541872	479271	364489	110439		3390279	1394087	4784366	19
21 MEDICAL EDUC PGM COSTS											20026	20
22 TOTAL RENAL COSTS											4804392	21

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2318

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	----CAPITAL AND----		-DIRECT PATIENT-		EMPLOYEE	DRGS	MEDICAL	ROUTINE	SUB-	OVERHEAD						
	BUILDING	EQUIPMENT	CARE	SALARY								BENEFITS	SUPPLIES	ANCILLARY	TOTAL	(ACCUM.
	(SQUARE	(% OF	RNS	OTHERS								(SALARY)	(REQUIS)	SERVICES		COST)
FEET)	TIME)	(HOURS)	(HOURS)	(SALARY)	(REQUIS)	(CHARGES)										
	1	2	3	4	5	6	7	8	9	10						
1 TOTAL RENAL DEPT COSTS	758011	87824	1048373	541872	479271	364489	110439		3390279	1394087	1					
2 MAINTENANCE																
3 HEMODIALYSIS	7469	178775.0	18033.00	16136.00	970644	24398	638676	14732			2					
4 INTERMITTENT PERITONEAL											3					
5 TRAINING																
6 HEMODIALYSIS											4					
7 INTERMITTENT PERITONEAL											5					
8 CAPD	54	555.00	131.00	117.00	7050	177	4639	107			6					
9 CCPD	26	255.00	62.00	56.00	3360	84	2211	51			7					
10 HOME																
11 HEMODIALYSIS											8					
12 INTERMITTENT PERITONEAL											9					
13 CAPD	671	14753.00	1621.00	1450.00	87234	2193	57399	1324			10					
14 CCPD	4701	80755.00	11351.00	10157.00	610968	15538	402012	9273			11					
15 OTHER BILLABLE SERVICES																
16 INPT DIAL TRTMNTS 993	403	9199.00	973.00	871.00	52380	1317	34466	795								
17 METHOD II HOME PATIENT											13					
18 EPO											14					
19 ARANESP											14.01					
20 OTHER											15					
21 TOTAL STATISTICAL BASIS	13324	284292.0	32171.00	28787.00	1731636	43707	1139403	26282		3390279	16					
22 UNIT COST MULTIPLIER	56.890648		32.587517		.276774		.096927									
		.308922		18.823497		8.339374				.411201	17					

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/25/2010 13:15

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2318
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	14732	2689113	182.54	12288	2243052	167.08	2053079	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	107	19180	179.25	64	11472	172.79	11059	5
6 TRAINING - CCPD	51	9140	179.22	31	5556	179.25	5557	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1324	241098	182.10	823	149868	66.78	54960	9
10 HOME PROGRAM - CCPD	9273	1680915	181.27	5993	1086351	71.22	426821	10
11 TOTALS	14890	4639446		12383	3496299		2551476	11

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/25/2010 13:15

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2318

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	3496299 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2551476 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1431 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	510013 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	1 5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	511443 6
7	PROGRAM PAYMENT	2040036 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0155)	HOSPITAL (14-0155)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	1920278				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	151192				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4					4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	0.00	0.00			4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0625				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.1910				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2535				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0527				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	101199				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	2172669				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 BIO MED					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
15.01 STERILE PROCESSING					15.01
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
29 SURGICAL INTENSIVE CARE UNIT					29
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SPECIAL PROCEDURES					37.01
38 RECOVERY ROOM					38
38.01 OP ONCOLOGY					38.01
39.02 SUBSTANCE ABUSE					39.02
39.04 DIABETES EDUCATION					39.04
39.05 PODIATRY					39.05
39.06 INFUSION CLINIC					39.06
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 CARDIAC CATH LAB					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.01 MEDICAL SUPPLY IMPANTS					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60.01 OCCUPATIONAL HEALTH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01

PROVIDER NO. 14-0155 PROVENA ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/25/2010 13:15

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	
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
100 OTHER NRCC						100
100.01 SISTERS RESIDENCE						100.01
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	49.77		20.95			70.72 25
26	INTENSIVE CARE UNIT	54.27		5.71			59.98 26
29	SURGICAL INTENSIVE CARE UNIT	58.78		5.28			64.06 29
33	NURSERY			35.27			35.27 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37	OPERATING ROOM	18.95	20.02				38.97 37
37.01	SPECIAL PROCEDURES	13.43	23.91				37.34 37.01
38	RECOVERY ROOM	10.35	20.45				30.80 38
38.01	OP ONCOLOGY		34.37				34.37 38.01
39.02	SUBSTANCE ABUSE	1.75	4.47				6.22 39.02
39.04	DIABETES EDUCATION	52.26					52.26 39.04
39.06	INFUSION CLINIC	22.71	49.52				72.23 39.06
40	ANESTHESIOLOGY	13.89	16.61				30.50 40
41	RADIOLOGY-DIAGNOSTIC	14.14	19.08				33.22 41
43	RADIOISOTOPE	23.70	20.87				44.57 43
43.01	CARDIAC CATH LAB	28.06	15.95				44.01 43.01
44	LABORATORY	23.80	1.22				25.02 44
49	RESPIRATORY THERAPY	47.99	4.80				52.79 49
50	PHYSICAL THERAPY	20.37	0.10				20.47 50
50.01	WOUND CARE	0.02	36.27				36.29 50.01
51	OCCUPATIONAL THERAPY	26.02					26.02 51
52	SPEECH PATHOLOGY	49.80					49.80 52
53	ELECTROCARDIOLOGY	29.48	14.48				43.96 53
54	ELECTROENCEPHALOGRAPHY	21.00	18.66				39.66 54
55	MEDICAL SUPPLIES CHARGED TO PAT	32.63	13.83				46.46 55
55.01	MEDICAL SUPPLY IMPANTS	30.01	20.83				50.84 55.01
56	DRUGS CHARGED TO PATIENTS	34.04	11.72				45.76 56
57	RENAL DIALYSIS	5.36	0.03				5.39 57
60.01	OCCUPATIONAL HEALTH		33.07				33.07 60.01
61	EMERGENCY	13.31	10.16				23.47 61
62	OBSERVATION BEDS (NON-DISTINCT)		60.93				60.93 62
101	TOTAL CHARGES	20.86	11.89				32.75 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	5597092	5.04	-5597092	-11.76			3
4	NEW CAP REL COSTS-MVBLE EQUIP	4726279	4.25	-4726279	-9.93			4
5	EMPLOYEE BENEFITS	10200951	9.18	-10200951	-21.43			5
6	ADMINISTRATIVE & GENERAL	14495029	13.04	-14495029	-30.45			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	2644627	2.38	-2644627	-5.56			8
8.01	BIO MED	1506871	1.36	-1506871	-3.17			8.01
9	LAUNDRY & LINEN SERVICE	37534	.03	-37534	-.08			9
10	HOUSEKEEPING	935655	.84	-935655	-1.97			10
11	DIETARY	485133	.44	-485133	-1.02			11
12	CAFETERIA	811800	.73	-811800	-1.71			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	975873	.88	-975873	-2.05			14
15	CENTRAL SERVICES & SUPPLY	303365	.27	-303365	-.64			15
15.01	STERILE PROCESSING	330379	.30	-330379	-.69			15.01
16	PHARMACY	1531679	1.38	-1531679	-3.22			16
17	MEDICAL RECORDS & LIBRARY	2067234	1.86	-2067234	-4.34			17
18	SOCIAL SERVICE	594370	.53	-594370	-1.25			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)	355057	.32	-355057	-.75			24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	8138317	7.32	12646243	26.57	20784560	18.70	25
26	INTENSIVE CARE UNIT	2276915	2.05	2272854	4.78	4549769	4.09	26
29	SURGICAL INTENSIVE CARE UNIT	1582158	1.42	1499844	3.15	3082002	2.77	29
33	NURSERY							33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	2062818	1.86	3557360	7.47	5620178	5.06	37
37.01	SPECIAL PROCEDURES	436135	.39	612548	1.29	1048683	.94	37.01
38	RECOVERY ROOM	1030789	.93	784137	1.65	1814926	1.63	38
38.01	OP ONCOLOGY	1866175	1.68	1906318	4.00	3772493	3.40	38.01
39.02	SUBSTANCE ABUSE	251736	.23	148486	.31	400222	.36	39.02
39.04	DIABETES EDUCATION	79458	.07	79832	.17	159290	.14	39.04
39.05	PODIATRY							39.05
39.06	INFUSION CLINIC	180928	.16	215898	.45	396826	.36	39.06
40	ANESTHESIOLOGY	4491934	4.04	940631	1.98	5432565	4.89	40
41	RADIOLOGY-DIAGNOSTIC	3739692	3.37	3517558	7.39	7257250	6.53	41
43	RADIOISOTOPE	194741	.18	241114	.51	435855	.39	43
43.01	CARDIAC CATH LAB	334182	.30	941234	1.98	1275416	1.15	43.01
44	LABORATORY	5028855	4.53	1642776	3.45	6671631	6.00	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	1136363	1.02	914220	1.92	2050583	1.85	49

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
50 PHYSICAL THERAPY	1046436	.94	662657	1.39	1709093	1.54	50
50.01 WOUND CARE	168516	.15	262413	.55	430929	.39	50.01
51 OCCUPATIONAL THERAPY	153649	.14	99492	.21	253141	.23	51
52 SPEECH PATHOLOGY	103727	.09	532066	1.12	635793	.57	52
53 ELECTROCARDIOLOGY	398575	.36	522170	1.10	920745	.83	53
54 ELECTROENCEPHALOGRAPHY	48531	.04	61225	.13	109756	.10	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6991283	6.29	1192685	2.51	8183968	7.37	55
55.01 MEDICAL SUPPLY IMPANTS	5166104	4.65	866438	1.82	6032542	5.43	55.01
56 DRUGS CHARGED TO PATIENTS	7016134	6.31	3676561	7.72	10692695	9.62	56
57 RENAL DIALYSIS	3831343	3.45	2379765	5.00	6211108	5.59	57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60.01 OCCUPATIONAL HEALTH	1030458	.93	824573	1.73	1855031	1.67	60.01
61 EMERGENCY	2830335	2.55	2601498	5.47	5431833	4.89	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	426		71		497		65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
100 OTHER NRCC	1427264	1.28	1184010	2.49	2611274	2.35	100
100.01 SISTERS RESIDENCE	475964	.43	812251	1.71	1288215	1.16	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	111118869	100.00	0	.00	111118869	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1246418	29616707	.042085	5613497	236244	37
37.01 SPECIAL PROCEDURES	241596	3567917	.067713	479191	32447	37.01
38 RECOVERY ROOM	59737	6319175	.009453	654133	6184	38
38.01 OP ONCOLOGY	634513	3448602	.183991			38.01
39.02 SUBSTANCE ABUSE	11767	673150	.017481	11760	206	39.02
39.04 DIABETES EDUCATION	22231	1909077	.011645	997693	11618	39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	62077	510164	.121680	115851	14097	39.06
40 ANESTHESIOLOGY	80581	9871437	.008163	1370897	11191	40
41 RADIOLOGY-DIAGNOSTIC	1283009	91890150	.013962	12993943	181421	41
43 RADIOISOTOPE	101372	7525457	.013471	1783572	24026	43
43.01 CARDIAC CATH LAB	482124	20179673	.023892	5662004	135277	43.01
44 LABORATORY	512568	59883039	.008559	14252744	121989	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	136795	11335968	.012067	5440157	65646	49
50 PHYSICAL THERAPY	173247	4976709	.034812	1013512	35282	50
50.01 WOUND CARE	84855	512678	.165513	89	15	50.01
51 OCCUPATIONAL THERAPY	11385	1168251	.009745	303922	2962	51
52 SPEECH PATHOLOGY	10560	301061	.035076	149933	5259	52
53 ELECTROCARDIOLOGY	154370	9192870	.016792	2709848	45504	53
54 ELECTROENCEPHALOGRAPHY	20267	524476	.038642	110159	4257	54
55 MEDICAL SUPPLIES CHARGED TO PAT	37319	42381542	.000881	13828343	12183	55
55.01 MEDICAL SUPPLY IMPANTS	24115	20578536	.001172	6176601	7239	55.01
56 DRUGS CHARGED TO PATIENTS	111733	85862512	.001301	29230577	38029	56
57 RENAL DIALYSIS	412692	19235923	.021454	1031958	22140	57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	188664	1308884	.144141			60.01
61 EMERGENCY	337967	39909485	.008468	5311693	44979	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	101000	1884615	.053592			62
63.50 RHC						
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	6542962	474568058		109242077	1058195	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	2411900		2411900	26316	91.65	13098	1200432 25
26 INTENSIVE CARE UNIT	343157		343157	3606	95.16	1957	186228 26
29 SURGICAL INTENSIVE CARE UNIT	239223		239223	2254	106.13	1325	140622 29
101 TOTAL	2994280		2994280			16380	1527282 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1527282
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1058195
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2585477
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	3337
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	16380
PER DISCHARGE CAPITAL COSTS	774.79
PER DIEM CAPITAL COSTS	157.84

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)	28430682
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	136782052
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.208

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)	2585477
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.019

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 (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	11442014
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)	62057578
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.184