

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PROVENA MERCY CENTER (14-0174) (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	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	385816	237805		2
3	SWING BED - SNF	220140			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	605956	237805		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: 1325 NORTH HIGHLAND AVENUE P.O.BOX: 1
 1.01 CITY: AURORA STATE: IL ZIP CODE: 60506 COUNTY: KANE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0174	07/01/1996	N	P	O	2
3	SUBPROVIDER I	14-S174	07/01/1985	N	P	O	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2009	TO: 12/31/2009	1	2		17
18	TYPE OF CONTROL			1			18
19	HOSPITAL			1			19
20	SUBPROVIDER I			4			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
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00	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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

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	YES	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

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: NATIONAL GOVERNMENT SERVICE FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICE/CONTRACTOR'S NUMBER: 00131				40.01
40.02	STREET: P.O. BOX 7149			P.O. BOX:	40.02
40.03	CITY: CITY: INDIANAPOLIS			STATE: IN ZIP CODE: 46207-7149	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?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE 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: PREMIUMS: 821644 PAID LOSSES: 3487500 AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					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	
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.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
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)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO				60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/	CAMPUS	
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	04/30/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2722	2562	8260	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		2722	2562	8260	12
13	RPCH VISITS					13
14	SUBPROVIDER I		672	501	2137	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	53452320	-72269	53380051	1866713.00	28.60		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						SAL,EB, CONTR	7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	5699258	-460871	5238387	182820.00	28.65		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2708390		2708390	78239.00	34.62	DIRECT PT &TOP	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'	10262		10262	355.50	28.87	PMMC DIRECT, AL	9.03
10	CONTRACT LABOR: PHYSICIAN PART A	322034		322034	2971.00	108.39	A-8-2 LESS SUB	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	6659936		6659936	113614.00	58.62	SAL,BEN,CONTRAC	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	12412619		12412619			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1349183		1349183			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1350711	-1826	1348885	18741.00	71.98		21
22	ADMINISTRATIVE & GENERAL	6867062	-9284	6857778	239612.00	28.62		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	4548469		4548469	17661.32	257.54		22.01
23	MAINTENANCE & REPAIRS	519883	-703	519180	20568.00	25.24		23
24	OPERATION OF PLANT	1010594	-1366	1009228	43142.00	23.39		24
25	LAUNDRY & LINEN SERVICE	39991	-54	39937	3098.00	12.89		25
26	HOUSEKEEPING	1383689	-1871	1381818	102255.00	13.51		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1160932	-717100	443832	33452.00	13.27		27
27.01	DIETARY UNDER CONTRACT	521939		521939	15637.00	33.38		27.01
28	CAFETERIA		715530	715530	53739.00	13.31		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1791014	-2421	1788593	41255.00	43.35		30
31	CENTRAL SERVICES AND SUPPLY	649584	-878	648706	34829.00	18.63		31
32	PHARMACY	1827358	-2471	1824887	44265.00	41.23		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1028571	-1391	1027180	45355.00	22.65		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	58522728	-72269	58450459	1900011.32	30.76	1
2	EXCLUDED AREA SALARIES	5699258	-460871	5238387	182820.00	28.65	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	52823470	388602	53212072	1717191.32	30.99	3
4	SUBTOTAL OTHER WAGES & REL COSTS	9700622		9700622	195179.50	49.70	4
5	SUBTOTAL WAGE-RELATED COSTS	12412619		12412619		23.33%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	74936711	388602	75325313	1912370.82	39.39	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	22699797	-23835	22675962	713609.32	31.78	13

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	47661344	17
17.01	GROSS MEDICAID REVENUES	127520044	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	20000	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	175201388	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.205028	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	127520044	28
29	TOTAL GROSS MEDICAID COST	26145180	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	26145180	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4013432	4013432	3427751	7441183	383638	7824821	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4688278	4688278		4688278		4688278	4
5	0500 EMPLOYEE BENEFITS	1350711	14078441	15429152	70443	15499595	1081243	16580838	5
6	0600 ADMINISTRATIVE & GENERAL	6867062	47598629	54465691	-9284	54456407	-20781318	33675089	6
7	0700 MAINTENANCE & REPAIRS	519883	2743219	3263102	-703	3262399	-84	3262315	7
8	0800 OPERATION OF PLANT	1010594	2548067	3558661	-1366	3557295	-11808	3545487	8
9	0900 LAUNDRY & LINEN SERVICE	39991	443447	483438	-54	483384		483384	9
10	1000 HOUSEKEEPING	1383689	341141	1724830	-1871	1722959		1722959	10
11	1100 DIETARY	1160932	1440985	2601917	-1605238	996679		996679	11
12	1200 CAFETERIA				1603668	1603668	-719245	884423	12
14	1400 NURSING ADMINISTRATION	1791014	15339	1806353	-2421	1803932		1803932	14
15	1500 CENTRAL SERVICES & SUPPLY	649584	987754	1637338	-931344	705994		705994	15
16	1600 PHARMACY	1827358	3203436	5030794	-2809582	2221212	-1600	2219612	16
17	1700 MEDICAL RECORDS & LIBRARY	1028571	813480	1842051	-1391	1840660	-4035	1836625	17
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	9834851	603934	10438785	-549949	9888836	-21441	9867395	25
26	2600 INTENSIVE CARE UNIT	2622198	964657	3586855	-3545	3583310	-311386	3271924	26
31	3100 SUBPROVIDER I	4862463	314484	5176947	-509908	4667039	-136802	4530237	31
33	3300 NURSERY	559779	317139	876918	-757	876161	-289000	587161	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	1821574	6094921	7916495	-2463	7914032		7914032	37
38	3800 RECOVERY ROOM	1156742	119772	1276514	-1564	1274950		1274950	38
39	3900 DELIVERY ROOM & LABOR ROOM	2133148	177423	2310571	-2884	2307687	-10537	2297150	39
40	4000 ANESTHESIOLOGY	77762	1488121	1565883	-105	1565778	-1319581	246197	40
41	4100 RADIOLOGY-DIAGNOSTIC	2160506	1144876	3305382	-2921	3302461	-22259	3280202	41
41.01	3230 CAT SCAN	520841	166637	687478	-704	686774	-3781	682993	41.01
41.02	3630 ULTRASOUND	485149	168438	653587	-656	652931	-254	652677	41.02
44	4400 LABORATORY	37099	4063058	4100157	-50	4100107		4100107	44
47	4700 BLOOD STORING, PROCESSING & TRA		1082594	1082594		1082594		1082594	47
49	4900 RESPIRATORY THERAPY	914383	98600	1012983	-1236	1011747		1011747	49
50	5000 PHYSICAL THERAPY	652023	208668	860691	-882	859809		859809	50
51	5100 OCCUPATIONAL THERAPY	157958	34597	192555	-214	192341		192341	51
52	5200 SPEECH PATHOLOGY	202013	36875	238888	-273	238615		238615	52
53	5300 ELECTROCARDIOLOGY	1723328	4479247	6202575	-2330	6200245	-2188	6198057	53
54.01	3320 ECT	63051	3096	66147		15804	81951	81951	54.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				930466	930466		930466	55
56	5600 DRUGS CHARGED TO PATIENTS				2807111	2807111		2807111	56
57	5700 RENAL DIALYSIS		454564	454564		454564		454564	57
58.01	3550 PSYCHOLOGY	595459	4962	600421	149250	749671	-6080	743591	58.01
59	3950 OCCUPATIONAL HEALTH	431006	724529	1155535	-583	1154952	-405869	749083	59
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	703265	422898	1126163	-951	1125212		1125212	60
60.01	6001 OUTPATIENT PROCEDURES		41889	41889	859959	901848	-37793	864055	60.01
61	6100 EMERGENCY	3271538	1760681	5032219	-4423	5027796	-515507	4512289	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
88	8800 INTEREST EXPENSE		3427751	3427751	-3427751				88
95	SUBTOTALS	52615525	111320059	163935584	-12951	163922633	-23135687	140786946	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		173021	173021		173021	-77	172944	96
98.01	9801 PHYSICIAN PRACTICE MANAGEMENT	4264	3603	7867	-6	7861		7861	98.01
99.01	9901 MASSAGE THERAPY	25499	434	25933	-34	25899		25899	99.01
99.02	9902 IDOL SPACE/HOME HEALTH								99.02
99.03	9903 ADOL SCHOOL	55885	152	56037	14007	70044	-70044		99.03
99.04	9904 FOUNDATION	249364	157762	407126	-337	406789	-55829	350960	99.04
99.05	9905 LEASED BLDG		85787	85787		85787		85787	99.05
99.07	9907 PARISH NURSING	295633	2639	298272	-400	297872	-101575	196297	99.07
100	7950 OP PHARMACY	206150	755198	961348	-279	961069		961069	100
101	TOTAL	53452320	112498655	165950975		165950975	-23363212	142587763	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS SUPPLY COST	A	MEDICAL SUPPLIES CHARGED TO P	55		930466	1
2 RECLASS PHARMACY	B	DRUGS CHARGED TO PATIENTS	56		2807111	2
3 RECLASS INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		3427751	3
4 RECLASS PSYCH ADMIN EXP	D	ADULTS & PEDIATRICS	25	299461	23846	4
5	D	ECT	54.01	14717	1172	5
6	D	PSYCHOLOGY	58.01	138987	11068	6
7	D	ADOL SCHOOL	99.03	13044	1039	7
8 RECLASS DEFERED COMP TO BENEFITS	E	EMPLOYEE BENEFITS	5		72269	8
9	E					9
10	E					10
11	E					11
12	E					12
13	E					13
14	E					14
15	E					15
16	E					16
17	E					17
18	E					18
19	E					19
20	E					20
21	E					21
22	E					22
23	E					23
24	E					24
25	E					25
26	E					26
27	E					27
28	E					28
29	E					29
30	E					30
31	E					31
32	E					32
33	E					33
34	E					34
35	E					35
36 SUBTOTAL				466209	7274722	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS SUPPLY COST	A	CENTRAL SERVICES & SUPPLY	15		930466	1
2 RECLASS PHARMACY	B	PHARMACY	16		2807111	2
3 RECLASS INTEREST	C	INTEREST EXPENSE	88		3427751	11 3
4 RECLASS PSYCH ADMIN EXP	D	SUBPROVIDER I	31	466209	37125	4
5	D					5
6	D					6
7	D					7
8 RECLASS DEFERED COMP TO BENEFITS	E	EMPLOYEE BENEFITS	5	1826		8
9	E	ADMINISTRATIVE & GENERAL	6	9284		9
10	E	MAINTENANCE & REPAIRS	7	703		10
11	E	OPERATION OF PLANT	8	1366		11
12	E	LAUNDRY & LINEN SERVICE	9	54		12
13	E	HOUSEKEEPING	10	1871		13
14	E	DIETARY	11	1570		14
15	E	NURSING ADMINISTRATION	14	2421		15
16	E	CENTRAL SERVICES & SUPPLY	15	878		16
17	E	PHARMACY	16	2471		17
18	E	MEDICAL RECORDS & LIBRARY	17	1391		18
19	E	ADULTS & PEDIATRICS	25	13297		19
20	E	INTENSIVE CARE UNIT	26	3545		20
21	E	SUBPROVIDER I	31	6574		21
22	E	NURSERY	33	757		22
23	E	OPERATING ROOM	37	2463		23
24	E	RECOVERY ROOM	38	1564		24
25	E	DELIVERY ROOM & LABOR ROOM	39	2884		25
26	E	ANESTHESIOLOGY	40	105		26
27	E	RADIOLOGY-DIAGNOSTIC	41	2921		27
28	E	CAT SCAN	41.01	704		28
29	E	ULTRASOUND	41.02	656		29
30	E	LABORATORY	44	50		30
31	E	RESPIRATORY THERAPY	49	1236		31
32	E	PHYSICAL THERAPY	50	882		32
33	E	OCCUPATIONAL THERAPY	51	214		33
34	E	SPEECH PATHOLOGY	52	273		34
35	E	ELECTROCARDIOLOGY	53	2330		35
36 SUBTOTAL				530499	7202453	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	E				1
2	E				2
3	E				3
4	E				4
5	E				5
6	E				6
7	E				7
8	E				8
9	E				9
10	E				10
11	E				11
12	E				12
13	F				13
14 CAFETERIA EXPENSE RECLASS	F	CAFETERIA	12	715530	888138 14
15					15
16 RECLASS O/P PROCEDURE EXPENSES	G	OUTPATIENT PROCEDURES	60.01	788041	71918 16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1969780	8234778 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10	
			LINE #	SALARY	OTHER		
1	1	6	7	8	9		
1	E	ECT	54.01	85		1	
2	E	PSYCHOLOGY	58.01	805		2	
3	E	OCCUPATIONAL HEALTH	59	583		3	
4	E	CLINIC	60	951		4	
5	E	EMERGENCY	61	4423		5	
6	E	PHYSICIAN PRACTICE MANAGEMENT	98.01	6		6	
7	E	MASSAGE THERAPY	99.01	34		7	
8	E	ADOL SCHOOL	99.03	76		8	
9	E	FOUNDATION	99.04	337		9	
10	E	PARISH NURSING	99.07	400		10	
11	E	OP PHARMACY	100	279		11	
12	E					12	
13	F					13	
14	CAFETERIA EXPENSE RECLASS	F	DIETARY	11	715530	888138	14
15							15
16	RECLASS O/P PROCEDURE EXPENSES	G	ADULTS & PEDIATRICS	25	788041	71918	16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS			2042049	8162509		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	4545766					4545766		1
2 LAND IMPROVEMENTS	3774975	455303		455303		4230278		2
3 BUILDINGS AND FIXTURES	100572947	774709		774709	338103	101009553		3
4 BUILDING IMPROVEMENTS	1021878					1021878		4
5 FIXED EQUIPMENT	7712082	2190		2190	79845	7634427		5
6 MOVABLE EQUIPMENT	46435656	3822473		3822473	2749195	47508934		6
7 SUBTOTAL	164063304	5054675		5054675	3167143	165950836		7
8 RECONCILING ITEMS								8
9 TOTAL	164063304	5054675		5054675	3167143	165950836		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	8
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	118441902		118441902	.713717				3
4 NEW CAP REL COSTS-MVBLE EQUIP	47508934		47508934	.286283				4
5 TOTAL	165950836		165950836	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		6599372	2737267			-1511818	7824821	3
4 NEW CAP REL COSTS-MVBLE EQUIP		4688278					4688278	4
5 TOTAL		11287650	2737267			-1511818	12513099	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		4013432					4013432	3
4 NEW CAP REL COSTS-MVBLE EQUIP		4688278					4688278	4
5 TOTAL		8701710					8701710	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-102453	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-903	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-156525	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2731292			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	3920926			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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	-4035	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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 MISC MEDICAL STAFF INCOME	B	-30950	ADMINISTRATIVE & GENERAL	6	37
38 MISC EMPLOYEE BENEFIT REV. OFFSET	B	-25	EMPLOYEE BENEFITS	5	38
39 MISC A&G INCOME OFFSET	B	-79246	ADMINISTRATIVE & GENERAL	6	39
40 INTEREST INCOME	B	-623961	NEW CAP REL COSTS-BLDG & FIXT	3	11 40
41 MISC OPERATION OF PLANT INCOME	B	-11808	OPERATION OF PLANT	8	41
42 CAFETERIA AND VENDING SALES	B	-719245	CAFETERIA	12	42
43 MISC INCOME MAINTENANCE	B	-84	MAINTENANCE & REPAIRS	7	43
44 MISC INCOME SUBPROVIDER	B	-20000	SUBPROVIDER I	31	44
45 MISC RADIOLOGY INCOME	B	-270	RADIOLOGY-DIAGNOSTIC	41	45
46 MISC INCOME DELIVERY	B	-10537	DELIVERY ROOM & LABOR ROOM	39	46
47 MISC INCOME - EKG	B	-2188	ELECTROCARDIOLOGY	53	47
48 OFFSET OTHER MINISTRY EXPENSE	A	-11	ADMINISTRATIVE & GENERAL	6	48
48.02 ADOL SCHOOL MISC REVENUE	B	-70044	ADOL SCHOOL	99.03	48.02
48.03 MISC INCOME PSYCHOLOGY	B	-6080	PSYCHOLOGY	58.01	48.03
49 OCC HEALTH MISC INCOME/RENTAL	B	-120	OCCUPATIONAL HEALTH	59	49
49.03 FAITH COM NURSING MISC INCOME	B	-101575	PARISH NURSING	99.07	49.03
49.04 REMOVE PHYSICIAN RECRUITMENT COST	A	-5024	ADMINISTRATIVE & GENERAL	6	49.04
49.07 NON-ALLOW DONATIONS, SPONSORSHIPS	A	-36699	ADMINISTRATIVE & GENERAL	6	49.07
49.08 NON-ALLOW DONATIONS, SPONSORSHIP,	A	-55829	FOUNDATION	99.04	49.08
49.09 REMOVE 50% OF MARKETING COST	A	-285330	ADMINISTRATIVE & GENERAL	6	49.09
49.10 REMOVE PHYSICIAN LOAN AMORTIZATIO	A	-1510323	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.10
49.13 MISC PHARMACY REVENUE	B	-1600	PHARMACY	16	49.13
49.14 MISC A&P REVENUE	B	-200	ADULTS & PEDIATRICS	25	49.14
49.16 MISC ER INCOME	B	-36539	EMERGENCY	61	49.16
49.17 NON-ALLOWABLE DONATIONS, SPONSORS	A	-77	GIFT, FLOWER, COFFEE SHOP & CAN	96	49.17
49.18 NON ALLOWABLE LOBBYING DUES	A	-7489	ADMINISTRATIVE & GENERAL	6	49.18
49.19 OFFSET UNUSED BUILDING DEPR	A	-1495	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.19
49.20 OFFSET BAD DEBT EXPENSE	A	-20672181	ADMINISTRATIVE & GENERAL	6	49.20
50 TOTAL		-23363212			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 ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	CAPITAL	2585940		2585940	9 1
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	1886132	804864	1081268	2
3	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	15199257	14674149	525108	3
4	16	PHARMACY	EMM	405	405		4
4.01	26	INTENSIVE CARE UNIT	EICU	416820	724140	-307320	4.01
4.02	41	RADIOLOGY-DIAGNOSTIC	PACS	567304	567304		4.02
4.03	53	ELECTROCARDIOLOGY	CPACS	127634	127634		4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	3430730	3394800	35930	11 4.04
5		TOTALS		24214222	20293296	3920926	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	PROVENA MERCY CENTER	PROVENA HEALTH		HEALTHCARE CHAIN	1
2						2
3						3
4						4
5						5

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

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

PROVIDER-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	31	SUBPROVIDER I	PSYCH PHYSICIANS	12033	12033					
2	33	NURSERY	NURSERY	289000	289000					
3	60.01	OUTPATIENT PROCEDURES	AMBULATORY CARE	37793	37793					
4	61	EMERGENCY	EMERGENCY	436383	436383					
5	41	RADIOLOGY-DIAGNOSTIC	MAMMOGRAPHY	21989	21989					
6	40	ANESTHESIOLOGY	ANESTHESIOLOGY	1319581	1319581					
7	59	OCCUPATIONAL HEALTH	OCCUPATIONAL HEALTH	405749	405749					
9	6	ADMINISTRATIVE & GENERAL	UTILIZATION REVIEW	54559		54559	177200	264	22491	1125
10	25	ADULTS & PEDIATRICS	ADOLESCENT PSYCH	39540		39540	154100	247	18299	915
11	26	INTENSIVE CARE UNIT	ICU	8326		8326	177200	50	4260	213
12	31	SUBPROVIDER I	ADULT PSYCH	168261		168261	154100	857	63492	3175
13	33	NURSERY	NURSERY							
14	44	LABORATORY	PATHOLOGY	119604		119604	215700	1736	180026	9001
15	60	CLINIC								
16	61	EMERGENCY		100005		100005	177200	674	57420	2871
18	41.01	CAT SCAN	CT SCAN	3781	3781					
19	41.02	ULTRASOUND	ULTRASOUND	254	254					
101		TOTAL		3016858	2526563	490295		3828	345988	17300

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 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
 06/02/2010 09:11

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	31 SUBPROVIDER I		PSYCH PHYSICIANS					12033
2	33 NURSERY		NURSERY					289000
3	60.01 OUTPATIENT PROCEDURES		AMBULATORY CARE					37793
4	61 EMERGENCY		EMERGENCY					436383
5	41 RADIOLOGY-DIAGNOSTIC		MAMMOGRAPHY					21989
6	40 ANESTHESIOLOGY		ANESTHESIOLOGY					1319581
7	59 OCCUPATIONAL HEALTH		OCCUPATIONAL HEALTH					405749
9	6 ADMINISTRATIVE & GENERAL		UTILIZATION REVIEW			22491	32068	32068
10	25 ADULTS & PEDIATRICS		ADOLESCENT PSYCH			18299	21241	21241
11	26 INTENSIVE CARE UNIT		ICU			4260	4066	4066
12	31 SUBPROVIDER I		ADULT PSYCH			63492	104769	104769
13	33 NURSERY		NURSERY					
14	44 LABORATORY		PATHOLOGY			180026		
15	60 CLINIC							
16	61 EMERGENCY					57420	42585	42585
18	41.01 CAT SCAN		CT SCAN					3781
19	41.02 ULTRASOUND		ULTRASOUND					254
101	TOTAL					345988	204729	2731292

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	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
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	7824821	7824821							3
4 NEW CAP REL COSTS-MVBLE EQUIP			4688278						4
5 EMPLOYEE BENEFITS	16580838	79142	47418	16707398					5
6 ADMINISTRATIVE & GENERAL	33675089	881688	528267	2202061	37287105	37287105			6
7 MAINTENANCE & REPAIRS	3262315	938003	562009	166711	4929038	1745377	6674415		7
8 OPERATION OF PLANT	3545487	625728	374908	324067	4870190	1724539	704755	7299484	8
9 LAUNDRY & LINEN SERVICE	483384	101643	60900	12824	658751	233264	114480	139982	9
10 HOUSEKEEPING	1722959	66187	39656	443708	2272510	804698	74546	91152	10
11 DIETARY	996679	265986	159367	372276	1794308	635366	299579	366314	11
12 CAFETERIA	884423				884423	313175			12
14 NURSING ADMINISTRATION	1803932	16272	9749	574324	2404277	851357	18327	22409	14
15 CENTRAL SERVICES & SUPPLY	705994	235644	141187	208302	1291127	457189	265404	324527	15
16 PHARMACY	2219612	49264	29517	585979	2884372	1021359	55486	67846	16
17 MEDICAL RECORDS & LIBRARY	1836625	206339	123629	329832	2496425	883987	232399	284169	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	9867395	939182	562716	3153715	14523008	5142646	1057794	1293434	25
26 INTENSIVE CARE UNIT	3271924	279639	167547	840860	4559970	1614690	314956	385117	26
31 SUBPROVIDER I	4530237	532778	319217	1559246	6941478	2457984	600066	733739	31
33 NURSERY	587161	23199	13900	179504	803764	284614	26129	31949	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	7914032	592844	355205	584124	9446205	3344911	667717	816460	37
38 RECOVERY ROOM	1274950	364948	218661	370932	2229491	789465	411040	502605	38
39 DELIVERY ROOM & LABOR ROOM	2297150	257835	154483	684037	3393505	1201644	290398	355089	39
40 ANESTHESIOLOGY	246197	13126	7864	24936	292123	103441	14783	18077	40
41 RADIOLOGY-DIAGNOSTIC	3280202	225044	134836	692809	4332891	1534281	253466	309929	41
41.01 CAT SCAN	682993	19634	11764	167018	881409	312108	22114	27040	41.01
41.02 ULTRASOUND	652677	8399	5032	155573	821681	290958	9460	11567	41.02
44 LABORATORY	4100107	161275	96628	11897	4369907	1547388	181643	222106	44
47 BLOOD STORING, PROCESSING & TRA	1082594	5439	3259		1091292	386428	6126	7491	47
49 RESPIRATORY THERAPY	1011747	19975	11968	293215	1336905	473399	22498	27510	49
50 PHYSICAL THERAPY	859809	15047	9016	209084	1092956	387017	16948	20723	50
51 OCCUPATIONAL THERAPY	192341	5656	3389	50652	252038	89247	6371	7790	51
52 SPEECH PATHOLOGY	238615	5625	3370	64780	312390	110618	6336	7747	52
53 ELECTROCARDIOLOGY	6198057	208865	125143	552620	7084685	2508694	235244	287648	53
54.01 ECT	81951	3642	2182	20219	107994	38241	4102	5015	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	930466				930466	329479			55
56 DRUGS CHARGED TO PATIENTS	2807111				2807111	994001			56
57 RENAL DIALYSIS	454564	6493	3890		464947	164638	7313	8942	57
58.01 PSYCHOLOGY	743591	148629	89052	190946	1172218	415084	167401	204691	58.01
59 OCCUPATIONAL HEALTH	749083				138211	887294	314192		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1125212	64621	38718	225516	1454067	514887	72783	88996	60
60.01 OUTPATIENT PROCEDURES	864055				864055	305963			60.01
61 EMERGENCY	4512289	282165	169060	1049084	6012598	2129067	317801	388596	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	140786946	7649956	4583507	16439062	140238974	36455396	6477465	7058660	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	172944				172944	61240			96
98.01 PHYSICIAN PRACTICE MANAGEMENT	7861			1367	9228	3268			98.01
99.01 MASSAGE THERAPY	25899			8177	34076	12066			99.01
99.02 IDOL SPACE/HOME HEALTH		151403	90714		242117	85734	170525	208512	99.02
99.03 ADOL SCHOOL		8880	5320	17921	32121	11374	10001	12229	99.03
99.04 FOUNDATION	350960	14582	8737	79964	454243	160848	16424	20083	99.04
99.05 LEASED BLDG	85787				85787	30377			99.05
99.07 PARISH NURSING	196297			94801	291098	103078			99.07
100 OP PHARMACY	961069			66106	1027175	363724			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	142587763	7824821	4688278	16707398	142587763	37287105	6674415	7299484	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	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	1146477								9
10 HOUSEKEEPING		3242906							10
11 DIETARY	22302	168062	3285931						11
12 CAFETERIA				1197598					12
14 NURSING ADMINISTRATION		10281			3306651				14
15 CENTRAL SERVICES & SUPPLY		148890				2487137			15
16 PHARMACY		31127				5727	4065917		16
17 MEDICAL RECORDS & LIBRARY		130375				4462		4031817	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	485470	593416	1983663	820358	1180795	58659	87711	337286	25
26 INTENSIVE CARE UNIT	67346	176689	182145	75328	245664	25412	36319	77585	26
31 SUBPROVIDER I	59503	336634	871452	98408	501519	10620	1002	96633	31
33 NURSERY		14658			46345	3570	7387	17471	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	58785	374586	556	230	160050	984116	15971	626490	37
38 RECOVERY ROOM	80275	230591	31894	13190	102715	6936	75453	153412	38
39 DELIVERY ROOM & LABOR ROOM	126793	162912	186637	77185	212027	21166	24624	67650	39
40 ANESTHESIOLOGY		8293	64	27	12883	16868	3284	36910	40
41 RADIOLOGY-DIAGNOSTIC	49576	142193	1198	495	228092	65726	2614	251166	41
41.01 CAT SCAN		12406			47383	26132		304174	41.01
41.02 ULTRASOUND	8886	5307				1252		83138	41.02
44 LABORATORY		101901				9951		386318	44
47 BLOOD STORING, PROCESSING & TRA		3437				193425		6574	47
49 RESPIRATORY THERAPY		12621				13976	8	101212	49
50 PHYSICAL THERAPY	2184	9508				2023		31962	50
51 OCCUPATIONAL THERAPY		3574				600		6279	51
52 SPEECH PATHOLOGY		3554				620		5410	52
53 ELECTROCARDIOLOGY	22214	131971				748229	2579	395300	53
54.01 ECT		2301				465		6356	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						174796		55878	55
56 DRUGS CHARGED TO PATIENTS							3610856	436020	56
57 RENAL DIALYSIS		4103						19745	57
58.01 PSYCHOLOGY		93911			76936	873		20627	58.01
59 OCCUPATIONAL HEALTH					51725	5823	16841	6682	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	4708	40831			82597	3548	4723	10849	60
60.01 OUTPATIENT PROCEDURES								29646	60.01
61 EMERGENCY	158435	178285	28322	11713	357920	98379	176545	461044	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	1146477	3132417	3285931	1096934	3306651	2483354	4065917	4031817	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN						575			96
98.01 PHYSICIAN PRACTICE MANAGEMENT						100			98.01
99.01 MASSAGE THERAPY						59			99.01
99.02 IDOL SPACE/HOME HEALTH		95664		100664					99.02
99.03 ADOL SCHOOL		5611				27			99.03
99.04 FOUNDATION		9214				2252			99.04
99.05 LEASED BLDG									99.05
99.07 PARISH NURSING						58			99.07
100 OP PHARMACY						712			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1146477	3242906	3285931	1197598	3306651	2487137	4065917	4031817	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	27564240		27564240	25
26 INTENSIVE CARE UNIT	7761221		7761221	26
31 SUBPROVIDER I	12709038		12709038	31
33 NURSERY	1235887		1235887	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	16496077		16496077	37
38 RECOVERY ROOM	4627067		4627067	38
39 DELIVERY ROOM & LABOR ROOM	6119630		6119630	39
40 ANESTHESIOLOGY	506753		506753	40
41 RADIOLOGY-DIAGNOSTIC	7171627		7171627	41
41.01 CAT SCAN	1632766		1632766	41.01
41.02 ULTRASOUND	1232249		1232249	41.02
44 LABORATORY	6819214		6819214	44
47 BLOOD STORING, PROCESSING & TRA	1694773		1694773	47
49 RESPIRATORY THERAPY	1988129		1988129	49
50 PHYSICAL THERAPY	1563321		1563321	50
51 OCCUPATIONAL THERAPY	365899		365899	51
52 SPEECH PATHOLOGY	446675		446675	52
53 ELECTROCARDIOLOGY	11416564		11416564	53
54.01 ECT	164474		164474	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1490619		1490619	55
56 DRUGS CHARGED TO PATIENTS	7847988		7847988	56
57 RENAL DIALYSIS	669688		669688	57
58.01 PSYCHOLOGY	2151741		2151741	58.01
59 OCCUPATIONAL HEALTH	1282557		1282557	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2277989		2277989	60
60.01 OUTPATIENT PROCEDURES	1199664		1199664	60.01
61 EMERGENCY	10318705		10318705	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS	138754555		138754555	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	234759		234759	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	12596		12596	98.01
99.01 MASSAGE THERAPY	46201		46201	99.01
99.02 IDOL SPACE/HOME HEALTH	903216		903216	99.02
99.03 ADOL SCHOOL	71363		71363	99.03
99.04 FOUNDATION	663064		663064	99.04
99.05 LEASED BLDG	116164		116164	99.05
99.07 PARISH NURSING	394234		394234	99.07
100 OP PHARMACY	1391611		1391611	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	142587763		142587763	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
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		79142	47418	126560	126560				5
6 ADMINISTRATIVE & GENERAL		881688	528267	1409955	16680	1426635			6
7 MAINTENANCE & REPAIRS		938003	562009	1500012	1263	66779	1568054		7
8 OPERATION OF PLANT		625728	374908	1000636	2455	65981	165572	1234644	8
9 LAUNDRY & LINEN SERVICE		101643	60900	162543	97	8925	26895	23677	9
10 HOUSEKEEPING		66187	39656	105843	3361	30788	17513	15418	10
11 DIETARY		265986	159367	425353	2820	24309	70382	61959	11
12 CAFETERIA						11982			12
14 NURSING ADMINISTRATION		16272	9749	26021	4350	32573	4306	3790	14
15 CENTRAL SERVICES & SUPPLY		235644	141187	376831	1578	17492	62353	54891	15
16 PHARMACY		49264	29517	78781	4439	39077	13036	11476	16
17 MEDICAL RECORDS & LIBRARY		206339	123629	329968	2498	33822	54599	48065	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		939182	562716	1501898	23893	196782	248512	218770	25
26 INTENSIVE CARE UNIT		279639	167547	447186	6369	61778	73994	65139	26
31 SUBPROVIDER I		532778	319217	851995	11811	94043	140976	124106	31
33 NURSERY		23199	13900	37099	1360	10889	6139	5404	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		592844	355205	948049	4425	127977	156870	138097	37
38 RECOVERY ROOM		364948	218661	583609	2810	30205	96568	85011	38
39 DELIVERY ROOM & LABOR ROOM		257835	154483	412318	5181	45975	68225	60060	39
40 ANESTHESIOLOGY		13126	7864	20990	189	3958	3473	3058	40
41 RADIOLOGY-DIAGNOSTIC		225044	134836	359880	5248	58702	59548	52422	41
41.01 CAT SCAN		19634	11764	31398	1265	11941	5195	4574	41.01
41.02 ULTRASOUND		8399	5032	13431	1178	11132	2222	1957	41.02
44 LABORATORY		161275	96628	257903	90	59204	42674	37567	44
47 BLOOD STORING, PROCESSING & TRA		5439	3259	8698		14785	1439	1267	47
49 RESPIRATORY THERAPY		19975	11968	31943	2221	18112	5286	4653	49
50 PHYSICAL THERAPY		15047	9016	24063	1584	14807	3982	3505	50
51 OCCUPATIONAL THERAPY		5656	3389	9045	384	3415	1497	1318	51
52 SPEECH PATHOLOGY		5625	3370	8995	491	4232	1488	1310	52
53 ELECTROCARDIOLOGY		208865	125143	334008	4186	95983	55267	48653	53
54.01 ECT		3642	2182	5824	153	1463	964	848	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						12606			55
56 DRUGS CHARGED TO PATIENTS						38031			56
57 RENAL DIALYSIS		6493	3890	10383		6299	1718	1513	57
58.01 PSYCHOLOGY		148629	89052	237681	1446	15881	39328	34622	58.01
59 OCCUPATIONAL HEALTH					1047	12021			59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		64621	38718	103339	1708	19700	17099	15053	60
60.01 OUTPATIENT PROCEDURES						11706			60.01
61 EMERGENCY		282165	169060	451225	7947	81459	74663	65728	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		7649956	4583507	12233463	124527	1394814	1521783	1193911	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN						2343			96
98.01 PHYSICIAN PRACTICE MANAGEMENT					10	125			98.01
99.01 MASSAGE THERAPY					62	462			99.01
99.02 IDOL SPACE/HOME HEALTH		151403	90714	242117		3280	40062	35268	99.02
99.03 ADOL SCHOOL		8880	5320	14200	136	435	2350	2068	99.03
99.04 FOUNDATION		14582	8737	23319	606	6154	3859	3397	99.04
99.05 LEASED BLDG						1162			99.05
99.07 PARISH NURSING					718	3944			99.07
100 OP PHARMACY					501	13916			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		7824821	4688278	12513099	126560	1426635	1568054	1234644	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	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	222137								9
10 HOUSEKEEPING		172923							10
11 DIETARY	4321	8962	598106						11
12 CAFETERIA				11982					12
14 NURSING ADMINISTRATION		548			71588				14
15 CENTRAL SERVICES & SUPPLY		7939				521084			15
16 PHARMACY		1660				1200	149669		16
17 MEDICAL RECORDS & LIBRARY		6952				935		476839	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	94062	31642	361067	8208	25563	12290	3229	39910	25
26 INTENSIVE CARE UNIT	13049	9422	33154	754	5319	5324	1337	9181	26
31 SUBPROVIDER I	11529	17950	158622	985	10858	2225	37	11434	31
33 NURSERY		782			1003	748	272	2067	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	11390	19974	101	2	3465	206185	588	73893	37
38 RECOVERY ROOM	15554	12296	5805	132	2224	1453	2777	18153	38
39 DELIVERY ROOM & LABOR ROOM	24567	8687	33972	772	4590	4434	906	8005	39
40 ANESTHESIOLOGY		442	12		279	3534	121	4368	40
41 RADIOLOGY-DIAGNOSTIC	9606	7582	218	5	4938	13770	96	29720	41
41.01 CAT SCAN		662			1026	5475		35992	41.01
41.02 ULTRASOUND	1722	283				262		9838	41.02
44 LABORATORY		5434				2085		45712	44
47 BLOOD STORING, PROCESSING & TRA		183				40525		778	47
49 RESPIRATORY THERAPY		673				2928		11976	49
50 PHYSICAL THERAPY	423	507				424		3782	50
51 OCCUPATIONAL THERAPY		191				126		743	51
52 SPEECH PATHOLOGY		190				130		640	52
53 ELECTROCARDIOLOGY	4304	7037				156763	95	46775	53
54.01 ECT		123				97		752	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						36622		6612	55
56 DRUGS CHARGED TO PATIENTS							132918	51593	56
57 RENAL DIALYSIS		219						2336	57
58.01 PSYCHOLOGY		5008			1666	183		2441	58.01
59 OCCUPATIONAL HEALTH					1120	1220	620	791	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	912	2177			1788	743	174	1284	60
60.01 OUTPATIENT PROCEDURES								3508	60.01
61 EMERGENCY	30698	9507	5155	117	7749	20611	6499	54555	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
95 SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	222137	167032	598106	10975	71588	520292	149669	476839	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN						120			96
98.01 PHYSICIAN PRACTICE MANAGEMENT						21			98.01
99.01 MASSAGE THERAPY						12			99.01
99.02 IDOL SPACE/HOME HEALTH		5101		1007					99.02
99.03 ADOL SCHOOL		299				6			99.03
99.04 FOUNDATION		491				472			99.04
99.05 LEASED BLDG									99.05
99.07 PARISH NURSING						12			99.07
100 OP PHARMACY						149			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	222137	172923	598106	11982	71588	521084	149669	476839	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	2765826		2765826	25
26 INTENSIVE CARE UNIT	732006		732006	26
31 SUBPROVIDER I	1436571		1436571	31
33 NURSERY	65763		65763	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1691016		1691016	37
38 RECOVERY ROOM	856597		856597	38
39 DELIVERY ROOM & LABOR ROOM	677692		677692	39
40 ANESTHESIOLOGY	40424		40424	40
41 RADIOLOGY-DIAGNOSTIC	601735		601735	41
41.01 CAT SCAN	97528		97528	41.01
41.02 ULTRASOUND	42025		42025	41.02
44 LABORATORY	450669		450669	44
47 BLOOD STORING, PROCESSING & TRA	67675		67675	47
49 RESPIRATORY THERAPY	77792		77792	49
50 PHYSICAL THERAPY	53077		53077	50
51 OCCUPATIONAL THERAPY	16719		16719	51
52 SPEECH PATHOLOGY	17476		17476	52
53 ELECTROCARDIOLOGY	753071		753071	53
54.01 ECT	10224		10224	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	55840		55840	55
56 DRUGS CHARGED TO PATIENTS	222542		222542	56
57 RENAL DIALYSIS	22468		22468	57
58.01 PSYCHOLOGY	338256		338256	58.01
59 OCCUPATIONAL HEALTH	16819		16819	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	163977		163977	60
60.01 OUTPATIENT PROCEDURES	15214		15214	60.01
61 EMERGENCY	815913		815913	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY				71
95 SUBTOTALS	12104915		12104915	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	2463		2463	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	156		156	98.01
99.01 MASSAGE THERAPY	536		536	99.01
99.02 IDOL SPACE/HOME HEALTH	326835		326835	99.02
99.03 ADOL SCHOOL	19494		19494	99.03
99.04 FOUNDATION	38298		38298	99.04
99.05 LEASED BLDG	1162		1162	99.05
99.07 PARISH NURSING	4674		4674	99.07
100 OP PHARMACY	14566		14566	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	12513099		12513099	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		6A	6	7	
	3	4	5					
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	504933							3
4 NEW CAP REL COSTS-MVBLE EQUIP		504933						4
5 EMPLOYEE BENEFITS	5107	5107	52101609					5
6 ADMINISTRATIVE & GENERAL	56895	56895	6867062	-37287105	105300658			6
7 MAINTENANCE & REPAIRS	60529	60529	519883		4929038	382402		7
8 OPERATION OF PLANT	40378	40378	1010594		4870190	40378	342024	8
9 LAUNDRY & LINEN SERVICE	6559	6559	39991		658751	6559	6559	9
10 HOUSEKEEPING	4271	4271	1383689		2272510	4271	4271	10
11 DIETARY	17164	17164	1160932		1794308	17164	17164	11
12 CAFETERIA					884423			12
14 NURSING ADMINISTRATION	1050	1050	1791014		2404277	1050	1050	14
15 CENTRAL SERVICES & SUPPLY	15206	15206	649584		1291127	15206	15206	15
16 PHARMACY	3179	3179	1827358		2884372	3179	3179	16
17 MEDICAL RECORDS & LIBRARY	13315	13315	1028571		2496425	13315	13315	17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	60605	60605	9834851		14523008	60605	60605	25
26 INTENSIVE CARE UNIT	18045	18045	2622198		4559970	18045	18045	26
31 SUBPROVIDER I	34380	34380	4862463		6941478	34380	34380	31
33 NURSERY	1497	1497	559779		803764	1497	1497	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	38256	38256	1821574		9446205	38256	38256	37
38 RECOVERY ROOM	23550	23550	1156742		2229491	23550	23550	38
39 DELIVERY ROOM & LABOR ROOM	16638	16638	2133148		3393505	16638	16638	39
40 ANESTHESIOLOGY	847	847	77762		292123	847	847	40
41 RADIOLOGY-DIAGNOSTIC	14522	14522	2160506		4332891	14522	14522	41
41.01 CAT SCAN	1267	1267	520841		881409	1267	1267	41.01
41.02 ULTRASOUND	542	542	485149		821681	542	542	41.02
44 LABORATORY	10407	10407	37099		4369907	10407	10407	44
47 BLOOD STORING, PROCESSING & T	351	351			1091292	351	351	47
49 RESPIRATORY THERAPY	1289	1289	914383		1336905	1289	1289	49
50 PHYSICAL THERAPY	971	971	652023		1092956	971	971	50
51 OCCUPATIONAL THERAPY	365	365	157958		252038	365	365	51
52 SPEECH PATHOLOGY	363	363	202013		312390	363	363	52
53 ELECTROCARDIOLOGY	13478	13478	1723328		7084685	13478	13478	53
54.01 ECT	235	235	63051		107994	235	235	54.01
55 MEDICAL SUPPLIES CHARGED TO P					930466			55
56 DRUGS CHARGED TO PATIENTS					2807111			56
57 RENAL DIALYSIS	419	419			464947	419	419	57
58.01 PSYCHOLOGY	9591	9591	595459		1172218	9591	9591	58.01
59 OCCUPATIONAL HEALTH			431006		887294			59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	4170	4170	703265		1454067	4170	4170	60
60.01 OUTPATIENT PROCEDURES					864055			60.01
61 EMERGENCY	18208	18208	3271538		6012598	18208	18208	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	493649	493649	51264814	-37287105	102951869	371118	330740	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C					172944			96
98.01 PHYSICIAN PRACTICE MANAGEMENT			4264		9228			98.01
99.01 MASSAGE THERAPY			25499		34076			99.01
99.02 IDOL SPACE/HOME HEALTH	9770	9770			242117	9770	9770	99.02
99.03 ADOL SCHOOL	573	573	55885		32121	573	573	99.03
99.04 FOUNDATION	941	941	249364		454243	941	941	99.04
99.05 LEASED BLDG					85787			99.05
99.07 PARISH NURSING			295633		291098			99.07
100 OP PHARMACY			206150		1027175			100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET
		3	4	5	6A	6	7	8
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	7824821	4688278	16707398		37287105	6674415	7299484 103
104	UNIT COST MULT-WS B PT I		9.284951				17.453923	104
104	UNIT COST MULT-WS B PT I	15.496751		.320670		.354101		21.342023 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			126560		1426635	1568054	1234644 107
108	UNIT COST MULT-WS B PT III						4.100538	108
108	UNIT COST MULT-WS B PT III			.002429		.013548		3.609817 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	1127087								9
10		331194							10
11	21925	17164	153612						11
12				135376					12
14		1050			1037985				14
15		15206				13920461			15
16		3179				32056	3160880		16
17		13315				24971		676758457	17
INPATIENT ROUTINE SERV COST CENTERS									
25	477259	60605	92733	92733	370661	328315	68187	56610545	25
26	66207	18045	8515	8515	77116	142230	28235	13021989	26
31	58497	34380	40739	11124	157431	59440	779	16218960	31
33		1497			14548	19981	5743	2932315	33
ANCILLARY SERVICE COST CENTERS									
37	57791	38256	26	26	50241	5508102	12416	105203374	37
38	78917	23550	1491	1491	32243	38820	58658	25748980	38
39	124649	16638	8725	8725	66557	118464	19143	11354458	39
40		847	3	3	4044	94409	2553	6195102	40
41	48738	14522	56	56	71600	367864	2032	42156070	41
41.01		1267			14874	146260		51053010	41.01
41.02	8736	542				7006		13954051	41.02
44		10407				55696		64840172	44
47		351				1082594		1103446	47
49		1289				78223	6	16987636	49
50	2147	971				11323		5364525	50
51		365				3358		1053916	51
52		363				3468		907984	52
53	21838	13478				4187820	2005	66347786	53
54.01		235				2600		1066765	54.01
55						978327		9378621	55
56							2807111	73182229	56
57		419						3313966	57
58.01		9591			24151	4886		3462007	58.01
59					16237	32593	13092	1121462	59
OUTPATIENT SERVICE COST CENTERS									
60	4628	4170			25928	19858	3672	1820881	60
60.01								4975796	60.01
61	155755	18208	1324	1324	112354	550623	137248	77382411	61
62									62
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95	1127087	319910	153612	123997	1037985	13899287	3160880	676758457	95
NONREIMBURSABLE COST CENTERS									
96						3219			96
98.01						559			98.01
99.01						329			99.01
99.02		9770		11379					99.02
99.03		573				152			99.03
99.04		941				12606			99.04
99.05									99.05
99.07						322			99.07
100						3987			100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY
	POUNDS OF LAUNDRY 9	SQUARE FEET 10	MEALS SERVED 11	MEALS SERVED 12	DIRECT NRSING HRS 14	COSTED REQUIS. 15	COSTED REQUIS. 16	GROSS REVENUE 17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1146477	3242906	3285931	1197598	3306651	2487137	4065917	4031817 103
104 UNIT COST MULT-WS B PT I	1.017204		21.391109		3.185644		1.286324	104
104 UNIT COST MULT-WS B PT I		9.791560		8.846457		.178668		.005958 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	222137	172923	598106	11982	71588	521084	149669	476839 107
108 UNIT COST MULT-WS B PT III	.197089		3.893615		.068968		.047350	108
108 UNIT COST MULT-WS B PT III		.522120		.088509		.037433		.000705 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
31	SUBPROVIDER I	31
33	NURSERY	33
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
41.01	CAT SCAN	41.01
41.02	ULTRASOUND	41.02
44	LABORATORY	44
47	BLOOD STORING, PROCESSING & T	47
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
54.01	ECT	54.01
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
58.01	PSYCHOLOGY	58.01
59	OCCUPATIONAL HEALTH	59
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
60.01	OUTPATIENT PROCEDURES	60.01
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	62
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
98.01	PHYSICIAN PRACTICE MANAGEMENT	98.01
99.01	MASSAGE THERAPY	99.01
99.02	IDOL SPACE/HOME HEALTH	99.02
99.03	ADOL SCHOOL	99.03
99.04	FOUNDATION	99.04
99.05	LEASED BLDG	99.05
99.07	PARISH NURSING	99.07
100	OP PHARMACY	100

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
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
06/02/2010 09:11

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	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	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	27564240		27564240	21241	27585481	25
26 INTENSIVE CARE UNIT	7761221		7761221	4066	7765287	26
31 SUBPROVIDER I	12709038		12709038	104769	12813807	31
33 NURSERY	1235887		1235887		1235887	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16496077		16496077		16496077	37
38 RECOVERY ROOM	4627067		4627067		4627067	38
39 DELIVERY ROOM & LABOR ROOM	6119630		6119630		6119630	39
40 ANESTHESIOLOGY	506753		506753		506753	40
41 RADIOLOGY-DIAGNOSTIC	7171627		7171627		7171627	41
41.01 CAT SCAN	1632766		1632766		1632766	41.01
41.02 ULTRASOUND	1232249		1232249		1232249	41.02
44 LABORATORY	6819214		6819214		6819214	44
47 BLOOD STORING, PROCESSING &	1694773		1694773		1694773	47
49 RESPIRATORY THERAPY	1988129		1988129		1988129	49
50 PHYSICAL THERAPY	1563321		1563321		1563321	50
51 OCCUPATIONAL THERAPY	365899		365899		365899	51
52 SPEECH PATHOLOGY	446675		446675		446675	52
53 ELECTROCARDIOLOGY	11416564		11416564		11416564	53
54.01 ECT	164474		164474		164474	54.01
55 MEDICAL SUPPLIES CHARGED TO	1490619		1490619		1490619	55
56 DRUGS CHARGED TO PATIENTS	7847988		7847988		7847988	56
57 RENAL DIALYSIS	669688		669688		669688	57
58.01 PSYCHOLOGY	2151741		2151741		2151741	58.01
59 OCCUPATIONAL HEALTH	1282557		1282557		1282557	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2277989		2277989		2277989	60
60.01 OUTPATIENT PROCEDURES	1199664		1199664		1199664	60.01
61 EMERGENCY	10318705		10318705	42585	10361290	61
62 OBSERVATION BEDS (NON-DISTI	3439984		3439984		3439984	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	142194539		142194539	172661	142367200	101
102 LESS OBSERVATION BEDS	3439984		3439984		3439984	102
103 TOTAL	138754555		138754555	172661	138927216	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	48996506		48996506			25
26 INTENSIVE CARE UNIT	12786139		12786139			26
31 SUBPROVIDER I	16218960		16218960			31
33 NURSERY	2932315		2932315			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	68215541	36987833	105203374	.156802	.156802	.156802 37
38 RECOVERY ROOM	10853706	14895274	25748980	.179699	.179699	.179699 38
39 DELIVERY ROOM & LABOR ROOM	9924019	1430439	11354458	.538963	.538963	.538963 39
40 ANESTHESIOLOGY	3221246	2973856	6195102	.081799	.081799	.081799 40
41 RADIOLOGY-DIAGNOSTIC	10973965	31182104	42156069	.170121	.170121	.170121 41
41.01 CAT SCAN	12719080	38333930	51053010	.031982	.031982	.031982 41.01
41.02 ULTRASOUND	3061481	10892570	13954051	.088308	.088308	.088308 41.02
44 LABORATORY	33823025	31017147	64840172	.105170	.105170	.105170 44
47 BLOOD STORING, PROCESSING &	928224	175222	1103446	1.535891	1.535891	1.535891 47
49 RESPIRATORY THERAPY	14307276	2680360	16987636	.117034	.117034	.117034 49
50 PHYSICAL THERAPY	2449637	2914888	5364525	.291418	.291418	.291418 50
51 OCCUPATIONAL THERAPY	533617	520299	1053916	.347180	.347180	.347180 51
52 SPEECH PATHOLOGY	456531	451453	907984	.491941	.491941	.491941 52
53 ELECTROCARDIOLOGY	34752992	31594794	66347786	.172072	.172072	.172072 53
54.01 ECT	402627	664138	1066765	.154180	.154180	.154180 54.01
55 MEDICAL SUPPLIES CHARGED TO	6501826	2876795	9378621	.158938	.158938	.158938 55
56 DRUGS CHARGED TO PATIENTS	53882476	19299752	73182228	.107239	.107239	.107239 56
57 RENAL DIALYSIS	3095184	218782	3313966	.202081	.202081	.202081 57
58.01 PSYCHOLOGY	93563	3368444	3462007	.621530	.621530	.621530 58.01
59 OCCUPATIONAL HEALTH	427	1121035	1121462	1.143647	1.143647	1.143647 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	18135	1802746	1820881	1.251037	1.251037	1.251037 60
60.01 OUTPATIENT PROCEDURES	2932	4972864	4975796	.241100	.241100	.241100 60.01
61 EMERGENCY	15278653	62103758	77382411	.133347	.133347	.133897 61
62 OBSERVATION BEDS (NON-DISTI	218224	7631665	7849889	.438221	.438221	.438221 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	366648307	310110148	676758455			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	366648307	310110148	676758455			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2765826		2765826	25
26 INTENSIVE CARE UNIT				732006		732006	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				1436571		1436571	31
33 NURSERY				65763		65763	33
101 TOTAL				5000166		5000166	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	32862	11215			84.16	943854	25
26 INTENSIVE CARE UNIT	3829	1740			191.17	332636	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	12652	5628			113.54	639003	31
33 NURSERY	2675				24.58		33
101 TOTAL	52018	18583				1915493	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1691016	105203374	29648238			.016074	476566 37
38 RECOVERY ROOM		856597	25748980	4529176			.033267	150672 38
39 DELIVERY ROOM & LABOR ROOM		677692	11354458	29470			.059685	1759 39
40 ANESTHESIOLOGY		40424	6195102	1127306			.006525	7356 40
41 RADIOLOGY-DIAGNOSTIC		601735	42156069	5468774			.014274	78061 41
41.01 CAT SCAN		97528	51053010	5611032			.001910	10717 41.01
41.02 ULTRASOUND		42025	13954051	1405182			.003012	4232 41.02
44 LABORATORY		450669	64840172	13389202			.006950	93055 44
47 BLOOD STORING, PROCESSING & T		67675	1103446	470841			.061331	28877 47
49 RESPIRATORY THERAPY		77792	16987636	7867624			.004579	36026 49
50 PHYSICAL THERAPY		53077	5364525	1550191			.009894	15338 50
51 OCCUPATIONAL THERAPY		16719	1053916	247049			.015864	3919 51
52 SPEECH PATHOLOGY		17476	907984	299806			.019247	5770 52
53 ELECTROCARDIOLOGY		753071	66347786	17602170			.011350	199785 53
54.01 ECT		10224	1066765	82861			.009584	794 54.01
55 MEDICAL SUPPLIES CHARGED TO P		55840	9378621	2167560			.005954	12906 55
56 DRUGS CHARGED TO PATIENTS		222542	73182228	23586479			.003041	71726 56
57 RENAL DIALYSIS		22468	3313966	2038857			.006780	13823 57
58.01 PSYCHOLOGY		338256	3462007				.097705	58.01
59 OCCUPATIONAL HEALTH		16819	1121462	283			.014997	4 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		163977	1820881	8643			.090054	778 60
60.01 OUTPATIENT PROCEDURES		15214	4975796				.003058	60.01
61 EMERGENCY		815913	77382411	7305057			.010544	77025 61
62 OBSERVATION BEDS (NON-DISTINC		344907	7849889	77733			.043938	3415 62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7449656	595824535	124513534				1292604 101

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 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
 06/02/2010 09:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					32862		11215	25
26 INTENSIVE CARE UNIT					3829		1740	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					12652		5628	31
33 NURSERY					2675			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					52018		18583	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105203374			29648238		5821296 37
38 RECOVERY ROOM		25748980			4529176		2757699 38
39 DELIVERY ROOM & LABOR ROOM		11354458			29470		12544 39
40 ANESTHESIOLOGY		6195102			1127306		416300 40
41 RADIOLOGY-DIAGNOSTIC		42156069			5468774		5422478 41
41.01 CAT SCAN		51053010			5611032		6877163 41.01
41.02 ULTRASOUND		13954051			1405182		1162047 41.02
44 LABORATORY		64840172			13389202		2200512 44
47 BLOOD STORING, PROCESSING & T		1103446			470841		73569 47
49 RESPIRATORY THERAPY		16987636			7867624		705955 49
50 PHYSICAL THERAPY		5364525			1550191		123244 50
51 OCCUPATIONAL THERAPY		1053916			247049		19267 51
52 SPEECH PATHOLOGY		907984			299806		27597 52
53 ELECTROCARDIOLOGY		66347786			17602170		9494085 53
54.01 ECT		1066765			82861		330390 54.01
55 MEDICAL SUPPLIES CHARGED TO P		9378621			2167560		556057 55
56 DRUGS CHARGED TO PATIENTS		73182228			23586479		5189604 56
57 RENAL DIALYSIS		3313966			2038857		119910 57
58.01 PSYCHOLOGY		3462007					46661 58.01
59 OCCUPATIONAL HEALTH		1121462			283		
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1820881			8643		300442 60
60.01 OUTPATIENT PROCEDURES		4975796					2042 60.01
61 EMERGENCY		77382411			7305057		7855085 61
62 OBSERVATION BEDS (NON-DISTINC		7849889			77733		3556315 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		595824535			124513534		53070262 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.156802	.156802	.156802			37
38 RECOVERY ROOM	.179699	.179699	.179699			38
39 DELIVERY ROOM & LABOR ROOM	.538963	.538963	.538963			39
40 ANESTHESIOLOGY	.081799	.081799	.081799			40
41 RADIOLOGY-DIAGNOSTIC	.170121	.170121	.170121			41
41.01 CAT SCAN	.031982	.031982	.031982			41.01
41.02 ULTRASOUND	.088308	.088308	.088308			41.02
44 LABORATORY	.105170	.105170	.105170			44
47 BLOOD STORING, PROCESSING & TRA	1.535891	1.535891	1.535891			47
49 RESPIRATORY THERAPY	.117034	.117034	.117034			49
50 PHYSICAL THERAPY	.291418	.291418	.291418			50
51 OCCUPATIONAL THERAPY	.347180	.347180	.347180			51
52 SPEECH PATHOLOGY	.491941	.491941	.491941			52
53 ELECTROCARDIOLOGY	.172072	.172072	.172072			53
54.01 ECT	.154180	.154180	.154180			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.158938	.158938	.158938			55
56 DRUGS CHARGED TO PATIENTS	.107239	.107239	.107239			56
57 RENAL DIALYSIS	.202081	.202081	.202081			57
58.01 PSYCHOLOGY	.621530	.621530	.621530			58.01
59 OCCUPATIONAL HEALTH	1.143647	1.143647	1.143647			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.251037	1.251037	1.251037			60
60.01 OUTPATIENT PROCEDURES	.241100	.241100	.241100			60.01
61 EMERGENCY	.133347	.133347	.133347			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.438221	.438221	.438221			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.107239	1
2 PROGRAM VACCINE CHARGES	2	65909	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	7068	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		5821296						37
38 OPERATING ROOM		2757699						38
39 RECOVERY ROOM		12544						39
40 DELIVERY ROOM & LABOR ROOM		416300						40
41 ANESTHESIOLOGY		5422478						41
41 RADIOLOGY-DIAGNOSTIC		6877163						41.01
41.01 CAT SCAN		1162047						41.02
41.02 ULTRASOUND		2200512						44
44 LABORATORY		73569						47
47 BLOOD STORING, PROCESSING & TR		705955						49
49 RESPIRATORY THERAPY		123244						50
50 PHYSICAL THERAPY		19267						51
51 OCCUPATIONAL THERAPY		27597						52
52 SPEECH PATHOLOGY		9494085						53
53 ELECTROCARDIOLOGY		330390						54.01
54.01 ECT		556057	100					55
55 MEDICAL SUPPLIES CHARGED TO PA		5189604	544					56
56 DRUGS CHARGED TO PATIENTS		119910						57
57 RENAL DIALYSIS		46661						58.01
58.01 PSYCHOLOGY								59
59 OCCUPATIONAL HEALTH								
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		300442						60
60.01 OUTPATIENT PROCEDURES		2042						60.01
61 EMERGENCY		7855085						61
62 OBSERVATION BEDS (NON-DISTINCT		3556315						62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		53070262	644					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		53070262	644					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] 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 (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.03 1.01x5.04 9.03 9.04	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.04 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		912791					37
38 RECOVERY ROOM		495556					38
39 DELIVERY ROOM & LABOR ROOM		6761					39
40 ANESTHESIOLOGY		34053					40
41 RADIOLOGY-DIAGNOSTIC		922477					41
41.01 CAT SCAN		219945					41.01
41.02 ULTRASOUND		102618					41.02
44 LABORATORY		231428					44
47 BLOOD STORING, PROCESSING & TRA		112994					47
49 RESPIRATORY THERAPY		82621					49
50 PHYSICAL THERAPY		35916					50
51 OCCUPATIONAL THERAPY		6689					51
52 SPEECH PATHOLOGY		13576					52
53 ELECTROCARDIOLOGY		1633666					53
54.01 ECT		50940					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		88379	16				55
56 DRUGS CHARGED TO PATIENTS		556528	58				56
57 RENAL DIALYSIS		24232					57
58.01 PSYCHOLOGY		29001					58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		375864					60
60.01 OUTPATIENT PROCEDURES		492					60.01
61 EMERGENCY		1047452					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		1558452					62
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		8542431	74				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8542431	74				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1691016	105203374	45826			.016074	737 37
38 RECOVERY ROOM		856597	25748980	11524			.033267	383 38
39 DELIVERY ROOM & LABOR ROOM		677692	11354458				.059685	39
40 ANESTHESIOLOGY		40424	6195102	4519			.006525	29 40
41 RADIOLOGY-DIAGNOSTIC		601735	42156069	261635			.014274	3735 41
41.01 CAT SCAN		97528	51053010	282887			.001910	540 41.01
41.02 ULTRASOUND		42025	13954051	41823			.003012	126 41.02
44 LABORATORY		450669	64840172	1412677			.006950	9818 44
47 BLOOD STORING, PROCESSING & T		67675	1103446	461			.061331	28 47
49 RESPIRATORY THERAPY		77792	16987636	3957			.004579	18 49
50 PHYSICAL THERAPY		53077	5364525	63053			.009894	624 50
51 OCCUPATIONAL THERAPY		16719	1053916	109993			.015864	1745 51
52 SPEECH PATHOLOGY		17476	907984	6300			.019247	121 52
53 ELECTROCARDIOLOGY		753071	66347786	115256			.011350	1308 53
54.01 ECT		10224	1066765	171018			.009584	1639 54.01
55 MEDICAL SUPPLIES CHARGED TO P		55840	9378621	105469			.005954	628 55
56 DRUGS CHARGED TO PATIENTS		222542	73182228	3040555			.003041	9246 56
57 RENAL DIALYSIS		22468	3313966	53393			.006780	362 57
58.01 PSYCHOLOGY		338256	3462007	10939			.097705	1069 58.01
59 OCCUPATIONAL HEALTH		16819	1121462				.014997	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		163977	1820881				.090054	60
60.01 OUTPATIENT PROCEDURES		15214	4975796				.003058	60.01
61 EMERGENCY		815913	77382411	139455			.010544	1470 61
62 OBSERVATION BEDS (NON-DISTINC		344907	7849889				.043938	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7449656	595824535	5880740				33626 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] 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	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105203374			45826		37
38 RECOVERY ROOM		25748980			11524		38
39 DELIVERY ROOM & LABOR ROOM		11354458					39
40 ANESTHESIOLOGY		6195102			4519		40
41 RADIOLOGY-DIAGNOSTIC		42156069			261635		41
41.01 CAT SCAN		51053010			282887		9360 41.01
41.02 ULTRASOUND		13954051			41823		1075 41.02
44 LABORATORY		64840172			1412677		44
47 BLOOD STORING, PROCESSING & T		1103446			461		47
49 RESPIRATORY THERAPY		16987636			3957		49
50 PHYSICAL THERAPY		5364525			63053		50
51 OCCUPATIONAL THERAPY		1053916			109993		51
52 SPEECH PATHOLOGY		907984			6300		52
53 ELECTROCARDIOLOGY		66347786			115256		2305 53
54.01 ECT		1066765			171018		54.01
55 MEDICAL SUPPLIES CHARGED TO P		9378621			105469		55
56 DRUGS CHARGED TO PATIENTS		73182228			3040555		56
57 RENAL DIALYSIS		3313966			53393		57
58.01 PSYCHOLOGY		3462007			10939		58.01
59 OCCUPATIONAL HEALTH		1121462					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1820881					60
60.01 OUTPATIENT PROCEDURES		4975796					60.01
61 EMERGENCY		77382411			139455		130 61
62 OBSERVATION BEDS (NON-DISTINC		7849889					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		595824535			5880740		26052 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.156802	.156802	.156802			37
38 RECOVERY ROOM	.179699	.179699	.179699			38
39 DELIVERY ROOM & LABOR ROOM	.538963	.538963	.538963			39
40 ANESTHESIOLOGY	.081799	.081799	.081799			40
41 RADIOLOGY-DIAGNOSTIC	.170121	.170121	.170121			41
41.01 CAT SCAN	.031982	.031982	.031982			41.01
41.02 ULTRASOUND	.088308	.088308	.088308			41.02
44 LABORATORY	.105170	.105170	.105170			44
47 BLOOD STORING, PROCESSING & TRA	1.535891	1.535891	1.535891			47
49 RESPIRATORY THERAPY	.117034	.117034	.117034			49
50 PHYSICAL THERAPY	.291418	.291418	.291418			50
51 OCCUPATIONAL THERAPY	.347180	.347180	.347180			51
52 SPEECH PATHOLOGY	.491941	.491941	.491941			52
53 ELECTROCARDIOLOGY	.172072	.172072	.172072			53
54.01 ECT	.154180	.154180	.154180			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.158938	.158938	.158938			55
56 DRUGS CHARGED TO PATIENTS	.107239	.107239	.107239			56
57 RENAL DIALYSIS	.202081	.202081	.202081			57
58.01 PSYCHOLOGY	.621530	.621530	.621530			58.01
59 OCCUPATIONAL HEALTH	1.143647	1.143647	1.143647			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.251037	1.251037	1.251037			60
60.01 OUTPATIENT PROCEDURES	.241100	.241100	.241100			60.01
61 EMERGENCY	.133347	.133347	.133347			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.438221	.438221	.438221			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.107239	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		9360						41
41.01 CAT SCAN		13182						41.01
41.02 ULTRASOUND		1075						41.02
44 LABORATORY								44
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2305						53
54.01 ECT								54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58.01 PSYCHOLOGY								58.01
59 OCCUPATIONAL HEALTH								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 OUTPATIENT PROCEDURES								60.01
61 EMERGENCY		130						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
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		26052						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		26052						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] 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							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		1592					41
41.01 CAT SCAN		422					41.01
41.02 ULTRASOUND		95					41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		397					53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY		17					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
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		2523					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2523					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2765826		2765826
26 INTENSIVE CARE UNIT				732006		732006
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				1436571		1436571
33 NURSERY				65763		65763
101 TOTAL				5000166		5000166

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	32862	6857			84.16	577085
26 INTENSIVE CARE UNIT	3829	264			191.17	50469
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	12652	2925			113.54	332105
33 NURSERY	2675	2199			24.58	54051
101 TOTAL	52018	12245				1013710

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1691016	105203374				.016074	37
38 RECOVERY ROOM		856597	25748980				.033267	38
39 DELIVERY ROOM & LABOR ROOM		677692	11354458				.059685	39
40 ANESTHESIOLOGY		40424	6195102				.006525	40
41 RADIOLOGY-DIAGNOSTIC		601735	42156069				.014274	41
41.01 CAT SCAN		97528	51053010				.001910	41.01
41.02 ULTRASOUND		42025	13954051				.003012	41.02
44 LABORATORY		450669	64840172				.006950	44
47 BLOOD STORING, PROCESSING & T		67675	1103446				.061331	47
49 RESPIRATORY THERAPY		77792	16987636				.004579	49
50 PHYSICAL THERAPY		53077	5364525				.009894	50
51 OCCUPATIONAL THERAPY		16719	1053916				.015864	51
52 SPEECH PATHOLOGY		17476	907984				.019247	52
53 ELECTROCARDIOLOGY		753071	66347786				.011350	53
54.01 ECT		10224	1066765				.009584	54.01
55 MEDICAL SUPPLIES CHARGED TO P		55840	9378621				.005954	55
56 DRUGS CHARGED TO PATIENTS		222542	73182228				.003041	56
57 RENAL DIALYSIS		22468	3313966				.006780	57
58.01 PSYCHOLOGY		338256	3462007				.097705	58.01
59 OCCUPATIONAL HEALTH		16819	1121462				.014997	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		163977	1820881				.090054	60
60.01 OUTPATIENT PROCEDURES		15214	4975796				.003058	60.01
61 EMERGENCY		815913	77382411				.010544	61
62 OBSERVATION BEDS (NON-DISTINC		344907	7849889				.043938	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7449656	595824535					101

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 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
 06/02/2010 09:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					32862		6857	25
26 INTENSIVE CARE UNIT					3829		264	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					12652		2925	31
33 NURSERY					2675		2199	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					52018		12245	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105203374					37
38 RECOVERY ROOM		25748980					38
39 DELIVERY ROOM & LABOR ROOM		11354458					39
40 ANESTHESIOLOGY		6195102					40
41 RADIOLOGY-DIAGNOSTIC		42156069					41
41.01 CAT SCAN		51053010					41.01
41.02 ULTRASOUND		13954051					41.02
44 LABORATORY		64840172					44
47 BLOOD STORING, PROCESSING & T		1103446					47
49 RESPIRATORY THERAPY		16987636					49
50 PHYSICAL THERAPY		5364525					50
51 OCCUPATIONAL THERAPY		1053916					51
52 SPEECH PATHOLOGY		907984					52
53 ELECTROCARDIOLOGY		66347786					53
54.01 ECT		1066765					54.01
55 MEDICAL SUPPLIES CHARGED TO P		9378621					55
56 DRUGS CHARGED TO PATIENTS		73182228					56
57 RENAL DIALYSIS		3313966					57
58.01 PSYCHOLOGY		3462007					58.01
59 OCCUPATIONAL HEALTH		1121462					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1820881					60
60.01 OUTPATIENT PROCEDURES		4975796					60.01
61 EMERGENCY		77382411					61
62 OBSERVATION BEDS (NON-DISTINC		7849889					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		595824535					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1691016	105203374				.016074	37
38 RECOVERY ROOM		856597	25748980				.033267	38
39 DELIVERY ROOM & LABOR ROOM		677692	11354458				.059685	39
40 ANESTHESIOLOGY		40424	6195102				.006525	40
41 RADIOLOGY-DIAGNOSTIC		601735	42156069				.014274	41
41.01 CAT SCAN		97528	51053010				.001910	41.01
41.02 ULTRASOUND		42025	13954051				.003012	41.02
44 LABORATORY		450669	64840172				.006950	44
47 BLOOD STORING, PROCESSING & T		67675	1103446				.061331	47
49 RESPIRATORY THERAPY		77792	16987636				.004579	49
50 PHYSICAL THERAPY		53077	5364525				.009894	50
51 OCCUPATIONAL THERAPY		16719	1053916				.015864	51
52 SPEECH PATHOLOGY		17476	907984				.019247	52
53 ELECTROCARDIOLOGY		753071	66347786				.011350	53
54.01 ECT		10224	1066765				.009584	54.01
55 MEDICAL SUPPLIES CHARGED TO P		55840	9378621				.005954	55
56 DRUGS CHARGED TO PATIENTS		222542	73182228				.003041	56
57 RENAL DIALYSIS		22468	3313966				.006780	57
58.01 PSYCHOLOGY		338256	3462007				.097705	58.01
59 OCCUPATIONAL HEALTH		16819	1121462				.014997	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		163977	1820881				.090054	60
60.01 OUTPATIENT PROCEDURES		15214	4975796				.003058	60.01
61 EMERGENCY		815913	77382411				.010544	61
62 OBSERVATION BEDS (NON-DISTINC		344907	7849889				.043938	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7449656	595824535					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105203374					37
38 RECOVERY ROOM		25748980					38
39 DELIVERY ROOM & LABOR ROOM		11354458					39
40 ANESTHESIOLOGY		6195102					40
41 RADIOLOGY-DIAGNOSTIC		42156069					41
41.01 CAT SCAN		51053010					41.01
41.02 ULTRASOUND		13954051					41.02
44 LABORATORY		64840172					44
47 BLOOD STORING, PROCESSING & T		1103446					47
49 RESPIRATORY THERAPY		16987636					49
50 PHYSICAL THERAPY		5364525					50
51 OCCUPATIONAL THERAPY		1053916					51
52 SPEECH PATHOLOGY		907984					52
53 ELECTROCARDIOLOGY		66347786					53
54.01 ECT		1066765					54.01
55 MEDICAL SUPPLIES CHARGED TO P		9378621					55
56 DRUGS CHARGED TO PATIENTS		73182228					56
57 RENAL DIALYSIS		3313966					57
58.01 PSYCHOLOGY		3462007					58.01
59 OCCUPATIONAL HEALTH		1121462					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1820881					60
60.01 OUTPATIENT PROCEDURES		4975796					60.01
61 EMERGENCY		77382411					61
62 OBSERVATION BEDS (NON-DISTINC		7849889					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		595824535					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S174)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0174)	SUB I (PPS) (14-S174)	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)	32862	12652					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	32862	12652					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32862	12652					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)	11215	5628					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) (14-0174)	SUB I (PPS) (14-S174)	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	27585481	12813807					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	27585481	12813807					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49214730	16218960					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49214730	16218960					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.560513	.790051					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1497.62	1281.93					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	27585481	12813807					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) (14-0174)	SUB I (PPS) (14-S174)	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	839.43	1012.79				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9414207	5699982				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9414207	5699982				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	7765287	3829	2028.02	1740	3528755	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0174)	SUB I (PPS) (14-S174)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	17892729	701571				48
49 TOTAL PROGRAM INPATIENT COSTS	30835691	6401553				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1276490	639003				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1292604	33626				51
52 TOTAL PROGRAM EXCLUDABLE COST	2569094	672629				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	28266597	5728924				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) (14-0174)	SUB I (PPS) (14-S174)	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) (PPS)
 (14-0174)(14-S174)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4098	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	839.43	84
85 OBSERVATION BED COST	3439984	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL 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		27585481		3439984		86
87 NEW CAPITAL-RELATED COST	2765826	27585481	.100264	3439984	344907	87
88 NON PHYSICIAN ANESTHETIST		27585481		3439984		88
89 MEDICAL EDUCATION		27585481		3439984		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0174)	(OTHER) (14-S174)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	32862	12652					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	32862	12652					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32862	12652					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)	6857	2925					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	2675						15
16 TITLE V OR XIX NURSERY DAYS	2199						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
17		1	1	1	1	1	17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	27564240	12709038					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	27564240	12709038					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	49214730	16218960					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	49214730	16218960					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.560081	.783591					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1497.62	1281.93					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	27564240	12709038					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	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	838.79	1004.51					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5751583	2938192					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5751583	2938192					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)	1235887	2675	462.01	2199	1015960		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	7761221	3829	2026.96	264	535117		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST			1	1	1		48
49	TOTAL PROGRAM INPATIENT COSTS	7302660	2938192					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	681605	332105					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	681605	332105					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		501				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
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
06/02/2010 09:11

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.02
06/02/2010 09:11

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4098	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	839.43	84
85 OBSERVATION BED COST	3439984	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0174)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		19057582		25
26 INTENSIVE CARE UNIT		5312000		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.156802	29648238	4648903	37
38 RECOVERY ROOM	.179699	4529176	813888	38
39 DELIVERY ROOM & LABOR ROOM	.538963	29470	15883	39
40 ANESTHESIOLOGY	.081799	1127306	92213	40
41 RADIOLOGY-DIAGNOSTIC	.170121	5468774	930353	41
41.01 CAT SCAN	.031982	5611032	179452	41.01
41.02 ULTRASOUND	.088308	1405182	124089	41.02
44 LABORATORY	.105170	13389202	1408142	44
47 BLOOD STORING, PROCESSING & TRA	1.535891	470841	723160	47
49 RESPIRATORY THERAPY	.117034	7867624	920780	49
50 PHYSICAL THERAPY	.291418	1550191	451754	50
51 OCCUPATIONAL THERAPY	.347180	247049	85770	51
52 SPEECH PATHOLOGY	.491941	299806	147487	52
53 ELECTROCARDIOLOGY	.172072	17602170	3028841	53
54.01 ECT	.154180	82861	12776	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.158938	2167560	344508	55
56 DRUGS CHARGED TO PATIENTS	.107239	23586479	2529390	56
57 RENAL DIALYSIS	.202081	2038857	412014	57
58.01 PSYCHOLOGY	.621530			58.01
59 OCCUPATIONAL HEALTH	1.143647	283	324	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.251037	8643	10813	60
60.01 OUTPATIENT PROCEDURES	.241100			60.01
61 EMERGENCY	.133897	7305057	978125	61
62 OBSERVATION BEDS (NON-DISTINCT	.438221	77733	34064	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		124513534	17892729	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		124513534		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S174)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		7146190		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.156802	45826	7186	37
38 RECOVERY ROOM	.179699	11524	2071	38
39 DELIVERY ROOM & LABOR ROOM	.538963			39
40 ANESTHESIOLOGY	.081799	4519	370	40
41 RADIOLOGY-DIAGNOSTIC	.170121	261635	44510	41
41.01 CAT SCAN	.031982	282887	9047	41.01
41.02 ULTRASOUND	.088308	41823	3693	41.02
44 LABORATORY	.105170	1412677	148571	44
47 BLOOD STORING, PROCESSING & TRA	1.535891	461	708	47
49 RESPIRATORY THERAPY	.117034	3957	463	49
50 PHYSICAL THERAPY	.291418	63053	18375	50
51 OCCUPATIONAL THERAPY	.347180	109993	38187	51
52 SPEECH PATHOLOGY	.491941	6300	3099	52
53 ELECTROCARDIOLOGY	.172072	115256	19832	53
54.01 ECT	.154180	171018	26368	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.158938	105469	16763	55
56 DRUGS CHARGED TO PATIENTS	.107239	3040555	326066	56
57 RENAL DIALYSIS	.202081	53393	10790	57
58.01 PSYCHOLOGY	.621530	10939	6799	58.01
59 OCCUPATIONAL HEALTH	1.143647			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.251037			60
60.01 OUTPATIENT PROCEDURES	.241100			60.01
61 EMERGENCY	.133897	139455	18673	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.438221			62
101 TOTAL		5880740	701571	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5880740		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0174)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.156802		37
38 RECOVERY ROOM	.179699		38
39 DELIVERY ROOM & LABOR ROOM	.538963		39
40 ANESTHESIOLOGY	.081799		40
41 RADIOLOGY-DIAGNOSTIC	.170121		41
41.01 CAT SCAN	.031982		41.01
41.02 ULTRASOUND	.088308		41.02
44 LABORATORY	.105170		44
47 BLOOD STORING, PROCESSING & TRA	1.535891		47
49 RESPIRATORY THERAPY	.117034		49
50 PHYSICAL THERAPY	.291418		50
51 OCCUPATIONAL THERAPY	.347180		51
52 SPEECH PATHOLOGY	.491941		52
53 ELECTROCARDIOLOGY	.172072		53
54.01 ECT	.154180		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.158938		55
56 DRUGS CHARGED TO PATIENTS	.107239		56
57 RENAL DIALYSIS	.202081		57
58.01 PSYCHOLOGY	.621530		58.01
59 OCCUPATIONAL HEALTH	1.143647		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.251037		60
60.01 OUTPATIENT PROCEDURES	.241100		60.01
61 EMERGENCY	.133347		61
62 OBSERVATION BEDS (NON-DISTINCT	.438221		62
OTHER REIMBURSABLE COST CENTERS			
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S174)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.156802		37
38 RECOVERY ROOM	.179699		38
39 DELIVERY ROOM & LABOR ROOM	.538963		39
40 ANESTHESIOLOGY	.081799		40
41 RADIOLOGY-DIAGNOSTIC	.170121		41
41.01 CAT SCAN	.031982		41.01
41.02 ULTRASOUND	.088308		41.02
44 LABORATORY	.105170		44
47 BLOOD STORING, PROCESSING & TRA	1.535891		47
49 RESPIRATORY THERAPY	.117034		49
50 PHYSICAL THERAPY	.291418		50
51 OCCUPATIONAL THERAPY	.347180		51
52 SPEECH PATHOLOGY	.491941		52
53 ELECTROCARDIOLOGY	.172072		53
54.01 ECT	.154180		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.158938		55
56 DRUGS CHARGED TO PATIENTS	.107239		56
57 RENAL DIALYSIS	.202081		57
58.01 PSYCHOLOGY	.621530		58.01
59 OCCUPATIONAL HEALTH	1.143647		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.251037		60
60.01 OUTPATIENT PROCEDURES	.241100		60.01
61 EMERGENCY	.133347		61
62 OBSERVATION BEDS (NON-DISTINCT	.438221		62
OTHER REIMBURSABLE COST CENTERS			
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0174)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	17120095					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5706698					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	574112					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	211.07					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 (14-0174)	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	0.0358					4
4.01	0.2886					4.01
4.02	0.3244					4.02
4.03	0.1598					4.03
4.04	3647722					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	27048627					6
7						7
7.01						7.01
8	27048627					8
9	2049785					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	29098412					16
17	3932					17
18	29094480					18
19	1936208					19
20	97923					20
21	501046					21
21.01	350732					21.01
21.02	390101					21.02
22	27411081					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0174)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	27411081				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	27025265				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	385816				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	328706				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0174) 1	HOSPITAL (14-0174) 1.01	HOSPITAL (14-0174) 1.02	
1 MEDICAL AND OTHER SERVICES	7142			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8542431			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6516015			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.856			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7312321			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	89.11			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	7142			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	66553			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	66553			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	66553			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	59411			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	7142			17
17.01 TOTAL PPS PAYMENTS	6516015			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0174) 1	HOSPITAL (14-0174) 1.01	HOSPITAL (14-0174) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	129		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1462843		18.01
19 SUBTOTAL	5060185		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	5060185		23
24 PRIMARY PAYER PAYMENTS	230		24
25 SUBTOTAL	5059955		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	334892		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	234424		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	284931		27.02
28 SUBTOTAL	5294379		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-31		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	5294410		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5056605		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	237805		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S174) 1	SUB I (14-S174) 1.01	SUB I (14-S174) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2523			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2302			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	2302			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S174) 1	SUB I (14-S174) 1.01	SUB I (14-S174) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	564		18.01
19 SUBTOTAL	1738		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	1738		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1738		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	314484		27.02
28 SUBTOTAL	1738		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	1738		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1738		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0174)

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		26692647		5056605	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .54	332618		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	332618			3.99
4 TOTAL INTERIM PAYMENTS		27025265		5056605	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S174)

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		4239286		1738	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		4239286		1738	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S174)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	4357460				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	317115				1.09
1.10	NET IPF PPS ECT PAYMENTS	40792				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	34.663014				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	4715367				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	4715367				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	4715367				4
5	PRIMARY PAYER PAYMENTS	10251				5
6	SUBTOTAL	4705116				6
7	DEDUCTIBLES	402284				7
8	SUBTOTAL	4302832				8
9	COINSURANCE	63546				9
10	SUBTOTAL	4239286				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	314485				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	220140				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	4459426				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2010.02
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S174)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4459426				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	4239286				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	220140				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0174) (OTHER)	SUB I (14-S174) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	7302660	2938192				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	7302660	2938192				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	7302660	2938192				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	7302660	2938192				22
23	COST OF COVERED SERVICES	7302660	2938192				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	7302660	2938192				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	7302660	2938192				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0174) (OTHER)	SUB I (14-S174) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	7302660	2938192				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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	3223336			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	24477166			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2856629			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	2314173			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	32871304			11
FIXED ASSETS					
12	LAND	4545766			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	4230277			13
13.01	ACCUMULATED DEPRECIATION	-2520956			13.01
14	BUILDINGS	101918491			14
14.01	ACCUMULATED DEPRECIATION	-59031328			14.01
15	LEASEHOLD IMPROVEMENTS	1021878			15
15.01	ACCUMULATED AMORTIZATION	-489196			15.01
16	FIXED EQUIPMENT	7634427			16
16.01	ACCUMULATED DEPRECIATION	-6110777			16.01
17	AUTOMOBILES AND TRUCKS	158280			17
17.01	ACCUMULATED DEPRECIATION	-150566			17.01
18	MAJOR MOVABLE EQUIPMENT	46704241			18
18.01	ACCUMULATED DEPRECIATION	-34807729			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	63102808			21
OTHER ASSETS					
22	INVESTMENTS	1278850			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	6353411			25
26	TOTAL OTHER ASSETS	7632261			26
27	TOTAL ASSETS	103606373			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	6680452			28
29	SALARIES, WAGES & FEES PAYABLE	4780149			29
30	PAYROLL TAXES PAYABLE	323037			30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1110270			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	19640721			35
36	TOTAL CURRENT LIABILITIES	32534629			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	2308482			41
42	TOTAL LONG TERM LIABILITIES	2308482			42
43	TOTAL LIABILITIES	34843111			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	68763262			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	68763262			51
52	TOTAL LIABILITIES AND FUND BALANCES	103606373			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	77867000			1
2 NET INCOME (LOSS)	3864326			2
3 TOTAL	81731326			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 MISCELLANEOUS	381915			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	381915			10
11 SUBTOTAL	82113241			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSET TRANSFER	13349979			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	13349979			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	68763262			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	36873249		36873249	2
4 SUBPROVIDER I	16218960		16218960	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	53092209		53092209	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	12786139		12786139	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	12786139		12786139	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	65878348		65878348	18
19 ANCILLARY SERVICES	300795807		300795807	19
20 OUTPATIENT SERVICES		310180942	310180942	20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	366674155	310180942	676855097	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		165950975	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		165950975	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	676855097	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	507630214	2
3	NET PATIENT REVENUES	169224883	3
4	LESS - TOTAL OPERATING EXPENSES	165950975	4
5	NET INCOME FROM SERVICE TO PATIENTS	3273908	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	66387	6
7	INCOME FROM INVESTMENTS	1006098	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	156525	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	904	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	696593	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	4150	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	1054501	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	111266	20
21	RENTAL OF VENDING MACHINES	18063	21
22	RENTAL OF HOSPITAL SPACE	24024	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	RENTAL INCOME		24
24.01	UNRESTRICTED DONATIONS		24.01
24.02	INCOME FROM UNCONSOLIDATED ENTITIES		24.02
24.03	OTHER OPERATING REVENUE	444117	24.03
24.04	ASSETS RELEASED FROM RESTRICTION	134583	24.04
24.06	NON-OP: INVESTMENT INCOME-REALIZED	-3101674	24.06
24.07	NON-OP: GAIN ON SALE OF ASSETS	15548	24.07
24.08	NON-OP: INVESTMENT INCOME -UNREALIZ		24.08
25	TOTAL OTHER INCOME	631085	25
26	TOTAL	3904993	26
27	IMPAIRMENT	40667	27
27.01	TRANSFERS TO AFFILIATES		27.01
27.02	RELEASED FROM RESTRICTIONS FOR ASSE		27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	40667	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	3864326	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0174)	HOSPITAL (14-0174)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	1884431				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	37401				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4					4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]					
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	0.0358				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01	0.2886				5.01
% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					
5.02	0.3244				5.02
SUM OF LINES 5 AND 5.01					
5.03	0.0679				5.03
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					
5.04	127953				5.04
DISPROPORTIONATE SHARE ADJUSTMENT					
6	2049785				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 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98.01 PHYSICIAN PRACTICE MANAGEMENT					98.01
99.01 MASSAGE THERAPY					99.01
99.02 IDOL SPACE/HOME HEALTH					99.02
99.03 ADOL SCHOOL					99.03
99.04 FOUNDATION					99.04
99.05 LEASED BLDG					99.05
99.07 PARISH NURSING					99.07
100 OP PHARMACY					100
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	34.13		20.87				55.00 25
26 INTENSIVE CARE UNIT	45.44		6.89				52.33 26
33 NURSERY			82.21				82.21 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	28.18	5.53					33.71 37
38 RECOVERY ROOM	17.59	10.71					28.30 38
39 DELIVERY ROOM & LABOR ROOM	0.26	0.11					0.37 39
40 ANESTHESIOLOGY	18.20	6.72					24.92 40
41 RADIOLOGY-DIAGNOSTIC	12.97	12.86					25.83 41
41.01 CAT SCAN	10.99	13.47					24.46 41.01
41.02 ULTRASOUND	10.07	8.33					18.40 41.02
44 LABORATORY	20.65	3.39					24.04 44
47 BLOOD STORING, PROCESSING & TRA	42.67	6.67					49.34 47
49 RESPIRATORY THERAPY	46.31	4.16					50.47 49
50 PHYSICAL THERAPY	28.90	2.30					31.20 50
51 OCCUPATIONAL THERAPY	23.44	1.83					25.27 51
52 SPEECH PATHOLOGY	33.02	3.04					36.06 52
53 ELECTROCARDIOLOGY	26.53	14.31					40.84 53
54.01 ECT	7.77	30.97					38.74 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	23.11	5.93					29.04 55
56 DRUGS CHARGED TO PATIENTS	32.23	7.09					39.32 56
57 RENAL DIALYSIS	61.52	3.62					65.14 57
58.01 PSYCHOLOGY		1.35					1.35 58.01
59 OCCUPATIONAL HEALTH	0.03						0.03 59
60 CLINIC	0.47	16.50					16.97 60
60.01 OUTPATIENT PROCEDURES		0.04					0.04 60.01
61 EMERGENCY	9.44	10.15					19.59 61
62 OBSERVATION BEDS (NON-DISTINCT	0.99	45.30					46.29 62
101 TOTAL CHARGES	18.40	7.84					26.24 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	44.48		23.12				67.60 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.04						0.04 37
38 RECOVERY ROOM	0.04						0.04 38
40 ANESTHESIOLOGY	0.07						0.07 40
41 RADIOLOGY-DIAGNOSTIC	0.62	0.02					0.64 41
41.01 CAT SCAN	0.55	0.03					0.58 41.01
41.02 ULTRASOUND	0.30	0.01					0.31 41.02
44 LABORATORY	2.18						2.18 44
47 BLOOD STORING, PROCESSING & TRA	0.04						0.04 47
49 RESPIRATORY THERAPY	0.02						0.02 49
50 PHYSICAL THERAPY	1.18						1.18 50
51 OCCUPATIONAL THERAPY	10.44						10.44 51
52 SPEECH PATHOLOGY	0.69						0.69 52
53 ELECTROCARDIOLOGY	0.17						0.17 53
54.01 ECT	16.03						16.03 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1.12						1.12 55
56 DRUGS CHARGED TO PATIENTS	4.15						4.15 56
57 RENAL DIALYSIS	1.61						1.61 57
58.01 PSYCHOLOGY	0.32						0.32 58.01
61 EMERGENCY	0.18						0.18 61
101 TOTAL CHARGES	0.87						0.87 101

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	7824821	5.49	-7824821	-9.75		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4688278	3.29	-4688278	-5.84		4
5	EMPLOYEE BENEFITS	16580838	11.63	-16580838	-20.67		5
6	ADMINISTRATIVE & GENERAL	33675089	23.62	-33675089	-41.97		6
7	MAINTENANCE & REPAIRS	3262315	2.29	-3262315	-4.07		7
8	OPERATION OF PLANT	3545487	2.49	-3545487	-4.42		8
9	LAUNDRY & LINEN SERVICE	483384	.34	-483384	-.60		9
10	HOUSEKEEPING	1722959	1.21	-1722959	-2.15		10
11	DIETARY	996679	.70	-996679	-1.24		11
12	CAFETERIA	884423	.62	-884423	-1.10		12
14	NURSING ADMINISTRATION	1803932	1.27	-1803932	-2.25		14
15	CENTRAL SERVICES & SUPPLY	705994	.50	-705994	-.88		15
16	PHARMACY	2219612	1.56	-2219612	-2.77		16
17	MEDICAL RECORDS & LIBRARY	1836625	1.29	-1836625	-2.29		17
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	9867395	6.92	17696845	22.06	27564240	19.33
26	INTENSIVE CARE UNIT	3271924	2.29	4489297	5.60	7761221	5.44
31	SUBPROVIDER I	4530237	3.18	8178801	10.19	12709038	8.91
33	NURSERY	587161	.41	648726	.81	1235887	.87
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	7914032	5.55	8582045	10.70	16496077	11.57
38	RECOVERY ROOM	1274950	.89	3352117	4.18	4627067	3.25
39	DELIVERY ROOM & LABOR ROOM	2297150	1.61	3822480	4.76	6119630	4.29
40	ANESTHESIOLOGY	246197	.17	260556	.32	506753	.36
41	RADIOLOGY-DIAGNOSTIC	3280202	2.30	3891425	4.85	7171627	5.03
41.01	CAT SCAN	682993	.48	949773	1.18	1632766	1.15
41.02	ULTRASOUND	652677	.46	579572	.72	1232249	.86
44	LABORATORY	4100107	2.88	2719107	3.39	6819214	4.78
47	BLOOD STORING, PROCESSING & TRA	1082594	.76	612179	.76	1694773	1.19
49	RESPIRATORY THERAPY	1011747	.71	976382	1.22	1988129	1.39
50	PHYSICAL THERAPY	859809	.60	703512	.88	1563321	1.10
51	OCCUPATIONAL THERAPY	192341	.13	173558	.22	365899	.26
52	SPEECH PATHOLOGY	238615	.17	208060	.26	446675	.31
53	ELECTROCARDIOLOGY	6198057	4.35	5218507	6.50	11416564	8.01
54.01	ECT	81951	.06	82523	.10	164474	.12
55	MEDICAL SUPPLIES CHARGED TO PAT	930466	.65	560153	.70	1490619	1.05
56	DRUGS CHARGED TO PATIENTS	2807111	1.97	5040877	6.28	7847988	5.50
57	RENAL DIALYSIS	454564	.32	215124	.27	669688	.47
58.01	PSYCHOLOGY	743591	.52	1408150	1.76	2151741	1.51
59	OCCUPATIONAL HEALTH	749083	.53	533474	.66	1282557	.90
60	CLINIC	1125212	.79	1152777	1.44	2277989	1.60
60.01	OUTPATIENT PROCEDURES	864055	.61	335609	.42	1199664	.84
61	EMERGENCY	4512289	3.16	5806416	7.24	10318705	7.24
62	OBSERVATION BEDS (NON-DISTINCT)						62

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	172944	.12	61815	.08	234759	.16	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	7861	.01	4735	.01	12596	.01	98.01
99.01 MASSAGE THERAPY	25899	.02	20302	.03	46201	.03	99.01
99.02 IDOL SPACE/HOME HEALTH			903216	1.13	903216	.63	99.02
99.03 ADOL SCHOOL			71363	.09	71363	.05	99.03
99.04 FOUNDATION	350960	.25	312104	.39	663064	.47	99.04
99.05 LEASED BLDG	85787	.06	30377	.04	116164	.08	99.05
99.07 PARISH NURSING	196297	.14	197937	.25	394234	.28	99.07
100 OP PHARMACY	961069	.67	430542	.54	1391611	.98	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	142587763	100.00	0	.00	142587763	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	1691016	105203374	.016074	29648238	476566	37
38 RECOVERY ROOM	856597	25748980	.033267	4529176	150672	38
39 DELIVERY ROOM & LABOR ROOM	677692	11354458	.059685	29470	1759	39
40 ANESTHESIOLOGY	40424	6195102	.006525	1127306	7356	40
41 RADIOLOGY-DIAGNOSTIC	601735	42156069	.014274	5468774	78061	41
41.01 CAT SCAN	97528	51053010	.001910	5611032	10717	41.01
41.02 ULTRASOUND	42025	13954051	.003012	1405182	4232	41.02
44 LABORATORY	450669	64840172	.006950	13389202	93055	44
47 BLOOD STORING, PROCESSING & TRA	67675	1103446	.061331	470841	28877	47
49 RESPIRATORY THERAPY	77792	16987636	.004579	7867624	36026	49
50 PHYSICAL THERAPY	53077	5364525	.009894	1550191	15338	50
51 OCCUPATIONAL THERAPY	16719	1053916	.015864	247049	3919	51
52 SPEECH PATHOLOGY	17476	907984	.019247	299806	5770	52
53 ELECTROCARDIOLOGY	753071	66347786	.011350	17602170	199785	53
54.01 ECT	10224	1066765	.009584	82861	794	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	55840	9378621	.005954	2167560	12906	55
56 DRUGS CHARGED TO PATIENTS	222542	73182228	.003041	23586479	71726	56
57 RENAL DIALYSIS	22468	3313966	.006780	2038857	13823	57
58.01 PSYCHOLOGY	338256	3462007	.097705			58.01
59 OCCUPATIONAL HEALTH	16819	1121462	.014997	283	4	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	163977	1820881	.090054	8643	778	60
60.01 OUTPATIENT PROCEDURES	15214	4975796	.003058			60.01
61 EMERGENCY	815913	77382411	.010544	7305057	77025	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	344907	7849889	.043938	77733	3415	62
101 TOTAL	7449656	595824535		124513534	1292604	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	2765826		2765826	32862	84.16	11215	943854 25
26	INTENSIVE CARE UNIT	732006		732006	3829	191.17	1740	332636 26
101	TOTAL	3497832		3497832			12955	1276490 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1276490	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1292604	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2569094	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2722	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							12955	
PER DISCHARGE CAPITAL COSTS							943.83	
PER DIEM CAPITAL COSTS							198.31	

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)	28266597
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	148883116
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.190

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	6401553
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	13026930
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.491

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)	2569094
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8462018
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	52780244
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.160