

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 SAINT MARY OF NAZARETH HOSP. (14-0180) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX
		PART A	PART B	
		2	3	4
1	HOSPITAL	303658	988489	1
2	SUBPROVIDER I	122945	7472	2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY	19804	-629	5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	446407	995332	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: 2233 WEST DIVISION STREET P.O.BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60622 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	SAINT MARY OF NAZARETH HOSP.	14-0180	07/01/1966	N	P	O	2
3	SUBPROVIDER I	ST. MARY OF NAZARETH REHAB UNT	14-T180	01/01/1984	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	ST. ELIZABETH'S SNF	14-5541	01/28/1986	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

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

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? YES 25.01

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.05

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NUMBER: 40.01
40.02	STREET: 100 NORTH RIVER ROAD	P.O. BOX:	40.02
40.03	CITY:	STATE: IL ZIP CODE: 60016	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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 NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1627569 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			YES		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)			NO		58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6357	5889	27008	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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		6357	5889	27008	12
13	RPCH VISITS					13
14	SUBPROVIDER I		193	84	317	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6	7	8	9
1	SALARIES							
1	TOTAL SALARIES	96553353		96553353	3711043.00	26.02		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	1266826		1266826	17762.00	71.32		4
4.01	TEACHING PHYSICIAN SALARIES	103191		103191	1607.00	64.21		4.01
5	PHYSICIAN - PART B	1499316		1499316	26259.00	57.10		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	1995712		1995712	52624.00	37.92		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	1447565		1447565	49139.00	29.46		8
8.01	EXCLUDED AREA SALARIES	1033198		1033198	44736.00	23.10		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1161198		1161198	16636.00	69.80		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	448357		448357	4785.00	93.70		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	186997		186997	1606.00	116.44		10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	17344209		17344209	520072.00	33.35		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	20091618		20091618			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	558779		558779			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	285346		285346			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	23243		23243			CMS 339	18.01
19	PHYSICIAN PART B	337713		337713			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	451447		451447			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	221209		221209				21
22	ADMINISTRATIVE & GENERAL	4949622		4949622	146785.00	33.72		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	616274		616274	13613.00	45.27		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	3846087		3846087	188548.00	20.40		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	2094999		2094999	178044.00	11.77		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2273937	-1182770	1091167	76504.00	14.26		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	437038	1182770	1619808	82926.00	19.53		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	3538400	-33159	3505241	92463.00	37.91		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	3226840		3226840	95405.00	33.82		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2011345		2011345	105757.00	19.02		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)	DATA SOURCE	WORKSHEET S-3 PART III
1	2	3	4	5	6	7	8	9
1	NET SALARIES	93571408		93571408	3644166.00	25.68		1
2	EXCLUDED AREA SALARIES	2480763		2480763	93875.00	26.43		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	91090645		91090645	3550291.00	25.66		3
4	SUBTOTAL OTHER WAGES & REL COSTS	19140761		19140761	543099.00	35.24		4
5	SUBTOTAL WAGE-RELATED COSTS	20376964		20376964		22.37%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	130608370		130608370	4093390.00	31.91		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	23215751	-33159	23182592	980045.00	23.65		13

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
	1	2	3	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA		13						3
3.01	RUX		14						3.01
3.02	RUL		22						3.02
4	RVC		14						4
5	RVB		336						5
6	RVA		247						6
6.01	RVX		58						6.01
6.02	RVL		531						6.02
7	RHC		124						7
8	RHB		168						8
9	RHA		126						9
9.01	RHX								9.01
9.02	RHL		9						9.02
10	RMC		17						10
11	RMB		64						11
12	RMA		116						12
12.01	RMX		733						12.01
12.02	RML		789						12.02
13	RLB		2						13
14	RLA		8						14
14.01	RLX		75						14.01
15	SE3		1206						15
16	SE2		377						16
17	SE1								17
18	SSC								18
19	SSB		2						19
20	SSA		306						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1		8						24
25	CA2								25
26	CA1		17						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		5382						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	77130894 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	77130894 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	284200870 23
24	COST TO CHARGE RATIO	0.278494 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	79148237 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	284200870 28
29	TOTAL GROSS MEDICAID COST	79148237 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	44095501 30
31	UNCOMPENSATED CARE COST	12280332 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	158296474 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
89	8900 UTILIZATION REVIEW-SNF				12000	12000	-12000	89
95	SUBTOTALS	96465339	154941264	251406603	-78727	251327876	-17391071	233936805 95
NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN							96
96.01	9601 FUND DEVELOPMENT		3956	3956		3956		3956 96.01
96.02	9602 CONVENT		920	920	78727	79647		79647 96.02
96.03	9603 NURSING EDUC BLDG UNUSED SPACE		804	804		804		804 96.03
98	9800 PHYSICIANS' PRIVATE OFFICES	88014	23389	111403		111403		111403 98
101	TOTAL	96553353	154970333	251523686		251523686	-17391071	234132615 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1 HBP COMP.-SALARY	A	OPERATING ROOM	37		14581 1
2 HBP COMP.-SALARY	A	EMERGENCY	61		1608965 2
3					3
4 MAINTENANCE & REPAIR	B	CONVENT	96.02		78727 4
5					5
6 COST OF GOOD SOLD	C	MEDICAL SUPPLIES CHARGED TO P	55		919502 6
7	C	DRUGS CHARGED TO PATIENTS	56		7913536 7
8					8
9 CAFETERIA RECLASS	D	CAFETERIA	12	1182770	1366229 9
10					10
11 8145 STAFF	E	I&R SERVICES-OTHER PRGM COSTS	23	33159	
12					11
13 BUILDING INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		90303 13
14					14
15 UTILIZATION REVIEW	G	UTILIZATION REVIEW-SNF	89		12000 15
16					16
17 TEACHING PHYSICIANS	H	OTHER ADMINISTRATIVE & GENERA	6.06		33417 17
18	H	ADULTS & PEDIATRICS	25		7292 18
19	H	ADULTS & PEDIATRICS	25		1350 19
20	H	OPERATING ROOM	37		33246 20
21	H	RESPIRATORY THERAPY	49		23033 21
22	H	ELECTROCARDIOLOGY	53		21841 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				1215929	12124022 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 HBP COMP.-SALARY	A	OTHER ADMINISTRATIVE & GENERA	6.06		14581	1
2 HBP COMP.-SALARY	A	I&R SERVICES-OTHER PRGM COSTS	23		1608965	2
3						3
4 MAINTENANCE & REPAIR	B	OPERATION OF PLANT	8		78727	4
5						5
6 COST OF GOOD SOLD	C	CENTRAL SERVICES & SUPPLY	15		919502	6
7	C	PHARMACY	16		7913536	7
8						8
9 CAFETERIA RECLASS	D	DIETARY	11	1182770	1366229	9
10						10
11 8145 STAFF	E	NURSING ADMINISTRATION	14	33159		11
12						12
13 BUILDING INSURANCE	F	OTHER ADMINISTRATIVE & GENERA	6.06		90303	10 13
14						14
15 UTILIZATION REVIEW	G	SKILLED NURSING FACILITY	34		12000	15
16						16
17 TEACHING PHYSICIANS	H	I&R SERVICES-OTHER PRGM COSTS	23		120179	17
18	H					18
19	H					19
20	H					20
21	H					21
22	H					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				1215929	12124022	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	4774770					4774770	1
2 LAND IMPROVEMENTS	1075036					1075036	2
3 BUILDINGS AND FIXTURES	59736137					59736137	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	65585943					65585943	7
8 RECONCILING ITEMS							8
9 TOTAL	65585943					65585943	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND							1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	22359497	26842447		26842447		49201944	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	63431678	6999510		6999510		70431188	5
6 MOVABLE EQUIPMENT	144138					144138	6
7 SUBTOTAL	85935313	33841957		33841957		119777270	7
8 RECONCILING ITEMS							8
9 TOTAL	85935313	33841957		33841957		119777270	9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 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	-825	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	-13200	PURCHASING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-37136	TELECOMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE	A	-43325	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6420265			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-5570244			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-902888	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4966	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	A	-12000	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					37
37.01 MISC	B	-22964	OTHER ADMINISTRATIVE & GENERAL	6.06	37.01
37.02 X-RAY DUPLICATES	B	-3080	RADIOLOGY-DIAGNOSTIC	41	37.02
37.05 MISCELLANEOUS	B	-9302	OTHER ADMINISTRATIVE & GENERAL	6.06	37.05
37.08 MISCELLANEOUS	B	-71000	OTHER ADMINISTRATIVE & GENERAL	6.06	37.08
38 REFERENCE LAB RECEIPTS	B	-305334	LABORATORY	44	38
39 MISC REV	B	-6750	CARDIAC REHAB	53.01	39
40 ER ASSOCIATION/PAYING FOR USING	B	-461172	EMERGENCY	61	40
41 MEDICAL STAFF APPLICATIONS	B	-600	OTHER ADMINISTRATIVE & GENERAL	6.06	41
42 INVESTMENT FEES	A	436010	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 LEADERSHIP DEVELOPEMENT	B	-308	NURSING ADMINISTRATION	14	43
44 AUDIT AJE	A	-4330	OTHER ADMINISTRATIVE & GENERAL	6.06	44
45					45
46 VENDING MACHINE REV	B	-11748	CAFETERIA	12	46
47 PENSION EXP	A	-3970836	EMPLOYEE BENEFITS	5	47
48 MISC INCOME	B	-20	OTHER ADMINISTRATIVE & GENERAL	6.06	48
48.01 MISC INCOME	B	-4670	OTHER ADMINISTRATIVE & GENERAL	6.06	48.01
48.02 MISC INCOME	B	-160	LABORATORY	44	48.02
48.03 MISC INCOME	B	-3337	DIETARY	11	48.03
48.04 AUDIT AJE	A	53379	EMPLOYEE BENEFITS	5	48.04
49					49
50 TOTAL		-17391071			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	1353859	1353859	11 1
2	5	EMPLOYEE BENEFITS	HOME OFFICE COST	1197189	1197189	2
3	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	1291571	1291571	9 3
4	6.02	INFORMATION MANAGEMENT	HOME OFFICE COST	5586229	5586229	4
4.01	6.03	PURCHASING	HOME OFFICE COST	1188947	1188947	4.01
4.02	6.06	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE COST	7309619	30059064 -22749445	4.02
4.03	6.05	PATIENT FINANCIAL SERVICES	HOME OFFICE COST	3012928	3012928	4.03
4.04	15	CENTRAL SERVICES & SUPPLY	HOME OFFICE COST	230795	230795	4.04
4.05	26	INTENSIVE CARE UNIT	HOME OFFICE COST	684477	684477	4.05
4.06	6.04	ADMITTING	HOME OFFICE COST	2633206	2633206	4.06
5		TOTALS		24488820	30059064 -5570244	5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	1107387	1100095	7292	177200	126	10734	537
2	26	INTENSIVE CARE UNIT	579200	579200		177200			
3	6.06	OTHER ADMINISTRATIVE & G	517728	6000	511728	177200	6378	543357	27168
4	23	I&R SERVICES-OTHER PRGM	129600	129600					
5	25	ADULTS & PEDIATRICS	7650	6300	1350	177200	11	937	47
6	37	OPERATING ROOM	77696	46370	31326	208000	160	16000	800
7	40	ANESTHESIOLOGY	800120	800120		200300			
9	49	RESPIRATORY THERAPY	4909	4043	866	153400	9	664	33
10	53	ELECTROCARDIOLOGY	52363	30522	21841	177200	203	17294	865
14	61	EMERGENCY	2182682	2182682		177200			
15	50	PHYSICAL THERAPY	5000	5000					
17	54	ELECTROENCEPHALOGRAPHY	8825	8825					
18	6.06	OTHER ADMINISTRATIVE & G	131760	131760					
19	14	NURSING ADMINISTRATION	15212	15212					
20	25	ADULTS & PEDIATRICS	687942	687942					
21	26	INTENSIVE CARE UNIT	29928	29928					
22	40	ANESTHESIOLOGY	346666	346666					
23	53	ELECTROCARDIOLOGY	9976	9976					
24	54	ELECTROENCEPHALOGRAPHY	6250	6250					
25	57	RENAL DIALYSIS	1800	1800					
26	60	CLINIC	121817	121817					
27	25	ADULTS & PEDIATRICS	124800	124800					
28	6.06	OTHER ADMINISTRATIVE & G	51449		51449	177200	312	26580	1329
101		TOTAL	7000760	6374908	625852		7199	615566	30779

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 25	ADULTS & PEDIATRICS	AGGREGATE				10734		1100095
2 26	INTENSIVE CARE UNIT	AGGREGATE						579200
3 6.06	OTHER ADMINISTRATIVE & G	AGGREGATE				543357		6000
4 23	I&R SERVICES-OTHER PRGM	AGGREGATE						129600
5 25	ADULTS & PEDIATRICS	AGGREGATE				937	413	6713
6 37	OPERATING ROOM	AGGREGATE				16000	15326	61696
7 40	ANESTHESIOLOGY	DIVISION ANESTHESIA						800120
9 49	RESPIRATORY THERAPY	AGGREGATE				664	202	4245
10 53	ELECTROCARDIOLOGY	AGGREGATE				17294	4547	35069
14 61	EMERGENCY	AGGREGATE						2182682
15 50	PHYSICAL THERAPY	AGGREGATE						5000
17 54	ELECTROENCEPHALOGRAPHY	AGGREGATE						8825
18 6.06	OTHER ADMINISTRATIVE & G	AGGREGATE						131760
19 14	NURSING ADMINISTRATION	AGGREGATE						15212
20 25	ADULTS & PEDIATRICS	AGGREGATE						687942
21 26	INTENSIVE CARE UNIT	AGGREGATE						29928
22 40	ANESTHESIOLOGY	AGGREGATE						346666
23 53	ELECTROCARDIOLOGY	AGGREGATE						9976
24 54	ELECTROENCEPHALOGRAPHY	AGGREGATE						6250
25 57	RENAL DIALYSIS	AGGREGATE						1800
26 60	CLINIC	AGGREGATE						121817
27 25	ADULTS & PEDIATRICS	AGGREGATE						124800
28 6.06	OTHER ADMINISTRATIVE & G					26580	24869	24869
101	TOTAL					615566	45357	6420265

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	TELE.COMM.	INFO.MGMT.	PURCHASING	ADMITTING	
	FOR COST	REL COSTS	REL COSTS	BENEFITS					
	ALLOCATION	BLDG&FIXT	MOV EQUIP		6.01	6.02	6.03	6.04	
	0	3	4	5					
95 SUBTOTALS	233936805	9896421	2522460	16261016	543834	5617329	1179764	3540076	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8560	2182						96
96.01 FUND DEVELOPMENT	3956	3434	875		826				96.01
96.02 CONVENT	79647				7435				96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	804				1377		31		96.03
98 PHYSICIANS' PRIVATE OFFICES	111403			14870	25884	33960	140		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	234132615	9908415	2525517	16275886	579356	5651289	1179935	3540076	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	P.F.S.	SUBTOTAL	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
			ADMIN. & GENERAL	OF PLANT	AND LINEN SERVICE	KEEPING			
	6.05	5A	6.06	8	9	10	11	12	
95 SUBTOTALS	5016118	233837231	39503656	17950151	2324247	5051118	4082570	3481838	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		10742	2184	22461		1033			96
96.01 FUND DEVELOPMENT		9091	1849	9011					96.01
96.02 CONVENT		87082	17707			5165			96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		2212	450						96.03
98 PHYSICIANS' PRIVATE OFFICES		186257	37873		8829	21454		3843	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5016118	234132615	39563719	17981623	2333076	5078770	4082570	3485681	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	I/R-SALARY	I/R-OTHER	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	AND FRINGES 22	PROGRAM COSTS 23			
95 SUBTOTALS	6682513	1431185	5780786	5353145	2881061	3811976	233705349	-6693037	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN							36420		96
96.01 FUND DEVELOPMENT							19951		96.01
96.02 CONVENT							109954		96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		23					2685		96.03
98 PHYSICIANS' PRIVATE OFFICES							258256		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6682513	1431208	5780786	5353145	2881061	3811976	234132615	-6693037	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 TELECOMMUNICATIONS		6.01
6.02 INFORMATION MANAGEMENT		6.02
6.03 PURCHASING		6.03
6.04 ADMITTING		6.04
6.05 PATIENT FINANCIAL SERVICES		6.05
6.06 OTHER ADMINISTRATIVE & GENERAL		6.06
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES A		22
23 I&R SERVICES-OTHER PRGM COSTS A		23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	82705241	25
26 INTENSIVE CARE UNIT	12465080	26
31 SUBPROVIDER I	2501728	31
33 NURSERY	486766	33
34 SKILLED NURSING FACILITY	3556453	34
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	21014706	37
38 RECOVERY ROOM	1897706	38
39 DELIVERY ROOM & LABOR ROOM	7252124	39
40 ANESTHESIOLOGY	773574	40
41 RADIOLOGY-DIAGNOSTIC	12317141	41
41.01 RADIOLOGY-ULTRASOUND	1756725	41.01
44 LABORATORY	13547387	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO		46.30
47 BLOOD STORING, PROCESSING & TRA	4437429	47
49 RESPIRATORY THERAPY	4051632	49
50 PHYSICAL THERAPY	3132553	50
51 OCCUPATIONAL THERAPY	1160793	51
52 SPEECH PATHOLOGY	298535	52
53 ELECTROCARDIOLOGY	7445268	53
53.01 CARDIAC REHAB	453008	53.01
54 ELECTROENCEPHALOGRAPHY	290787	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1361035	55
55.30 IMPL. DEV. CHARGED TO PATIENT		55.30
56 DRUGS CHARGED TO PATIENTS	16781380	56
57 RENAL DIALYSIS	1332208	57
58 ASC (NON-DISTINCT PART)	3019087	58
59 MENTAL HEALTH OUTPATIENT	4015932	59
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC	3432564	60
61 EMERGENCY	15525470	61
61.01 OBSERVATION BEDS		61.01
62 OBSERVATION BEDS (NON-DISTINCT)		62
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10 CMHC		69.10
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.
PERIOD FROM 07/01/2008 TO 06/30/2009

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
95 SUBTOTALS	227012312	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	36420	96
96.01 FUND DEVELOPMENT	19951	96.01
96.02 CONVENT	109954	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	2685	96.03
98 PHYSICIANS' PRIVATE OFFICES	258256	98
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	227439578	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	TELE.COMM.	INFO.MGMT.	PURCHASING	
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS				
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		6.01	6.02	6.03	
	0	3	4	4A	5				
95 SUBTOTALS	1066936	9896421	2522460	13485817	82784	68733	56300	170	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8560	2182	10742					96
96.01 FUND DEVELOPMENT		3434	875	4309		104			96.01
96.02 CONVENT						940			96.02
96.03 NURSING EDUC BLDG UNUSED SPACE						174			96.03
98 PHYSICIANS' PRIVATE OFFICES	5594			5594	76	3271	340		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1072530	9908415	2525517	13506462	82860	73222	56640	170	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	P.F.S. 6.05	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
			ADMIN. & GENERAL 6.06	OF PLANT 8	AND LINEN SERVICE 9	KEEPING 10			
95 SUBTOTALS	174059	22448	458807	3130799	248101	369163	412942	226912	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			25	3918		75			96
96.01 FUND DEVELOPMENT			21	1572					96.01
96.02 CONVENT			206			377			96.02
96.03 NURSING EDUC BLDG UNUSED SPACE			5						96.03
98 PHYSICIANS' PRIVATE OFFICES			440		942	1568		250	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	174059	22448	459504	3136289	249043	371183	412942	227162	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	I/R-SALARY	I/R-OTHER	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	AND FRINGES 22	PROGRAM COSTS 23		
95 SUBTOTALS	209942	540955	176154	339450			13388865	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							14760	96
96.01 FUND DEVELOPMENT							6006	96.01
96.02 CONVENT							1523	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		9					188	96.03
98 PHYSICIANS' PRIVATE OFFICES							12481	98
101 CROSS FOOT ADJUSTMENTS					36692	45947	82639	101
102 NEGATIVE COST CENTER								102
103 TOTAL	209942	540964	176154	339450	36692	45947	13506462	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	TELECOMMUNICATIONS		6.01
6.02	INFORMATION MANAGEMENT		6.02
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT FINANCIAL SERVICES		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	5856921	25
26	INTENSIVE CARE UNIT	358131	26
31	SUBPROVIDER I	222450	31
33	NURSERY	61669	33
34	SKILLED NURSING FACILITY	254845	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	1343110	37
38	RECOVERY ROOM	98057	38
39	DELIVERY ROOM & LABOR ROOM	577127	39
40	ANESTHESIOLOGY	49335	40
41	RADIOLOGY-DIAGNOSTIC	674215	41
41.01	RADIOLOGY-ULTRASOUND	32009	41.01
44	LABORATORY	552526	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	63017	47
49	RESPIRATORY THERAPY	231642	49
50	PHYSICAL THERAPY	190545	50
51	OCCUPATIONAL THERAPY	34729	51
52	SPEECH PATHOLOGY	14766	52
53	ELECTROCARDIOLOGY	336795	53
53.01	CARDIAC REHAB	86103	53.01
54	ELECTROENCEPHALOGRAPHY	36115	54
55	MEDICAL SUPPLIES CHARGED TO PAT	494150	55
55.30	IMPL. DEV. CHARGED TO PATIENT		55.30
56	DRUGS CHARGED TO PATIENTS	253735	56
57	RENAL DIALYSIS	68878	57
58	ASC (NON-DISTINCT PART)	280744	58
59	MENTAL HEALTH OUTPATIENT	26170	59
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	258229	60
61	EMERGENCY	932852	61
61.01	OBSERVATION BEDS		61.01
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
95 SUBTOTALS	13388865	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	14760	96
96.01 FUND DEVELOPMENT	6006	96.01
96.02 CONVENT	1523	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	188	96.03
98 PHYSICIANS' PRIVATE OFFICES	12481	98
101 CROSS FOOT ADJUSTMENTS	82639	101
102 NEGATIVE COST CENTER		102
103 TOTAL	13506462	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS	NEW CAP- REL COSTS	EMPLOYEE BENEFITS	TELE.COMM. PHONES	INFO.MGMT. (MACHINE TIME)	PURCHASING (SUPPLIES PURCHASED)	ADMITTING GROSS REVENUE	
	BLDG&FIXT SQUARE FEET	MOV EQUIP SQUARE FEET	GROSS SALARIES	(# PHONES)	6.01	6.02	6.03	6.04
	3	4	5					
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	789660	789660	96244130	1975	7278	30128035	815143047	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	683	683						96
96.01 FUND DEVELOPMENT	274	274			3			96.01
96.02 CONVENT					27			96.02
96.03 NURSING EDUC BLDG UNUSED SPAC					5	804		96.03
98 PHYSICIANS' PRIVATE OFFICES			88014	94	44	3576		98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	9908415	2525517	16275886	579356	5651289	1179935	3540076	103
104 UNIT COST MULT-WS B PT I		3.194362		275.359316		.039158		104
104 UNIT COST MULT-WS B PT I	12.532509		.168956		771.823136		.004343	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			82860	73222	56640	170	174059	107
108 UNIT COST MULT-WS B PT III				34.801331		.000006		108
108 UNIT COST MULT-WS B PT III			.000860		7.735591		.000214	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	P.F.S. GROSS REVENUE	RECON- CILIATION	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
			ADMIN. & GENERAL ACCUM COST	OF PLANT SQUARE FEET	AND LINEN SERVICE (POUNDS OF LAUNDRY)	SQUARE FEET	(MEALS SERVED)	(MEALS (# FTE'S))	
	6.05	6A.06	6.06	8	9	10	11	12	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	815143047	-39563719	194273512	545825	2515746	127139	363787	139516	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C			10742	683		26			96
96.01 FUND DEVELOPMENT			9091	274					96.01
96.02 CONVENT			87082			130			96.02
96.03 NURSING EDUC BLDG UNUSED SPAC			2212						96.03
98 PHYSICIANS' PRIVATE OFFICES			186257		9556	540		154	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	5016118		39563719	17981623	2333076	5078770	4082570	3485681	103
104 UNIT COST MULT-WS B PT I	.006154		.203340		.923880		11.222419		104
104 UNIT COST MULT-WS B PT I				32.886275		39.729104		24.956548	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	22448		459504	3136289	249043	371183	412942	227162	107
108 UNIT COST MULT-WS B PT III	.000028		.002362		.098619		1.135120		108
108 UNIT COST MULT-WS B PT III				5.735904		2.903610		1.626419	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	I/R-SALARY	I/R-OTHER	
	ADMINI- STRATION (DIRECT NRSNG HRS)	SERVICES & SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	RECORDS & LIBRARY GROSS REVENUE	AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	
	14	15	16	17	22	23	
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	92746	6215512	9239310	815143047	471	471	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C							96
96.01 FUND DEVELOPMENT							96.01
96.02 CONVENT							96.02
96.03 NURSING EDUC BLDG UNUSED SPAC		100					96.03
98 PHYSICIANS' PRIVATE OFFICES							98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	6682513	1431208	5780786	5353145	2881061	3811976	103
104 UNIT COST MULT-WS B PT I	72.051765		.625673		6116.902335		104
104 UNIT COST MULT-WS B PT I		.230260		.006567		8093.367304	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	209942	540964	176154	339450	36692	45947	107
108 UNIT COST MULT-WS B PT III	2.263623		.019066		77.902335		108
108 UNIT COST MULT-WS B PT III		.087033		.000416		97.552017	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	82705241		82705241	413	82705654	25
26 INTENSIVE CARE UNIT	12465080		12465080		12465080	26
31 SUBPROVIDER I	2501728		2501728		2501728	31
33 NURSERY	486766		486766		486766	33
34 SKILLED NURSING FACILITY	3556453		3556453		3556453	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	21014706		21014706	15326	21030032	37
38 RECOVERY ROOM	1897706		1897706		1897706	38
39 DELIVERY ROOM & LABOR ROOM	7252124		7252124		7252124	39
40 ANESTHESIOLOGY	773574		773574		773574	40
41 RADIOLOGY-DIAGNOSTIC	12317141		12317141		12317141	41
41.01 RADIOLOGY-ULTRASOUND	1756725		1756725		1756725	41.01
44 LABORATORY	13547387		13547387		13547387	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	4437429		4437429		4437429	47
49 RESPIRATORY THERAPY	4051632		4051632	202	4051834	49
50 PHYSICAL THERAPY	3132553		3132553		3132553	50
51 OCCUPATIONAL THERAPY	1160793		1160793		1160793	51
52 SPEECH PATHOLOGY	298535		298535		298535	52
53 ELECTROCARDIOLOGY	7445268		7445268	4547	7449815	53
53.01 CARDIAC REHAB	453008		453008		453008	53.01
54 ELECTROENCEPHALOGRAPHY	290787		290787		290787	54
55 MEDICAL SUPPLIES CHARGED TO	1361035		1361035		1361035	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	16781380		16781380		16781380	56
57 RENAL DIALYSIS	1332208		1332208		1332208	57
58 ASC (NON-DISTINCT PART)	3019087		3019087		3019087	58
59 MENTAL HEALTH OUTPATIENT	4015932		4015932		4015932	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3432564		3432564		3432564	60
61 EMERGENCY	15525470		15525470		15525470	61
61.01 OBSERVATION BEDS						61.01
62 OBSERVATION BEDS (NON-DISTI	1998604		1998604		1998604	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	229010916		229010916	20488	229031404	101
102 LESS OBSERVATION BEDS	1998604		1998604		1998604	102
103 TOTAL	227012312		227012312	20488	227032800	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	175979106		175979106			25
26 INTENSIVE CARE UNIT	21767427		21767427			26
31 SUBPROVIDER I	4886608		4886608			31
33 NURSERY	2792974		2792974			33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	4400894		4400894			34
37 OPERATING ROOM	38234825	18576659	56811484	.369902	.369902	.370172 37
38 RECOVERY ROOM	6185973	3030171	9216144	.205911	.205911	.205911 38
39 DELIVERY ROOM & LABOR ROOM	7239098	1555991	8795089	.824565	.824565	.824565 39
40 ANESTHESIOLOGY	6870676	3326174	10196850	.075864	.075864	.075864 40
41 RADIOLOGY-DIAGNOSTIC	30491955	50153821	80645776	.152731	.152731	.152731 41
41.01 RADIOLOGY-ULTRASOUND	2895317	8965947	11861264	.148106	.148106	.148106 41.01
44 LABORATORY	66582125	35577325	102159450	.132610	.132610	.132610 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5370644	810626	6181270	.717883	.717883	.717883 47
49 RESPIRATORY THERAPY	34051016	2287100	36338116	.111498	.111498	.111504 49
50 PHYSICAL THERAPY	3785386	3296335	7081721	.442343	.442343	.442343 50
51 OCCUPATIONAL THERAPY	2796352	384005	3180357	.364988	.364988	.364988 51
52 SPEECH PATHOLOGY	742726	41242	783968	.380800	.380800	.380800 52
53 ELECTROCARDIOLOGY	38034831	16407771	54442602	.136754	.136754	.136838 53
53.01 CARDIAC REHAB	25680	268429	294109	1.540272	1.540272	1.540272 53.01
54 ELECTROENCEPHALOGRAPHY	548905	822335	1371240	.212061	.212061	.212061 54
55 MEDICAL SUPPLIES CHARGED TO	5376418	775566	6151984	.221235	.221235	.221235 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	104866314	14796554	119662868	.140239	.140239	.140239 56
57 RENAL DIALYSIS	3975520	29715	4005235	.332617	.332617	.332617 57
58 ASC (NON-DISTINCT PART)	56024	2283653	2339677	1.290386	1.290386	1.290386 58
59 MENTAL HEALTH OUTPATIENT	5360	3914412	3919772	1.024532	1.024532	1.024532 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3652614	9316052	12968666	.264681	.264681	.264681 60
61 EMERGENCY	19745090	41018308	60763398	.255507	.255507	.255507 61
61.01 OBSERVATION BEDS						61.01
62 OBSERVATION BEDS (NON-DISTI		6144998	6144998	.325241	.325241	.325241 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	591359858	223783189	815143047			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	591359858	223783189	815143047			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				5856921		5856921	25
26 INTENSIVE CARE UNIT				358131		358131	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				222450		222450	31
33 NURSERY				61669		61669	33
101 TOTAL				6499171		6499171	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	116242	35228			50.39	1775139	25
26 INTENSIVE CARE UNIT	7862	4050			45.55	184478	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	3601	2267			61.77	140033	31
33 NURSERY	5407				11.41		33
101 TOTAL	133112	41545				2099650	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1343110	56811484	25134406			.023642	594228 37
38 RECOVERY ROOM		98057	9216144	2502002			.010640	26621 38
39 DELIVERY ROOM & LABOR ROOM		577127	8795089	4858			.065619	319 39
40 ANESTHESIOLOGY		49335	10196850	1833141			.004838	8869 40
41 RADIOLOGY-DIAGNOSTIC		674215	80645776	14763309			.008360	123421 41
41.01 RADIOLOGY-ULTRASOUND		32009	11861264	813740			.002699	2196 41.01
44 LABORATORY		552526	102159450	27352839			.005408	147924 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		63017	6181270	1248683			.010195	12730 47
49 RESPIRATORY THERAPY		231642	36338116	8860414			.006375	56485 49
50 PHYSICAL THERAPY		190545	7081721	717076			.026907	19294 50
51 OCCUPATIONAL THERAPY		34729	3180357	288566			.010920	3151 51
52 SPEECH PATHOLOGY		14766	783968	341059			.018835	6424 52
53 ELECTROCARDIOLOGY		336795	54442602	12193833			.006186	75431 53
53.01 CARDIAC REHAB		86103	294109	11668			.292759	3416 53.01
54 ELECTROENCEPHALOGRAPHY		36115	1371240	232525			.026337	6124 54
55 MEDICAL SUPPLIES CHARGED TO P		494150	6151984	2626990			.080324	211010 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		253735	119662868	42753413			.002120	90637 56
57 RENAL DIALYSIS		68878	4005235	1236100			.017197	21257 57
58 ASC (NON-DISTINCT PART)		280744	2339677				.119993	58
59 MENTAL HEALTH OUTPATIENT		26170	3919772	2150			.006676	14 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		258229	12968666	1744497			.019912	34736 60
61 EMERGENCY		932852	60763398	5944897			.015352	91266 61
61.01 OBSERVATION BEDS								61.01
62 OBSERVATION BEDS (NON-DISTINC		141533	6144998				.023032	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6776382	605316038	150606166				1535553 101

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/01/2009 14:58

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					116242		35228	25
26 INTENSIVE CARE UNIT					7862		4050	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					3601		2267	31
33 NURSERY					5407			33
34 SKILLED NURSING FACILITY					6752		5382	34
35 NURSING FACILITY								35
101 TOTAL					139864		46927	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] 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 RADIOLOGY-ULTRASOUND							41.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		56811484			25134406		4774477 37
38 RECOVERY ROOM		9216144			2502002		1287511 38
39 DELIVERY ROOM & LABOR ROOM		8795089			4858		4858 39
40 ANESTHESIOLOGY		10196850			1833141		660326 40
41 RADIOLOGY-DIAGNOSTIC		80645776			14763309		12118403 41
41.01 RADIOLOGY-ULTRASOUND		11861264			813740		707683 41.01
44 LABORATORY		102159450			27352839		939568 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		6181270			1248683		25399 47
49 RESPIRATORY THERAPY		36338116			8860414		239220 49
50 PHYSICAL THERAPY		7081721			717076		717076 50
51 OCCUPATIONAL THERAPY		3180357			288566		288566 51
52 SPEECH PATHOLOGY		783968			341059		341059 52
53 ELECTROCARDIOLOGY		54442602			12193833		4140337 53
53.01 CARDIAC REHAB		294109			11668		113296 53.01
54 ELECTROENCEPHALOGRAPHY		1371240			232525		397229 54
55 MEDICAL SUPPLIES CHARGED TO P		6151984			2626990		136349 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		119662868			42753413		5936764 56
57 RENAL DIALYSIS		4005235			1236100		1236100 57
58 ASC (NON-DISTINCT PART)		2339677					1186841 58
59 MENTAL HEALTH OUTPATIENT		3919772			2150		1055552 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		12968666			1744497		1188561 60
61 EMERGENCY		60763398			5944897		3854525 61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC		6144998					867504 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		605316038			150606166		39629545 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] 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 RADIOLOGY-ULTRASOUND					41.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0180) [] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.369902	.369902	.369902				37
38 RECOVERY ROOM	.205911	.205911	.205911				38
39 DELIVERY ROOM & LABOR ROOM	.824565	.824565	.824565				39
40 ANESTHESIOLOGY	.075864	.075864	.075864				40
41 RADIOLOGY-DIAGNOSTIC	.152731	.152731	.152731				41
41.01 RADIOLOGY-ULTRASOUND	.148106	.148106	.148106				41.01
44 LABORATORY	.132610	.132610	.132610				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.717883	.717883	.717883				47
49 RESPIRATORY THERAPY	.111498	.111498	.111498				49
50 PHYSICAL THERAPY	.442343	.442343	.442343				50
51 OCCUPATIONAL THERAPY	.364988	.364988	.364988				51
52 SPEECH PATHOLOGY	.380800	.380800	.380800				52
53 ELECTROCARDIOLOGY	.136754	.136754	.136754				53
53.01 CARDIAC REHAB	1.540272	1.540272	1.540272				53.01
54 ELECTROENCEPHALOGRAPHY	.212061	.212061	.212061				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221235	.221235	.221235				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	.140239	.140239	.140239				56
57 RENAL DIALYSIS	.332617	.332617	.332617				57
58 ASC (NON-DISTINCT PART)	1.290386	1.290386	1.290386				58
59 MENTAL HEALTH OUTPATIENT	1.024532	1.024532	1.024532				59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.264681	.264681	.264681				60
61 EMERGENCY	.255507	.255507	.255507				61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.325241	.325241	.325241				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							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	.140239	1
2 PROGRAM VACCINE CHARGES		2	60435	2
2.01 PROGRAM VACCINE CHARGES		2.01		2.01
3 PROGRAM COSTS		3	8475	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 (14-0180) [] 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
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4774477	488					37
38 RECOVERY ROOM		1287511						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		660326						40
41 RADIOLOGY-DIAGNOSTIC		12118403						41
41.01 RADIOLOGY-ULTRASOUND		707683						41.01
44 LABORATORY		939568						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		25399						47
49 RESPIRATORY THERAPY		239220						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		4140337						53
53.01 CARDIAC REHAB		113296						53.01
54 ELECTROENCEPHALOGRAPHY		397229						54
55 MEDICAL SUPPLIES CHARGED TO PA		136349	1797					55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		5936764						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)		1186841						58
59 MENTAL HEALTH OUTPATIENT		1055552						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1188561						60
61 EMERGENCY		3854525						61
61.01 OBSERVATION BEDS								61.01
62 OBSERVATION BEDS (NON-DISTINCT)		867504						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		39629545	2285					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		39629545	2285					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0180) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1766089	181				37
38 RECOVERY ROOM		265113					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		50095					40
41 RADIOLOGY-DIAGNOSTIC		1850856					41
41.01 RADIOLOGY-ULTRASOUND		104812					41.01
44 LABORATORY		124596					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		18234					47
49 RESPIRATORY THERAPY		26673					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		566208					53
53.01 CARDIAC REHAB		174507					53.01
54 ELECTROENCEPHALOGRAPHY		84237					54
55 MEDICAL SUPPLIES CHARGED TO PAT		30165	398				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		832566					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)		1531483					58
59 MENTAL HEALTH OUTPATIENT		1081447					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		314590					60
61 EMERGENCY		984858					61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINCT)		282148					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		10088677	579				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		10088677	579				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-T180) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1343110	56811484	59166			.023642	1399	37
38 RECOVERY ROOM		98057	9216144	13732			.010640	146	38
39 DELIVERY ROOM & LABOR ROOM		577127	8795089				.065619		39
40 ANESTHESIOLOGY		49335	10196850	7876			.004838	38	40
41 RADIOLOGY-DIAGNOSTIC		674215	80645776	110794			.008360	926	41
41.01 RADIOLOGY-ULTRASOUND		32009	11861264	6049			.002699	16	41.01
44 LABORATORY		552526	102159450	373003			.005408	2017	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		63017	6181270	12542			.010195	128	47
49 RESPIRATORY THERAPY		231642	36338116	35991			.006375	229	49
50 PHYSICAL THERAPY		190545	7081721	962652			.026907	25902	50
51 OCCUPATIONAL THERAPY		34729	3180357	911281			.010920	9951	51
52 SPEECH PATHOLOGY		14766	783968	82198			.018835	1548	52
53 ELECTROCARDIOLOGY		336795	54442602	17428			.006186	108	53
53.01 CARDIAC REHAB		86103	294109				.292759		53.01
54 ELECTROENCEPHALOGRAPHY		36115	1371240	1826			.026337	48	54
55 MEDICAL SUPPLIES CHARGED TO P		494150	6151984	211622			.080324	16998	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		253735	119662868	1115675			.002120	2365	56
57 RENAL DIALYSIS		68878	4005235	96140			.017197	1653	57
58 ASC (NON-DISTINCT PART)		280744	2339677	6944			.119993	833	58
59 MENTAL HEALTH OUTPATIENT		26170	3919772				.006676		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		258229	12968666				.019912		60
61 EMERGENCY		932852	60763398				.015352		61
61.01 OBSERVATION BEDS									61.01
62 OBSERVATION BEDS (NON-DISTINC		141533	6144998				.023032		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6776382	605316038	4024919				64305	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-T180) [] 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 RADIOLOGY-ULTRASOUND							41.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T180) [] 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 CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		56811484			59166		37
38 RECOVERY ROOM		9216144			13732		38
39 DELIVERY ROOM & LABOR ROOM		8795089					39
40 ANESTHESIOLOGY		10196850			7876		40
41 RADIOLOGY-DIAGNOSTIC		80645776			110794		41
41.01 RADIOLOGY-ULTRASOUND		11861264			6049	1673	41.01
44 LABORATORY		102159450			373003		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		6181270			12542		47
49 RESPIRATORY THERAPY		36338116			35991	377	49
50 PHYSICAL THERAPY		7081721			962652		50
51 OCCUPATIONAL THERAPY		3180357			911281		51
52 SPEECH PATHOLOGY		783968			82198		52
53 ELECTROCARDIOLOGY		54442602			17428	1002	53
53.01 CARDIAC REHAB		294109					53.01
54 ELECTROENCEPHALOGRAPHY		1371240			1826		54
55 MEDICAL SUPPLIES CHARGED TO P		6151984			211622		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		119662868			1115675	4324	56
57 RENAL DIALYSIS		4005235			96140		57
58 ASC (NON-DISTINCT PART)		2339677			6944		58
59 MENTAL HEALTH OUTPATIENT		3919772					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		12968666					60
61 EMERGENCY		60763398					61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC		6144998					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		605316038			4024919	7376	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-T180) [] 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 RADIOLOGY-ULTRASOUND					41.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T180) [] 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	.369902	.369902	.369902			37
38 RECOVERY ROOM	.205911	.205911	.205911			38
39 DELIVERY ROOM & LABOR ROOM	.824565	.824565	.824565			39
40 ANESTHESIOLOGY	.075864	.075864	.075864			40
41 RADIOLOGY-DIAGNOSTIC	.152731	.152731	.152731			41
41.01 RADIOLOGY-ULTRASOUND	.148106	.148106	.148106			41.01
44 LABORATORY	.132610	.132610	.132610			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.717883	.717883	.717883			47
49 RESPIRATORY THERAPY	.111498	.111498	.111498			49
50 PHYSICAL THERAPY	.442343	.442343	.442343			50
51 OCCUPATIONAL THERAPY	.364988	.364988	.364988			51
52 SPEECH PATHOLOGY	.380800	.380800	.380800			52
53 ELECTROCARDIOLOGY	.136754	.136754	.136754			53
53.01 CARDIAC REHAB	1.540272	1.540272	1.540272			53.01
54 ELECTROENCEPHALOGRAPHY	.212061	.212061	.212061			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221235	.221235	.221235			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.140239	.140239	.140239			56
57 RENAL DIALYSIS	.332617	.332617	.332617			57
58 ASC (NON-DISTINCT PART)	1.290386	1.290386	1.290386			58
59 MENTAL HEALTH OUTPATIENT	1.024532	1.024532	1.024532			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.264681	.264681	.264681			60
61 EMERGENCY	.255507	.255507	.255507			61
61.01 OBSERVATION BEDS						61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.325241	.325241	.325241			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						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	.140239	1
2 PROGRAM VACCINE CHARGES	593	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	83	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T180) [] 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 INSTRU.)	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								
38 OPERATING ROOM								37
39 RECOVERY ROOM								38
40 DELIVERY ROOM & LABOR ROOM								39
41 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			1673					41
41.01 RADIOLOGY-ULTRASOUND								41.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY			377					49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY			1002					53
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			4324					56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 MENTAL HEALTH OUTPATIENT								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
61.01 OBSERVATION BEDS								61.01
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL			7376					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			7376					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-T180) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			256				41
41.01 RADIOLOGY-ULTRASOUND							41.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY			42				49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY			137				53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS			606				56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL			1041				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			1041				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5541) [] 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	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		56811484			11321		37
38 RECOVERY ROOM		9216144					38
39 DELIVERY ROOM & LABOR ROOM		8795089					39
40 ANESTHESIOLOGY		10196850			3019		40
41 RADIOLOGY-DIAGNOSTIC		80645776			250300		41
41.01 RADIOLOGY-ULTRASOUND		11861264					41.01
44 LABORATORY		102159450			1190339		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		6181270			13743		47
49 RESPIRATORY THERAPY		36338116			1004927		49
50 PHYSICAL THERAPY		7081721			1366857		50
51 OCCUPATIONAL THERAPY		3180357					51
52 SPEECH PATHOLOGY		783968					52
53 ELECTROCARDIOLOGY		54442602			17673		53
53.01 CARDIAC REHAB		294109					53.01
54 ELECTROENCEPHALOGRAPHY		1371240					54
55 MEDICAL SUPPLIES CHARGED TO P		6151984			1905841		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		119662868			5191241		56
57 RENAL DIALYSIS		4005235			182540		57
58 ASC (NON-DISTINCT PART)		2339677					58
59 MENTAL HEALTH OUTPATIENT		3919772					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		12968666					60
61 EMERGENCY		60763398					61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC		6144998					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		605316038			11137801		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5541) [] 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 RADIOLOGY-ULTRASOUND					41.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	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				5856921		5856921	25
26 INTENSIVE CARE UNIT				358131		358131	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				222450		222450	31
33 NURSERY				61669		61669	33
101 TOTAL				6499171		6499171	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	116242	59503			50.39	2998356	25
26 INTENSIVE CARE UNIT	7862	2614			45.55	119068	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	3601	1002			61.77	61894	31
33 NURSERY	5407	1560			11.41	17800	33
101 TOTAL	133112	64679				3197118	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] 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		1343110	56811484				.023642	37
38 RECOVERY ROOM		98057	9216144				.010640	38
39 DELIVERY ROOM & LABOR ROOM		577127	8795089				.065619	39
40 ANESTHESIOLOGY		49335	10196850				.004838	40
41 RADIOLOGY-DIAGNOSTIC		674215	80645776				.008360	41
41.01 RADIOLOGY-ULTRASOUND		32009	11861264				.002699	41.01
44 LABORATORY		552526	102159450				.005408	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		63017	6181270				.010195	47
49 RESPIRATORY THERAPY		231642	36338116				.006375	49
50 PHYSICAL THERAPY		190545	7081721				.026907	50
51 OCCUPATIONAL THERAPY		34729	3180357				.010920	51
52 SPEECH PATHOLOGY		14766	783968				.018835	52
53 ELECTROCARDIOLOGY		336795	54442602				.006186	53
53.01 CARDIAC REHAB		86103	294109				.292759	53.01
54 ELECTROENCEPHALOGRAPHY		36115	1371240				.026337	54
55 MEDICAL SUPPLIES CHARGED TO P		494150	6151984				.080324	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		253735	119662868				.002120	56
57 RENAL DIALYSIS		68878	4005235				.017197	57
58 ASC (NON-DISTINCT PART)		280744	2339677				.119993	58
59 MENTAL HEALTH OUTPATIENT		26170	3919772				.006676	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		258229	12968666				.019912	60
61 EMERGENCY		932852	60763398				.015352	61
61.01 OBSERVATION BEDS								61.01
62 OBSERVATION BEDS (NON-DISTINC		141533	61444998				.023032	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6776382	605316038					101

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/01/2009 14:58

APPORIONMENT 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					116242		59503	25
26 INTENSIVE CARE UNIT					7862		2614	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					3601		1002	31
33 NURSERY					5407		1560	33
34 SKILLED NURSING FACILITY					6752		75	34
35 NURSING FACILITY								35
101 TOTAL					139864		64754	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] 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 RADIOLOGY-ULTRASOUND							41.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		56811484					37
38 RECOVERY ROOM		9216144					38
39 DELIVERY ROOM & LABOR ROOM		8795089					39
40 ANESTHESIOLOGY		10196850					40
41 RADIOLOGY-DIAGNOSTIC		80645776					41
41.01 RADIOLOGY-ULTRASOUND		11861264					41.01
44 LABORATORY		102159450					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		6181270					47
49 RESPIRATORY THERAPY		36338116					49
50 PHYSICAL THERAPY		7081721					50
51 OCCUPATIONAL THERAPY		3180357					51
52 SPEECH PATHOLOGY		783968					52
53 ELECTROCARDIOLOGY		54442602					53
53.01 CARDIAC REHAB		294109					53.01
54 ELECTROENCEPHALOGRAPHY		1371240					54
55 MEDICAL SUPPLIES CHARGED TO P		6151984					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		119662868					56
57 RENAL DIALYSIS		4005235					57
58 ASC (NON-DISTINCT PART)		2339677					58
59 MENTAL HEALTH OUTPATIENT		3919772					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		12968666					60
61 EMERGENCY		60763398					61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC		6144998					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		605316038					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] 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 RADIOLOGY-ULTRASOUND					41.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
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-T180) [] 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		1343110	56811484				.023642	37
38 RECOVERY ROOM		98057	9216144				.010640	38
39 DELIVERY ROOM & LABOR ROOM		577127	8795089				.065619	39
40 ANESTHESIOLOGY		49335	10196850				.004838	40
41 RADIOLOGY-DIAGNOSTIC		674215	80645776				.008360	41
41.01 RADIOLOGY-ULTRASOUND		32009	11861264				.002699	41.01
44 LABORATORY		552526	102159450				.005408	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		63017	6181270				.010195	47
49 RESPIRATORY THERAPY		231642	36338116				.006375	49
50 PHYSICAL THERAPY		190545	7081721				.026907	50
51 OCCUPATIONAL THERAPY		34729	3180357				.010920	51
52 SPEECH PATHOLOGY		14766	783968				.018835	52
53 ELECTROCARDIOLOGY		336795	54442602				.006186	53
53.01 CARDIAC REHAB		86103	294109				.292759	53.01
54 ELECTROENCEPHALOGRAPHY		36115	1371240				.026337	54
55 MEDICAL SUPPLIES CHARGED TO P		494150	6151984				.080324	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		253735	119662868				.002120	56
57 RENAL DIALYSIS		68878	4005235				.017197	57
58 ASC (NON-DISTINCT PART)		280744	2339677				.119993	58
59 MENTAL HEALTH OUTPATIENT		26170	3919772				.006676	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		258229	12968666				.019912	60
61 EMERGENCY		932852	60763398				.015352	61
61.01 OBSERVATION BEDS								61.01
62 OBSERVATION BEDS (NON-DISTINC		141533	61444998				.023032	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6776382	605316038					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-T180) [] 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 RADIOLOGY-ULTRASOUND							41.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T180) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] 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 CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		56811484					37
38 RECOVERY ROOM		9216144					38
39 DELIVERY ROOM & LABOR ROOM		8795089					39
40 ANESTHESIOLOGY		10196850					40
41 RADIOLOGY-DIAGNOSTIC		80645776					41
41.01 RADIOLOGY-ULTRASOUND		11861264					41.01
44 LABORATORY		102159450					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		6181270					47
49 RESPIRATORY THERAPY		36338116					49
50 PHYSICAL THERAPY		7081721					50
51 OCCUPATIONAL THERAPY		3180357					51
52 SPEECH PATHOLOGY		783968					52
53 ELECTROCARDIOLOGY		54442602					53
53.01 CARDIAC REHAB		294109					53.01
54 ELECTROENCEPHALOGRAPHY		1371240					54
55 MEDICAL SUPPLIES CHARGED TO P		6151984					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		119662868					56
57 RENAL DIALYSIS		4005235					57
58 ASC (NON-DISTINCT PART)		2339677					58
59 MENTAL HEALTH OUTPATIENT		3919772					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		12968666					60
61 EMERGENCY		60763398					61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC		6144998					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		605316038					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-T180) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0180)	(PPS) (14-T180)				(PPS) (14-5541)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	116242	3601				6752	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	116242	3601				6752	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	84550						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31692	3601				6752	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)	35228	2267				5382	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)	33114						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) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5541)	
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	82705654	2501728				3556453	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	82705654	2501728				3556453	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	175979106	4886608				4411336	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	175979106	4886608				4411336	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.469974	.511956				.806208	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	5552.79	1357.01				653.34	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	82705654	2501728				3556453	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) (14-0180)	SUB I (PPS) (14-T180)	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	711.50	694.73				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	25064722	1574953				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	25064722	1574953				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	12465080	7862	1585.48	4050	6421194	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) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	29108473	1142346				48
49 TOTAL PROGRAM INPATIENT COSTS	60594389	2717299				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1959617	140033				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1535553	64305				51
52 TOTAL PROGRAM EXCLUDABLE COST	3495170	204338				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	57099219	2512961				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) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.
PERIOD FROM 07/01/2008 TO 06/30/2009

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5541) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3556453	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	526.73	67
68 PROGRAM ROUTINE SERVICE COST	2834861	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2834861	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	254845	71
72 PER DIEM CAPITAL RELATED COSTS	37.74	72
73 PROGRAM CAPITAL RELATED COSTS	203117	73
74 INPATIENT ROUTINE SERVICE COST	2631744	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2631744	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2834861	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	2139816	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	12000	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	4986677	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)
 (14-0180)(14-T180)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2809	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	711.50	84
85 OBSERVATION BED COST	1998604	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		82705654		1998604		86
87 NEW CAPITAL-RELATED COST	5856921	82705654	.070816	1998604	141533	87
88 NON PHYSICIAN ANESTHETIST		82705654		1998604		88
89 MEDICAL EDUCATION		82705654		1998604		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0180)	SUB I (OTHER) (14-T180)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	116242	3601					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	116242	3601					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	84550						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31692	3601					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)	59503	1002					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	5407						15
16 TITLE V OR XIX NURSERY DAYS	1560						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) (14-0180)	SUB I (OTHER) (14-T180)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	82705241	2501728					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	82705241	2501728					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	175979106	4886608					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	175979106	4886608					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.469972	.511956					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	5552.79	1357.01					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	82705241	2501728					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0180)	SUB I (OTHER) (14-T180)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	711.49	694.73			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	42335789	696119			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	42335789	696119			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)	486766	5407	90.03	1560	140447 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	12465080	7862	1585.48	2614	4144445 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) (14-0180)	SUB I (OTHER) (14-T180)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	46620681	696119			49

PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3135224	61894			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	3135224	61894			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) (14-0180)	SUB I (OTHER) (14-T180)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		84				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. 14-0180 SAINT MARY OF NAZARETH HOSP.
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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. 14-0180 SAINT MARY OF NAZARETH HOSP.
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/01/2009 14:58

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0180)	SUB I (OTHER) (14-T180)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2809	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	711.50	84
85 OBSERVATION BED COST	1998604	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0180) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		55853449		25
26 INTENSIVE CARE UNIT		11119950		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.370172	25134406	9304053	37
38 RECOVERY ROOM	.205911	2502002	515190	38
39 DELIVERY ROOM & LABOR ROOM	.824565	4858	4006	39
40 ANESTHESIOLOGY	.075864	1833141	139069	40
41 RADIOLOGY-DIAGNOSTIC	.152731	14763309	2254815	41
41.01 RADIOLOGY-ULTRASOUND	.148106	813740	120520	41.01
44 LABORATORY	.132610	27352839	3627260	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.717883	1248683	896408	47
49 RESPIRATORY THERAPY	.111504	8860414	987972	49
50 PHYSICAL THERAPY	.442343	717076	317194	50
51 OCCUPATIONAL THERAPY	.364988	288566	105323	51
52 SPEECH PATHOLOGY	.380800	341059	129875	52
53 ELECTROCARDIOLOGY	.136838	12193833	1668580	53
53.01 CARDIAC REHAB	1.540272	11668	17972	53.01
54 ELECTROENCEPHALOGRAPHY	.212061	232525	49309	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221235	2626990	581182	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.140239	42753413	5995696	56
57 RENAL DIALYSIS	.332617	1236100	411148	57
58 ASC (NON-DISTINCT PART)	1.290386			58
59 MENTAL HEALTH OUTPATIENT	1.024532	2150	2203	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.264681	1744497	461735	60
61 EMERGENCY	.255507	5944897	1518963	61
61.01 OBSERVATION BEDS				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.325241			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		150606166	29108473	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		150606166		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [XX] SUB I (14-T180) [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		3063356		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.370172	59166	21902	37
38 RECOVERY ROOM	.205911	13732	2828	38
39 DELIVERY ROOM & LABOR ROOM	.824565			39
40 ANESTHESIOLOGY	.075864	7876	598	40
41 RADIOLOGY-DIAGNOSTIC	.152731	110794	16922	41
41.01 RADIOLOGY-ULTRASOUND	.148106	6049	896	41.01
44 LABORATORY	.132610	373003	49464	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.717883	12542	9004	47
49 RESPIRATORY THERAPY	.111504	35991	4013	49
50 PHYSICAL THERAPY	.442343	962652	425822	50
51 OCCUPATIONAL THERAPY	.364988	911281	332607	51
52 SPEECH PATHOLOGY	.380800	82198	31301	52
53 ELECTROCARDIOLOGY	.136838	17428	2385	53
53.01 CARDIAC REHAB	1.540272			53.01
54 ELECTROENCEPHALOGRAPHY	.212061	1826	387	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221235	211622	46818	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.140239	1115675	156461	56
57 RENAL DIALYSIS	.332617	96140	31978	57
58 ASC (NON-DISTINCT PART)	1.290386	6944	8960	58
59 MENTAL HEALTH OUTPATIENT	1.024532			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.264681			60
61 EMERGENCY	.255507			61
61.01 OBSERVATION BEDS				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.325241			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4024919	1142346	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4024919		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5541)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.369902	11321	4188	37
38 RECOVERY ROOM	.205911			38
39 DELIVERY ROOM & LABOR ROOM	.824565			39
40 ANESTHESIOLOGY	.075864	3019	229	40
41 RADIOLOGY-DIAGNOSTIC	.152731	250300	38229	41
41.01 RADIOLOGY-ULTRASOUND	.148106			41.01
44 LABORATORY	.132610	1190339	157851	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.717883	13743	9866	47
49 RESPIRATORY THERAPY	.111498	1004927	112047	49
50 PHYSICAL THERAPY	.442343	1366857	604620	50
51 OCCUPATIONAL THERAPY	.364988			51
52 SPEECH PATHOLOGY	.380800			52
53 ELECTROCARDIOLOGY	.136754	17673	2417	53
53.01 CARDIAC REHAB	1.540272			53.01
54 ELECTROENCEPHALOGRAPHY	.212061			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221235	1905841	421639	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.140239	5191241	728014	56
57 RENAL DIALYSIS	.332617	182540	60716	57
58 ASC (NON-DISTINCT PART)	1.290386			58
59 MENTAL HEALTH OUTPATIENT	1.024532			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.264681			60
61 EMERGENCY	.255507			61
61.01 OBSERVATION BEDS				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.325241			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		11137801	2139816	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		11137801		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0180)	<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	.369902		37
38 RECOVERY ROOM	.205911		38
39 DELIVERY ROOM & LABOR ROOM	.824565		39
40 ANESTHESIOLOGY	.075864		40
41 RADIOLOGY-DIAGNOSTIC	.152731		41
41.01 RADIOLOGY-ULTRASOUND	.148106		41.01
44 LABORATORY	.132610		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.717883		47
49 RESPIRATORY THERAPY	.111498		49
50 PHYSICAL THERAPY	.442343		50
51 OCCUPATIONAL THERAPY	.364988		51
52 SPEECH PATHOLOGY	.380800		52
53 ELECTROCARDIOLOGY	.136754		53
53.01 CARDIAC REHAB	1.540272		53.01
54 ELECTROENCEPHALOGRAPHY	.212061		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221235		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.140239		56
57 RENAL DIALYSIS	.332617		57
58 ASC (NON-DISTINCT PART)	1.290386		58
59 MENTAL HEALTH OUTPATIENT	1.024532		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.264681		60
61 EMERGENCY	.255507		61
61.01 OBSERVATION BEDS			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.325241		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T180)	<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	.369902		37
38 RECOVERY ROOM	.205911		38
39 DELIVERY ROOM & LABOR ROOM	.824565		39
40 ANESTHESIOLOGY	.075864		40
41 RADIOLOGY-DIAGNOSTIC	.152731		41
41.01 RADIOLOGY-ULTRASOUND	.148106		41.01
44 LABORATORY	.132610		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.717883		47
49 RESPIRATORY THERAPY	.111498		49
50 PHYSICAL THERAPY	.442343		50
51 OCCUPATIONAL THERAPY	.364988		51
52 SPEECH PATHOLOGY	.380800		52
53 ELECTROCARDIOLOGY	.136754		53
53.01 CARDIAC REHAB	1.540272		53.01
54 ELECTROENCEPHALOGRAPHY	.212061		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221235		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.140239		56
57 RENAL DIALYSIS	.332617		57
58 ASC (NON-DISTINCT PART)	1.290386		58
59 MENTAL HEALTH OUTPATIENT	1.024532		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.264681		60
61 EMERGENCY	.255507		61
61.01 OBSERVATION BEDS			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.325241		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0180)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	10551153					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10551153					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	21102306					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	538209					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	538208					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1076417					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	1247027					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	481.30					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	40.45					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	40.45			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	41.18					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	40.45					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	40.59					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	43.59					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	41.54	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0180)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.086308				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.083729				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.083729				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	495539				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	495539				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	991078				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	1982156 1982156	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2058				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.5241				4.01
4.02	SUM OF 4 AND 4.01	0.7299				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4943				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	20861740				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	66295535				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	66295535				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4355631				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1295831				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	71946997				16
17	PRIMARY PAYER PAYMENTS	31824				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	71915173				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3633232				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1018126				20
21	REIMBURSABLE BAD DEBTS	2657277				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1860094				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2359903				21.02
22	SUBTOTAL	69123909				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0180)	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	69123909				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	68820251				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	303658				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	2249504				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 (14-0180) 1	HOSPITAL (14-0180) 1.01	HOSPITAL (14-0180) 1.02	
1 MEDICAL AND OTHER SERVICES	9054			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10088677			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8444535			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.809			1.03
1.04 LINE 1.01 TIMES LINE 1.03	8161740			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	9054			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	62720			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	62720			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	62720			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	53666			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	9054			17
17.01 TOTAL PPS PAYMENTS	8444535			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0180) 1	HOSPITAL (14-0180) 1.01	HOSPITAL (14-0180) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2250047		18.01
19 SUBTOTAL	6203542		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	197928		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6401470		23
24 PRIMARY PAYER PAYMENTS	588		24
25 SUBTOTAL	6400882		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1145680		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	801976		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1047213		27.02
28 SUBTOTAL	7202858		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	7202858		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6214369		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	988489		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T180) 1	SUB I (14-T180) 1.01	SUB I (14-T180) 1.02	
1 MEDICAL AND OTHER SERVICES	83			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1041			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	666			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.809			1.03
1.04 LINE 1.01 TIMES LINE 1.03	842			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	79.10			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	83			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	593			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	593			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	593			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	510			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	83			17
17.01 TOTAL PPS PAYMENTS	666			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T180) 1	SUB I (14-T180) 1.01	SUB I (14-T180) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	182		18.01
19 SUBTOTAL	567		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	567		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	567		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	11200		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	7840		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	8407		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	8407		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	935		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	7472		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5541) 1	SNF (14-5541) 1.01	SNF (14-5541) 1.02	
1 MEDICAL AND OTHER SERVICES	206			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	206			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1465			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	1465			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	1465			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1259			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	206			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5541) 1	SNF (14-5541) 1.01	SNF (14-5541) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	259		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	-53		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	-53		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	-53		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	-53		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	-53		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	576		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-629		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0180)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0180)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0180)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0180)

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		69129422		6214369	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					3.01
TO .02					3.02
PROVIDER .03 02/13/2009	02/13/2009	311596		NONE	3.03
PROVIDER .04 06/19/2009	06/19/2009	25104			3.04
PROGRAM .05					3.05
TO .50 02/13/2009	02/13/2009	293229			3.50
PROVIDER .51 05/29/2009	05/29/2009	352642			3.51
TO .52				NONE	3.52
PROGRAM .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-309171			3.99
4 TOTAL INTERIM PAYMENTS		68820251		6214369	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					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51		NONE		NONE	5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01		303658		988489	6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		69123909		7202858	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T180)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3459155		935	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 .51 TO .52 PROGRAM .53 .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		3459155		935	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	122945		7472	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3582100		8407	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5541)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1965846		576	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 .51 TO .52 PROGRAM .53 .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		1965846		576	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	19804		-629	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1985650		-53	7
NAME OF INTERMEDIARY: _____				INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____				DATE (MO/DAY/YR): _____	

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T180)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	2847012				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.1724				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	746287				1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS	3593299				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	9.865753				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	3593299				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	3593299				6
7	DEDUCTIBLES	9392				7
8	SUBTOTAL	3583907				8
9	COINSURANCE	17845				9
10	SUBTOTAL	3566062				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	22911				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	16038				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	21919				11.02
12	SUBTOTAL	3582100				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T180)	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	3582100				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	3459155				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	122945				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

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5541) (PPS) 2	
	COMPUTATION OF NET COST OF COVERED SERVICES		
1			1
			2
2			3
3			4
4			5
5			6
6			7
7			8
8			9
9			
	COMPUTATION OF LESSER OF COST OR CHARGES		
10			10
11			11
12			12
13			13
14			14
15			15
16			16
	CUSTOMARY CHARGES		
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24		2176435	24
25			25
26			26
27			27
28			28
29			29
30		2176435	30
31			31
32		2176435	32
33			33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5541) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST	34
35	SUBTOTAL	2176435 35
36	COINSURANCE	210589 36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19	37
38	REIMBURSABLE BAD DEBTS	11148 38
38.01	REDUCED REIMBURSABLE BAD DEBTS	38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	7804 38.03
39	UTILIZATION REVIEW	12000 39
40	SUBTOTAL	1985650 40
41	INPATIENT ROUTINE SERVICE COST	41
42	MEDICARE INPATIENT ROUTINE CHARGES	42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	44
45	RATIO OF LINE 43 TO LINE 44	45
46	TOTAL CUSTOMARY CHARGES	46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	49
50	PPS PAYMENTS	50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	51
52	SUBTOTAL	1985650 52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)	53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1985650 55
56	SEQUESTRATION ADJUSTMENT	56
57	INTERIM PAYMENTS	1965846 57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	57.01
58	BALANCE DUE PROVIDER/PROGRAM	19804 58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I (PPS)	
	HOSPITAL (14-0180) (OTHER)	SUB I (14-T180) (OTHER)	SUB II	SUB III	SUB IV		
	1	1	1	1	1	1	
1	COMPUTATION OF NET COST OF COVERED SERVICES						
2	INPATIENT HOSPITAL/SNF/NF SERVICES	46620681					1
3	MEDICAL AND OTHER SERVICES						2
4	INTERNS AND RESIDENTS						3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
6	COST OF TEACHING PHYSICIANS						5
7	SUBTOTAL	46620681					6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
	SUBTOTAL	46620681					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	46620681					22
23	COST OF COVERED SERVICES	46620681					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	46620681					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	46620681					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 (14-0180) (OTHER)	SUB I (14-T180) (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	46620681	696119				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	PPS PAYMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	40.33 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	40.33 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	41.18 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	40.33 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	41.18 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	41.18 3.09
3.10	SEE INSTRUCTIONS	40.33 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	99137.61 3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		40.33	3.19
3.20	SEE INSTRUCTIONS		43.59	3.20
3.21	SEE INSTRUCTIONS		41.42	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		41.42	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		104695.71	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		4336496	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		4336496	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		41545	4
5	TOTAL INPATIENT DAYS		124896	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.332637	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1442479	0	1442479	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1720	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		124896	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		51280	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		4005235	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	66146549	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	31824	15
16	TOTAL PART A REASONABLE COST	66114725	16
PART B REASONABLE COST			
17	REASONABLE COST	10099061	17
18	PRIMARY PAYER PAYMENTS	588	18
19	TOTAL PART B REASONABLE COST	10098473	19
20	TOTAL REASONABLE COST	76213198	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.867497	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.132503	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	1493759	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1295831	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	197928	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	63119	4
5	TOTAL INPATIENT DAYS	124896	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.505372	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	124896	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2615197			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	71933649			4
5	OTHER RECEIVABLES	703187			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-38177200			6
7	INVENTORY	3833911			7
8	PREPAID EXPENSES	817302			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	41726046			11
FIXED ASSETS					
12	LAND	5653865			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1092335			13
13.01	ACCUMULATED DEPRECIATION	-760092			13.01
14	BUILDINGS	134712768			14
14.01	ACCUMULATED DEPRECIATION	-65656109			14.01
15	LEASEHOLD IMPROVEMENTS	9777007			15
15.01	ACCUMULATED AMORTIZATION	-9692734			15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	73831906			18
18.01	ACCUMULATED DEPRECIATION	-50253357			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	98705589			21
OTHER ASSETS					
22	INVESTMENTS	66307868			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	-10789			25
26	TOTAL OTHER ASSETS	66297079			26
27	TOTAL ASSETS	206728714			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	12106816			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	20460210			34
35	OTHER CURRENT LIABILITIES	472865			35
36	TOTAL CURRENT LIABILITIES	33039891			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	39419420			41
42	TOTAL LONG TERM LIABILITIES	39419420			42
43	TOTAL LIABILITIES	72459311			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	134269403			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	134269403			51
52	TOTAL LIABILITIES AND FUND BALANCES	206728714			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	111378837			1
2 NET INCOME (LOSS)	22861363			2
3 TOTAL	134240200			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	257180			4
5				5
6 FUND EQUITY TRANSFER				6
7 NET ASSETS RELEASED FROM RESTRICTIO				7
8				8
9				9
10 TOTAL ADDITIONS	257180			10
11 SUBTOTAL	134497380			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 AUDIT ADJ				13
14 STAMANA RETAINED EARNINGS	227977			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	227977			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	134269403			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	188422458		188422458	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	4400894		4400894	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	192823352		192823352	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	21665032		21665032	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	21665032		21665032	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	214488384		214488384	18
18.50 ANCILLARY SERVICES	376778941		600656367	18.50
18.60 OUTPATIENT SERVICES		223877426		18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	591267325	223877426	815144751	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		251523686	26
27 **ADD (SPECIFY)** CAPITATION			27
28 PROVISION FOR BAD DEBT	32890424		28
29 AUDIT ADJUSTMENT-FICA	53379		29
30 MANAGEMENT FEE			30
31 RECON ITEM	198462		31
32			32
33 TOTAL ADDITIONS		33142265	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		284665951	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	815144751	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	513530955	2
3	NET PATIENT REVENUES	301613796	3
4	LESS - TOTAL OPERATING EXPENSES	284665951	4
5	NET INCOME FROM SERVICE TO PATIENTS	16947845	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	873034	20
21	RENTAL OF VENDING MACHINES	11748	21
22	RENTAL OF HOSPITAL SPACE	70177	22
23	GOVERNMENTAL APPROPRIATIONS	1064541	23
24	MISC	3899303	24
24.01	MISC		24.01
25	TOTAL OTHER INCOME	5918803	25
26	TOTAL	22866648	26
27	MISC ITEM	5285	27
28			28
29			29
30	TOTAL OTHER EXPENSES	5285	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	22861363	31

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 TELECOMMUNICATIONS					6.01
6.02 INFORMATION MANAGEMENT					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT FINANCIAL SERVICES					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN						96
96.01 FUND DEVELOPMENT						96.01
96.02 CONVENT						96.02
96.03 NURSING EDUC BLDG UNUSED SPACE						96.03
98 PHYSICIANS' PRIVATE OFFICES						98
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	30.31		51.19				81.50 25
26 INTENSIVE CARE UNIT	51.51		33.25				84.76 26
33 NURSERY			28.85				28.85 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	44.24	8.40					52.64 37
38 RECOVERY ROOM	27.15	13.97					41.12 38
39 DELIVERY ROOM & LABOR ROOM	0.06						0.06 39
40 ANESTHESIOLOGY	17.98	6.48					24.46 40
41 RADIOLOGY-DIAGNOSTIC	18.31	15.03					33.34 41
41.01 RADIOLOGY-ULTRASOUND	6.86	5.97					12.83 41.01
44 LABORATORY	26.77	0.92					27.69 44
47 BLOOD STORING, PROCESSING & TRA	20.20	0.41					20.61 47
49 RESPIRATORY THERAPY	24.38	0.66					25.04 49
50 PHYSICAL THERAPY	10.13						10.13 50
51 OCCUPATIONAL THERAPY	9.07						9.07 51
52 SPEECH PATHOLOGY	43.50						43.50 52
53 ELECTROCARDIOLOGY	22.40	7.60					30.00 53
53.01 CARDIAC REHAB	3.97	38.52					42.49 53.01
54 ELECTROENCEPHALOGRAPHY	16.96	28.97					45.93 54
55 MEDICAL SUPPLIES CHARGED TO PAT	42.70	2.22					44.92 55
56 DRUGS CHARGED TO PATIENTS	35.73	4.96					40.69 56
57 RENAL DIALYSIS	30.86						30.86 57
58 ASC (NON-DISTINCT PART)		50.73					50.73 58
59 MENTAL HEALTH OUTPATIENT	0.05	26.93					26.98 59
60 CLINIC	13.45	9.16					22.61 60
61 EMERGENCY	9.78	6.34					16.12 61
62 OBSERVATION BEDS (NON-DISTINCT		14.12					14.12 62
101 TOTAL CHARGES	18.48	4.86					23.34 101

***** 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	62.95		27.83				90.78 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.10						0.10 37
38 RECOVERY ROOM	0.15						0.15 38
40 ANESTHESIOLOGY	0.08						0.08 40
41 RADIOLOGY-DIAGNOSTIC	0.14						0.14 41
41.01 RADIOLOGY-ULTRASOUND	0.05						0.05 41.01
44 LABORATORY	0.37						0.37 44
47 BLOOD STORING, PROCESSING & TRA	0.20						0.20 47
49 RESPIRATORY THERAPY	0.10						0.10 49
50 PHYSICAL THERAPY	13.59						13.59 50
51 OCCUPATIONAL THERAPY	28.65						28.65 51
52 SPEECH PATHOLOGY	10.48						10.48 52
53 ELECTROCARDIOLOGY	0.03						0.03 53
54 ELECTROENCEPHALOGRAPHY	0.13						0.13 54
55 MEDICAL SUPPLIES CHARGED TO PAT	3.44						3.44 55
56 DRUGS CHARGED TO PATIENTS	0.93						0.93 56
57 RENAL DIALYSIS	2.40						2.40 57
58 ASC (NON-DISTINCT PART)	0.30						0.30 58
101 TOTAL CHARGES	0.49						0.49 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		79.71					79.71	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM		0.02					0.02	37
40 ANESTHESIOLOGY		0.03					0.03	40
41 RADIOLOGY-DIAGNOSTIC		0.31					0.31	41
44 LABORATORY		1.17					1.17	44
47 BLOOD STORING, PROCESSING & TRA		0.22					0.22	47
49 RESPIRATORY THERAPY		2.77					2.77	49
50 PHYSICAL THERAPY		19.30					19.30	50
53 ELECTROCARDIOLOGY		0.03					0.03	53
55 MEDICAL SUPPLIES CHARGED TO PAT		30.98					30.98	55
56 DRUGS CHARGED TO PATIENTS		4.34					4.34	56
57 RENAL DIALYSIS		4.56					4.56	57
101 TOTAL CHARGES		1.37					1.37	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	9908415	4.23	-9908415	-8.58			3
4	NEW CAP REL COSTS-MVBLE EQUIP	2525517	1.08	-2525517	-2.19			4
5	EMPLOYEE BENEFITS	16193084	6.92	-16193084	-14.02			5
6.01	TELECOMMUNICATIONS	510409	.22	-510409	-.44			6.01
6.02	INFORMATION MANAGEMENT	5586229	2.39	-5586229	-4.84			6.02
6.03	PURCHASING	1175747	.50	-1175747	-1.02			6.03
6.04	ADMITTING	2760626	1.18	-2760626	-2.39			6.04
6.05	PATIENT FINANCIAL SERVICES	3012928	1.29	-3012928	-2.61			6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	38151379	16.29	-38151379	-33.02			6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	11194673	4.78	-11194673	-9.69			8
9	LAUNDRY & LINEN SERVICE	1389863	.59	-1389863	-1.20			9
10	HOUSEKEEPING	3020592	1.29	-3020592	-2.61			10
11	DIETARY	2348248	1.00	-2348248	-2.03			11
12	CAFETERIA	2105821	.90	-2105821	-1.82			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	4527333	1.93	-4527333	-3.92			14
15	CENTRAL SERVICES & SUPPLY	34704	.01	-34704	-.03			15
16	PHARMACY	3492807	1.49	-3492807	-3.02			16
17	MEDICAL RECORDS & LIBRARY	2849981	1.22	-2849981	-2.47			17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	1995712	.85	-1995712	-1.73			22
23	I&R SERVICES-OTHER PRGM COSTS A	2742066	1.17	-2742066	-2.37			23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	39829151	17.01	45036052	38.98	84865203	36.25	25
26	INTENSIVE CARE UNIT	7291009	3.11	5657220	4.90	12948229	5.53	26
31	SUBPROVIDER I	1063128	.45	1438600	1.25	2501728	1.07	31
33	NURSERY	127856	.05	714167	.62	842023	.36	33
34	SKILLED NURSING FACILITY	1684818	.72	1871635	1.62	3556453	1.52	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	12607003	5.38	9587155	8.30	22194158	9.48	37
38	RECOVERY ROOM	930593	.40	967113	.84	1897706	.81	38
39	DELIVERY ROOM & LABOR ROOM	3843665	1.64	3650033	3.16	7493698	3.20	39
40	ANESTHESIOLOGY	276395	.12	497179	.43	773574	.33	40
41	RADIOLOGY-DIAGNOSTIC	6422978	2.74	5908373	5.11	12331351	5.27	41
41.01	RADIOLOGY-ULTRASOUND	1062248	.45	694477	.60	1756725	.75	41.01
44	LABORATORY	7557315	3.23	5990072	5.19	13547387	5.79	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	3105877	1.33	1331552	1.15	4437429	1.90	47
49	RESPIRATORY THERAPY	2185332	.93	1880510	1.63	4065842	1.74	49
50	PHYSICAL THERAPY	1770155	.76	1362398	1.18	3132553	1.34	50

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
51 OCCUPATIONAL THERAPY	711344	.30	449449	.39	1160793	.50	51
52 SPEECH PATHOLOGY	165063	.07	133472	.12	298535	.13	52
53 ELECTROCARDIOLOGY	4125516	1.76	3589747	3.11	7715263	3.30	53
53.01 CARDIAC REHAB	163730	.07	289278	.25	453008	.19	53.01
54 ELECTROENCEPHALOGRAPHY	123403	.05	167384	.14	290787	.12	54
55 MEDICAL SUPPLIES CHARGED TO PAT	919502	.39	441533	.38	1361035	.58	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	7913536	3.38	8867844	7.68	16781380	7.17	56
57 RENAL DIALYSIS	722519	.31	609689	.53	1332208	.57	57
58 ASC (NON-DISTINCT PART)	1414091	.60	1604996	1.39	3019087	1.29	58
59 MENTAL HEALTH OUTPATIENT	2946337	1.26	1069595	.93	4015932	1.72	59
60 CLINIC	1694416	.72	3372329	2.92	5066745	2.16	60
61 EMERGENCY	7753691	3.31	8112826	7.02	15866517	6.78	61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			36420	.03	36420	.02	96
96.01 FUND DEVELOPMENT	3956		15995	.01	19951	.01	96.01
96.02 CONVENT	79647	.03	30307	.03	109954	.05	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	804		1881		2685		96.03
98 PHYSICIANS' PRIVATE OFFICES	111403	.05	146853	.13	258256	.11	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	234132615	100.00	0	.00	234132615	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	1343110	56811484	.023642	25134406	594228	37
38 RECOVERY ROOM	98057	9216144	.010640	2502002	26621	38
39 DELIVERY ROOM & LABOR ROOM	577127	8795089	.065619	4858	319	39
40 ANESTHESIOLOGY	49335	10196850	.004838	1833141	8869	40
41 RADIOLOGY-DIAGNOSTIC	674215	80645776	.008360	14763309	123421	41
41.01 RADIOLOGY-ULTRASOUND	32009	11861264	.002699	813740	2196	41.01
44 LABORATORY	552526	102159450	.005408	27352839	147924	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	63017	6181270	.010195	1248683	12730	47
49 RESPIRATORY THERAPY	231642	36338116	.006375	8860414	56485	49
50 PHYSICAL THERAPY	190545	7081721	.026907	717076	19294	50
51 OCCUPATIONAL THERAPY	34729	3180357	.010920	288566	3151	51
52 SPEECH PATHOLOGY	14766	783968	.018835	341059	6424	52
53 ELECTROCARDIOLOGY	336795	54442602	.006186	12193833	75431	53
53.01 CARDIAC REHAB	86103	294109	.292759	11668	3416	53.01
54 ELECTROENCEPHALOGRAPHY	36115	1371240	.026337	232525	6124	54
55 MEDICAL SUPPLIES CHARGED TO PAT	494150	6151984	.080324	2626990	211010	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	253735	119662868	.002120	42753413	90637	56
57 RENAL DIALYSIS	68878	4005235	.017197	1236100	21257	57
58 ASC (NON-DISTINCT PART)	280744	2339677	.119993			58
59 MENTAL HEALTH OUTPATIENT	26170	3919772	.006676	2150	14	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	258229	12968666	.019912	1744497	34736	60
61 EMERGENCY	932852	60763398	.015352	5944897	91266	61
61.01 OBSERVATION BEDS						61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	141533	6144998	.023032			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	6776382	605316038		150606166	1535553	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	5856921		5856921	116242	50.39	35228	1775139 25
26	INTENSIVE CARE UNIT	358131		358131	7862	45.55	4050	184478 26
101	TOTAL	6215052		6215052			39278	1959617 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1959617	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1535553	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							3495170	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							6357	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							39278	
PER DISCHARGE CAPITAL COSTS							549.81	
PER DIEM CAPITAL COSTS							88.99	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	57099219
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	217579565
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.262

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2717299
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	7101263
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.383

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)	3495170
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.016

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)	10088677
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)	39629545
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.255