

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 WESTLAKE COMMUNITY HOSPITAL (14-0240) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	434329	385132	13090946	1
2	SUBPROVIDER I	105580	92	2226656	2
2.01	SUBPROVIDER II	102622		649126	2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	642531	385224	15966728	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: 1225 SUPERIOR STREET P.O.BOX: 1
 1.01 CITY: MELROSE PARK STATE: IL ZIP CODE: 60160 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	WESTLAKE COMMUNITY HOSPITAL	14-0240	07/01/1966	N	P	O	2
3	SUBPROVIDER I	WESTLAKE PSYCHIATRIC	14-S240	01/01/1984	N	P	O	3
3.01	SUBPROVIDER II	WESTLAKE REHABILITATION	14-T240	01/01/1984	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2008 TO: 06/30/2009 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1				19
20	SUBPROVIDER I			4				20
20.01	SUBPROVIDER II			5				20.01

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

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

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				53
53.01	MDH PERIOD: BEGINNING: ENDING:				53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 654219 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		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
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO				60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		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		2356	2327	6398	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2356	2327	6398	12
13	RPCH VISITS					13
14	SUBPROVIDER I		252	398	803	14
14.01	SUB-PROVIDER II		176	47	269	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	42539636		42539636	1461502.00	29.11		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES		903215	903215	14587.00	61.92		4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	3488739	-1004580	2484159	91948.00	27.02	PAYROLL	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3398450		3398450	114611.00	29.65	WP	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	869184		869184	12504.00	69.51	CONT LABOR	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	6520973		6520973	173285.00	37.63	HO CR	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	7809272		7809272			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	721590		721590			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS	303190		303190			CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	578904		578904			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	87661		87661	5626.00	15.58		21
22	ADMINISTRATIVE & GENERAL	2429864		2429864	70748.00	34.35		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	557919		557919	8777.00	63.57		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1052471		1052471	50286.00	20.93		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1030104		1030104	82990.00	12.41		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1636019		1636019	100589.00	16.26		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	626896		626896	15240.00	41.13		30
31	CENTRAL SERVICES AND SUPPLY	142958	-142958					31
32	PHARMACY	1610747		1610747	41827.00	38.51		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	542387		542387	29683.00	18.27		33
34	SOCIAL SERVICE	608152		608152	18131.00	33.54		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	39608816	101365	39710181	1363744.00	29.12	1
2	EXCLUDED AREA SALARIES	3398450		3398450	114611.00	29.65	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	36210366	101365	36311731	1249133.00	29.07	3
4	SUBTOTAL OTHER WAGES & REL COSTS	7390157		7390157	185789.00	39.78	4
5	SUBTOTAL WAGE-RELATED COSTS	7809272		7809272		21.51%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	51409795	101365	51511160	1434922.00	35.90	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	10325178	-142958	10182220	423897.00	24.02	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	14850709 17
17.01	GROSS MEDICAID REVENUES	47956547 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	62807256 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.258474 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	61937933 28
29	TOTAL GROSS MEDICAID COST	16009345 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	14850709 30
31	UNCOMPENSATED CARE COST	3838522 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16009345 32

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/02/2009 14:04

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7
98.01 9801 COMMUNITY EDUCATION	171630	236259	407889	-585	407304		407304 98.01
101 TOTAL	42539636	51265891	93805527		93805527	-14266066	79539461 101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				1
			COST CENTER	LINE #	SALARY	OTHER	
2			2	3	4	5	2
3							3
4							4
5	NURSERY EXPENSES	B	NURSERY	33	1354520	203452	5
6							6
7							7
8							8
9	DEPR EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		2919723	9
10							10
11							11
12							12
13	CAPITAL RENTALS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		358290	13
14		D					14
15		D					15
16		D					16
17		D					17
18		D					18
19		D					19
20		D					20
21		D					21
22		D					22
23		D					23
24		D					24
25		D					25
26		D					26
27		D					27
28		D					28
29		D					29
30		D					30
31		D					31
32		D					32
33		D					33
34	RESIDENT ADMIN COSTS	E	I&R SERVICES-OTHER PRGM COSTS	23	101365		34
35							35
36	SUBTOTAL				1455885	3590438	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CAPITAL-REL INSURANCE	A	ADMIN & GENERAL OTHER	6.07		108973	9 1
2						2
3						3
4						4
5 NURSERY EXPENSES	B	ADULTS & PEDIATRICS	25	1354520	203452	5 5
6						6
7						7
8						8
9 DEPR EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		2919723	9 9
10						10
11						11
12						12
13 CAPITAL RENTALS	D	ADMIN & GENERAL OTHER	6.07		168680	9 13
14	D	OPERATION OF PLANT	8		3905	14
15	D	DIETARY	11		3911	15
16	D	NURSING ADMINISTRATION	14		2085	16
17	D	MEDICAL RECORDS & LIBRARY	17		6757	17
18	D	I&R SERVICES-SALARY & FRINGES	22		8825	18
19	D	ADULTS & PEDIATRICS	25		9525	19
20	D	INTENSIVE CARE UNIT	26		3355	20
21	D	SUBPROVIDER I	31		5490	21
22	D	SUB-PROVIDER II	31.01		3288	22
23	D	OPERATING ROOM	37		27937	23
24	D	RADIOLOGY-DIAGNOSTIC	41		3818	24
25	D	LABORATORY	44		5598	25
26	D	RESPIRATORY THERAPY	49		92257	26
27	D	SLEEP LAB	49.01		872	27
28	D	PHYSICAL THERAPY	50		6647	28
29	D	CLINIC	60		292	29
30	D	DIABETES CENTER	60.03		2378	30
31	D	EMERGENCY	61		2085	31
32	D	COMMUNITY EDUCATION	98.01		585	32
33						33
34 RESIDENT ADMIN COSTS	E	I&R SERVICES-SALARY & FRINGES	22	101365		34
35						35
36 SUBTOTAL				1455885	3590438	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1	
			COST CENTER	LINE #	SALARY		OTHER
2			2	3	4	5	
2	MEDICAL TRANSCRIPTION COSTS	F	SUBPROVIDER I	31		65946	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10	TEACHING SALARIES	G	I&R SERVICES-OTHER PRGM COSTS	23	903215		10
11							11
12	STERILE SUPPLY	H	OPERATING ROOM	37	142958	30193	12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				2502058	3686577	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
1		1		7	8	9	
2	MEDICAL TRANSCRIPTION COSTS	F	MEDICAL RECORDS & LIBRARY	17		65946	1
3							2
4							3
5							4
6							5
7							6
8							7
9							8
10	TEACHING SALARIES	G	I&R SERVICES-SALARY & FRINGES	22	903215		9
11							10
12	STERILE SUPPLY	H	CENTRAL SERVICES & SUPPLY	15	142958	30193	11
13							12
14							13
15							14
16							15
17							16
18							17
19							18
20							19
21							20
22							21
23							22
24							23
25							24
26							25
27							26
28							27
29							28
30							29
31							30
32							31
33							32
34							33
35							34
36	TOTAL RECLASSIFICATIONS				2502058	3686577	35

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	4204069					4204069		1
2 LAND IMPROVEMENTS	4250523	406691		406691		4657214		2
3 BUILDINGS AND FIXTURES	69422696	905746		905746		70328442		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	3922863					3922863		5
6 MOVABLE EQUIPMENT	62544784	2854492		2854492		65399276		6
7 SUBTOTAL	144344935	4166929		4166929		148511864		7
8 RECONCILING ITEMS								8
9 TOTAL	144344935	4166929		4166929		148511864		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		1957523		549826				2507349 3
4 NEW CAP REL COSTS-MVBLE EQUIP		3634998						3634998 4
5 TOTAL		5592521		549826				6142347 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		4230981						4230981 3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL		4230981						4230981 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-8467	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6001437			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-2543132			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-967147	DIETARY	11	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					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
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
38 PATIENT TELEPHONE COSTS	A	-58300	ADMIN & GENERAL OTHER	6.07	38
38.03 MISCELLANEOUS REVENUES	B	-6079	ADMIN & GENERAL OTHER	6.07	38.03
38.05 PATIENT T.V.'S CAPITAL	A	-25328	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.05
38.06 PATIENT T.V.'S OPERATING	A	-12664	OPERATION OF PLANT	8	38.06
38.11 FITNESS CENTER REVENUES	B	-131674	EMPLOYEE BENEFITS	5	38.11
38.51 MEDICAL ASSOCIATE COSTS	A	-179696	ADMIN & GENERAL OTHER	6.07	38.51
38.52 PHYSICIAN BILLING COSTS PSYCHIA	A	-121	SUBPROVIDER I	31	38.52
38.53 PHYSICIAN BILLING	A	-105211	EMERGENCY	61	38.53
38.54 PHYSICIAN BILLING CARDIAC CATH	A	-13067	RADIOLOGY-DIAGNOSTIC	41	38.54
38.55 PHYS BILLING	A	-57961	ANESTHESIOLOGY	40	38.55
38.56 PATIENT PHONES BENEFITS	A	-6150	EMPLOYEE BENEFITS	5	38.56
38.58 RELATED PARTY RENT	A	-20964	EMPLOYEE BENEFITS	5	38.58
38.61 RELATED PARTY RENT	A	-11088	ADMIN & GENERAL OTHER	6.07	38.61
38.62 RELATED PARTY RENT	A	-85416	RADIOLOGY-DIAGNOSTIC	41	38.62
38.64 RELATED PARTY RENT	A	-363108	PHYSICAL THERAPY	50	38.64
38.65 RELATED PARTY RENT	A	-86808	OCCUPATIONAL THERAPY	51	38.65
38.66 RELATED PARTY RENT	A	-6828	SPEECH PATHOLOGY	52	38.66
38.67 MANAGED CARE REVENUES	B	-61623	EMPLOYEE BENEFITS	5	38.67
38.68 RESIDENTS REVENUE	B	-413256	I&R SERVICES-SALARY & FRINGES A	22	38.68
38.74 HOSPITAL PORTION OF POB DEPR	A	174601	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.74
38.75 HOSPITAL PORTION OF POB OPERATI	A	234241	OPERATION OF PLANT	8	38.75
38.78 LOBBYING COSTS	A	-27154	ADMIN & GENERAL OTHER	6.07	38.78
38.81 PHYSICIAN MALPRACTICE	A	-428827	ADMIN & GENERAL OTHER	6.07	38.81
38.82 PHYSICIANS MALPRACTICE	A	-308070	ADMIN & GENERAL OTHER	6.07	38.82
38.83 PHYSICIANS PART B BENEFITS	A	-251865	EMPLOYEE BENEFITS	5	38.83
39 ANES STAFFING AUX REVENUE	B	-692321	ANESTHESIOLOGY	40	39
40 AUDIT ENTRY SUPPLIES	A	-134140	EMPLOYEE BENEFITS	5	40
41 AUDIT AJE	A	3285	ADMIN & GENERAL OTHER	6.07	41
42 UNFUNDED PENSION	A	-1670291	EMPLOYEE BENEFITS	5	42

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-14266066			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.07	ADMIN & GENERAL OTHER	MANAGEMENT FEES	5209281	12009414	-6800133	1
2	5	EMPLOYEE BENEFITS		662132		662132	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP		248012		248012	9 3
4	3	NEW CAP REL COSTS-BLDG & FIXT		496992		496992	9 4
4.01	6.01	CASHIERING	BILLING COSTS	832439		832439	4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	INTERES	558293		558293	11 4.02
4.03	6.07	ADMIN & GENERAL OTHER	ADMITTING	889242		889242	4.03
4.04	26	INTENSIVE CARE UNIT	ICU	256679		256679	4.04
4.05	15	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	313212		313212	4.05
5		TOTALS		9466282	12009414	-2543132	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B			RESURRECTION HEALTHCARE		SOLE CORPORATE MEMBER		1
							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		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	6.07	ADMIN & GENERAL OTHER	266229	266229					
2	18	SOCIAL SERVICE	15000		15000	177200	1	85	4
3	25	ADULTS & PEDIATRICS	542043	542043					
4	26	INTENSIVE CARE UNIT	14000		14000	177200	1	85	4
5	31	SUBPROVIDER I	31286		31286	154100	312	23115	1156
6	31.01	SUB-PROVIDER II	15833		15833	177200	1	85	4
7	37	OPERATING ROOM	130417	130417					
8	40	ANESTHESIOLOGY	2137580	2137580					
9	41	RADIOLOGY-DIAGNOSTIC	702737	702737					
10	49	RESPIRATORY THERAPY	53702	53702					
11	49.01	SLEEP LAB	37083	37083					
12	61	EMERGENCY	1974872	1974872					
13	25	ADULTS & PEDIATRICS	84950	84950					
14	41	RADIOLOGY-DIAGNOSTIC	3675	3675					
15	49	RESPIRATORY THERAPY	14000	14000					
16	25	ADULTS & PEDIATRICS	1400	1400					
101		TOTAL	6024807	5948688	76119		315	23370	1168

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	6.07	ADMIN & GENERAL OTHER	AGGREGATE						266229
2	18	SOCIAL SERVICE					85	14915	14915
3	25	ADULTS & PEDIATRICS	AGGREGATE						542043
4	26	INTENSIVE CARE UNIT	AGGREGATE				85	13915	13915
5	31	SUBPROVIDER I	AGGREGATE				23115	8171	8171
6	31.01	SUB-PROVIDER II	AGGREGATE				85	15748	15748
7	37	OPERATING ROOM	AGGREGATE						130417
8	40	ANESTHESIOLOGY	AGGREGATE						2137580
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						702737
10	49	RESPIRATORY THERAPY	AGGREGATE						53702
11	49.01	SLEEP LAB	AGGREGATE						37083
12	61	EMERGENCY	AGGREGATE						1974872
13	25	ADULTS & PEDIATRICS	AGGREGATE						84950
14	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						3675
15	49	RESPIRATORY THERAPY	AGGREGATE						14000
16	25	ADULTS & PEDIATRICS	AGGREGATE						1400
101		TOTAL					23370	52749	6001437

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	CASHIERING	SUBTOTAL	OTHER ADMI	OPERATION	
	FOR COST	REL COSTS	REL COSTS	BENEFITS	6.01		6.07	OF PLANT	
	ALLOCATION	BLDG&FIXT	MOV EQUIP	5		5A		8	
	0	3	4						
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	2507349	2507349							3
4 NEW CAP REL COSTS-MVBLE EQUIP	3634998		3634998						4
5 EMPLOYEE BENEFITS	6513091	20941	30358	6564390					5
6.01 CASHIERING	832439				832439				6.01
6.07 ADMIN & GENERAL OTHER	3579215			375732		3954947	3954947		6.07
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	5498060	103580	150164	162745		5914549	309479	6224028	8
9 LAUNDRY & LINEN SERVICE	467479	762133	1104890			2334502	122153	1990714	9
10 HOUSEKEEPING	1307610	15291	22168	159286		1504355	78715	39941	10
11 DIETARY	1568173	24835	36004	252979		1881991	98475	64869	11
12 CAFETERIA		97610	141509			239119	12512	254961	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	718510	13794	19998	96938		849240	44436	36031	14
15 CENTRAL SERVICES & SUPPLY	313212	17697	25656			356565	18657	46225	15
16 PHARMACY	4215286	19952	28924	249071		4513233	236155	52114	16
17 MEDICAL RECORDS & LIBRARY	1111926	29192	42321	83870		1267309	66312	76251	17
18 SOCIAL SERVICE	703986			94039		798025	41757		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	2433264	26875	38962	384128		2883229	150865	70199	22
23 I&R SERVICES-OTHER PRGM COSTS A	1004580			155339		1159919	60693		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11864845	377902	547859	1505148	156239	14451993	756185	987094	25
26 INTENSIVE CARE UNIT	2753493	61512	89176	326000	20951	3251132	170115	160671	26
31 SUBPROVIDER I	2403344	119736	173585	318845	39622	3055132	159860	312754	31
31.01 SUB-PROVIDER II	1307289	113596	164685	180122	11365	1777057	92985	296717	31.01
33 NURSERY	1557972	44964	65187	209451	9245	1886819	98728	117449	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5816484	199684	289490	420291	63894	6789843	355279	521582	37
38 RECOVERY ROOM	407741	12297	17827	56844	13047	507756	26568	32120	38
40 ANESTHESIOLOGY	379469	3547	5142	5995	10528	404681	21175	9264	40
41 RADIOLOGY-DIAGNOSTIC	4994670	143608	208194	425890	134236	5906598	309063	375109	41
41.01 MRI	197287	6701	9715	25511	10317	249531	13057	17503	41.01
41.02 OUTPATIENT ONCOLOGY									41.02
44 LABORATORY	3641070	59320	85998	289535	95747	4171670	218283	154945	44
46 WHOLE BLOOD & PACKED RED BLOOD	707703	2468	3578	21619	8754	744122	38936	6447	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1309506	44617	64683	161768	42719	1623293	84939	116541	49
49.01 SLEEP LAB	193903	23106	33498	25447	5506	281460	14727	60354	49.01
50 PHYSICAL THERAPY	1144551	36098	52333	153516	11934	1398432	73173	94289	50
51 OCCUPATIONAL THERAPY	501726	15870	23008	67787	6069	614460	32152	41454	51
52 SPEECH PATHOLOGY	163538	4179	6059	23175	1744	198695	10397	10916	52
53.01 INFUSION THERAPY									53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					419	419	22		55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS					124603	124603	6520		56
57 RENAL DIALYSIS	571915	3475	5038		5923	586351	30681	9077	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	124558			16480	684	141722	7416		60
60.01 SUBSTANCE ABUSE CENTER									60.01
60.02 OUTPATIENT PSYCHIATRY									60.02
60.03 DIABETES CENTER	38125	1773	2571	5800	62	48331	2529	4632	60.03
60.04 PAIN CLINIC									60.04
61 EMERGENCY	2618582	98403	142659	284500	58831	3202975	167596	257032	61
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
95 SUBTOTALS	79106949	2504756	3631239	6537851	832439	79074058	3930595	6217255	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	25208	1631	2364			29203	1528	4259	96
98 PHYSICIANS' PRIVATE OFFICES		962	1395			2357	123	2514	98

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	CASHIERING 6.01	SUBTOTAL 5A	OTHER ADMI 6.07	OPERATION OF PLANT 8
98.01 COMMUNITY EDUCATION	407304			26539		433843	22701	98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	79539461	2507349	3634998	6564390	832439	79539461	3954947	6224028 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 CASHIERING									6.01
6.07 ADMIN & GENERAL OTHER									6.07
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	4447369								9
10 HOUSEKEEPING	49994	1673005							10
11 DIETARY			2071215						11
12 CAFETERIA		101720	1132503	1740815					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		14375		25404	969486				14
15 CENTRAL SERVICES & SUPPLY		18442				439889			15
16 PHARMACY		20792		69696			4891990		16
17 MEDICAL RECORDS & LIBRARY		30421		49456				1489749	17
18 SOCIAL SERVICE				30221					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	935	28007		6932					22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2134111	393813	567349	501010	444282			279533	25
26 INTENSIVE CARE UNIT	254132	64102	65361	95482	84671			37497	26
31 SUBPROVIDER I	295509	124778	235674	117454	104156			70912	31
31.01 SUB-PROVIDER II	217487	118379	70328	60304	53476			20341	31.01
33 NURSERY		46858		60893	53999			16547	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	362299	208093		143482	127236			114352	37
38 RECOVERY ROOM	135975	12815		15076	13369			23351	38
40 ANESTHESIOLOGY		3696		3812	3381			18843	40
41 RADIOLOGY-DIAGNOSTIC	297042	149655		144383				240246	41
41.01 MRI		6983		6828				18465	41.01
41.02 OUTPATIENT ONCOLOGY									41.02
44 LABORATORY	759	61818		129342				171362	44
46 WHOLE BLOOD & PACKED RED BLOOD		2572		7486				15668	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	39113	46496		65226				76455	49
49.01 SLEEP LAB	35272	24079		11576				9854	49.01
50 PHYSICAL THERAPY	205628	37618		51605				21358	50
51 OCCUPATIONAL THERAPY	5156	16539		23359				10861	51
52 SPEECH PATHOLOGY		4355		6828				3121	52
53.01 INFUSION THERAPY									53.01
55 MEDICAL SUPPLIES CHARGED TO PAT						439889		750	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS							4891990	223006	56
57 RENAL DIALYSIS		3622						10600	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				4332				1225	60
60.01 SUBSTANCE ABUSE CENTER									60.01
60.02 OUTPATIENT PSYCHIATRY									60.02
60.03 DIABETES CENTER		1848		1664				110	60.03
60.04 PAIN CLINIC									60.04
61 EMERGENCY	399878	102547		95759	84916			105292	61
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
95 SUBTOTALS	4433290	1670303	2071215	1727610	969486	439889	4891990	1489749	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1699							96
98 PHYSICIANS' PRIVATE OFFICES	14079	1003		13205					98

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4447369	1673005	2071215	1740815	969486	439889	4891990	1489749	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	25	26	27	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6.01							6.01
6.07							6.07
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18	870003						18
20							20
21							21
22		3140167					22
23			1220612				23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	561017	1994841	775413	23846641	-2770254	21076387	25
26	54315	288228	112037	4637743	-400265	4237478	26
31	105584			4581813		4581813	31
31.01	105584			2812658		2812658	31.01
33				2281293		2281293	33
ANCILLARY SERVICE COST CENTERS							
37		91019	35380	8748565	-126399	8622166	37
38				767030		767030	38
40				464852		464852	40
41		68264	26535	7516895	-94799	7422096	41
41.01				312367		312367	41.01
41.02							41.02
44		91019	35380	5034578	-126399	4908179	44
46				815231		815231	46
46.30							46.30
49		333738	129727	2515528	-463465	2052063	49
49.01				437322		437322	49.01
50		45510	17690	1945303	-63200	1882103	50
51		91019	35380	870380	-126399	743981	51
52				234312		234312	52
53.01							53.01
55				441080		441080	55
55.30							55.30
56				5246119		5246119	56
57				640331		640331	57
OUTPATIENT SERVICE COST CENTERS							
60				154695		154695	60
60.01							60.01
60.02							60.02
60.03				59114		59114	60.03
60.04							60.04
61	43503	91019	35380	4585897	-126399	4459498	61
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71							71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
95	870003	3094657	1202922	78949747	-4297579	74652168	95
NONREIMBURSABLE COST CENTERS							
96				36689		36689	96
98				33281		33281	98

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	25	26	27	
98.01 COMMUNITY EDUCATION		45510	17690	519744	-63200	456544	98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	870003	3140167	1220612	79539461	-4360779	75178682	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	OTHER ADMI 6.07	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
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		20941	30358	51299	51299				5
6.01 CASHIERING									6.01
6.07 ADMIN & GENERAL OTHER					2935	2935			6.07
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		103580	150164	253744	1271	231	255246		8
9 LAUNDRY & LINEN SERVICE		762133	1104890	1867023		91	81639	1948753	9
10 HOUSEKEEPING		15291	22168	37459	1244	59	1638	21906	10
11 DIETARY		24835	36004	60839	1976	73	2660		11
12 CAFETERIA		97610	141509	239119		9	10456		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		13794	19998	33792	757	33	1478		14
15 CENTRAL SERVICES & SUPPLY		17697	25656	43353		14	1896		15
16 PHARMACY		19952	28924	48876	1946	176	2137		16
17 MEDICAL RECORDS & LIBRARY		29192	42321	71513	655	49	3127		17
18 SOCIAL SERVICE					735	31			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		26875	38962	65837	3001	112	2879	410	22
23 I&R SERVICES-OTHER PRGM COSTS A					1214	45			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		377902	547859	925761	11776	550	40480	935128	25
26 INTENSIVE CARE UNIT		61512	89176	150688	2547	127	6589	111356	26
31 SUBPROVIDER I		119736	173585	293321	2491	119	12826	129486	31
31.01 SUB-PROVIDER II		113596	164685	278281	1407	69	12168	95299	31.01
33 NURSERY		44964	65187	110151	1636	74	4817		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		199684	289490	489174	3283	265	21390	158752	37
38 RECOVERY ROOM		12297	17827	30124	444	20	1317	59582	38
40 ANESTHESIOLOGY		3547	5142	8689	47	16	380		40
41 RADIOLOGY-DIAGNOSTIC		143608	208194	351802	3327	230	15383	130158	41
41.01 MRI		6701	9715	16416	199	10	718		41.01
41.02 OUTPATIENT ONCOLOGY									41.02
44 LABORATORY		59320	85998	145318	2262	163	6354	333	44
46 WHOLE BLOOD & PACKED RED BLOOD		2468	3578	6046	169	29	264		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		44617	64683	109300	1264	63	4779	17139	49
49.01 SLEEP LAB		23106	33498	56604	199	11	2475	15455	49.01
50 PHYSICAL THERAPY		36098	52333	88431	1199	55	3867	90102	50
51 OCCUPATIONAL THERAPY		15870	23008	38878	530	24	1700	2259	51
52 SPEECH PATHOLOGY		4179	6059	10238	181	8	448		52
53.01 INFUSION THERAPY									53.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						5			56
57 RENAL DIALYSIS		3475	5038	8513		23	372		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					129	6			60
60.01 SUBSTANCE ABUSE CENTER									60.01
60.02 OUTPATIENT PSYCHIATRY									60.02
60.03 DIABETES CENTER		1773	2571	4344	45	2	190		60.03
60.04 PAIN CLINIC									60.04
61 EMERGENCY		98403	142659	241062	2223	125	10541	175219	61
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
95 SUBTOTALS		2504756	3631239	6135995	51092	2917	254968	1942584	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1631	2364	3995		1	175		96
98 PHYSICIANS' PRIVATE OFFICES		962	1395	2357			103	6169	98

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	OTHER ADMI 6.07	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9
98.01 COMMUNITY EDUCATION					207		17	98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		2507349	3634998	6142347	51299	2935	255246	1948753 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	10	11	12	14	15	16	17	18
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 CASHIERING								6.01
6.07 ADMIN & GENERAL OTHER								6.07
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	62306							10
11 DIETARY	964	66512						11
12 CAFETERIA	3788	36368	289740					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	535		4228	40823				14
15 CENTRAL SERVICES & SUPPLY	687				45950			15
16 PHARMACY	774		11600			65509		16
17 MEDICAL RECORDS & LIBRARY	1133		8231				84708	17
18 SOCIAL SERVICE			5030					18
20 NONPHYSICIAN ANESTHETISTS								5796
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	1043		1154					22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	14667	18219	83388	18707			15963	3738
26 INTENSIVE CARE UNIT	2387	2099	15892	3565			2130	362
31 SUBPROVIDER I	4647	7568	19549	4386			4028	703
31.01 SUB-PROVIDER II	4409	2258	10037	2252			1155	703
33 NURSERY	1745		10135	2274			940	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	7750		23881	5358			6496	37
38 RECOVERY ROOM	477		2509	563			1326	38
40 ANESTHESIOLOGY	138		635	142			1070	40
41 RADIOLOGY-DIAGNOSTIC	5573		24031				13647	41
41.01 MRI	260		1136				1049	41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY	2302		21528				9734	44
46 WHOLE BLOOD & PACKED RED BLOOD	96		1246				890	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1732		10856				4343	49
49.01 SLEEP LAB	897		1927				560	49.01
50 PHYSICAL THERAPY	1401		8589				1213	50
51 OCCUPATIONAL THERAPY	616		3888				617	51
52 SPEECH PATHOLOGY	162		1136				177	52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					45950		43	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS						65509	12668	56
57 RENAL DIALYSIS	135						602	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			721				70	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER	69		277				6	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY	3819		15938	3576			5981	290
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
95 SUBTOTALS	62206	66512	287542	40823	45950	65509	84708	5796
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	63							96
98 PHYSICIANS' PRIVATE OFFICES	37		2198					98

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	62306	66512	289740	40823	45950	65509	84708	5796	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I/R-SALARY	I/R-OTHER	SUBTOTAL	I&R COST &	TOTAL
	AND	PROGRAM		POST STEP-	
	FRINGES	COSTS		DOWN ADJS	
	22	23	25	26	27
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.07					6.07
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
20					20
21					21
22	74436				22
23		1259			23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25			2068377		25
26			297742		26
31			479124		31
31.01			408038		31.01
33			131772		33
ANCILLARY SERVICE COST CENTERS					
37			716349		37
38			96362		38
40			11117		40
41			544151		41
41.01			19788		41.01
41.02					41.02
44			187994		44
46			8740		46
46.30					46.30
49			149476		49
49.01			78128		49.01
50			194857		50
51			48512		51
52			12350		52
53.01					53.01
55			45993		55
55.30					55.30
56			78182		56
57			9645		57
OUTPATIENT SERVICE COST CENTERS					
60			926		60
60.01					60.01
60.02					60.02
60.03			4933		60.03
60.04					60.04
61			458774		61
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30
69.40					69.40
71					71
SPECIAL PURPOSE COST CENTERS					
85.01					85.01
85.02					85.02
85.03					85.03
95			6051330		95
NONREIMBURSABLE COST CENTERS					
96			4234		96
98			10864		98

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WORKSHEET B
PART III

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
98.01 COMMUNITY EDUCATION			224		224	98.01
101 CROSS FOOT ADJUSTMENTS	74436	1259	75695		75695	101
102 NEGATIVE COST CENTER						102
103 TOTAL	74436	1259	6142347		6142347	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	CASHIERING GROSS REVENUE	RECON- CILIATION	OTHER ADMI ACCUM COST	OPERATION OF PLANT SQUARE FEET	
	3	4	5	6.01	6A.07	6.07	8	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	281380							3
4 NEW CAP REL COSTS-MVBLE EQUIP		281380						4
5 EMPLOYEE BENEFITS	2350	2350	42451975					5
6.01 CASHIERING				288819314				6.01
6.07 ADMIN & GENERAL OTHER			2429864		-3954947	75584514		6.07
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	11624	11624	1052471			5914549	267406	8
9 LAUNDRY & LINEN SERVICE	85528	85528				2334502	85528	9
10 HOUSEKEEPING	1716	1716	1030104			1504355	1716	10
11 DIETARY	2787	2787	1636019			1881991	2787	11
12 CAFETERIA	10954	10954				239119	10954	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1548	1548	626896			849240	1548	14
15 CENTRAL SERVICES & SUPPLY	1986	1986	1986			356565	1986	15
16 PHARMACY	2239	2239	1610747			4513233	2239	16
17 MEDICAL RECORDS & LIBRARY	3276	3276	542387			1267309	3276	17
18 SOCIAL SERVICE			608152			798025		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	3016	3016	2484159			2883229	3016	22
23 I&R SERVICES-OTHER PRGM COSTS			1004580			1159919		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	42409	42409	9733816	54190363		14451993	42409	25
26 INTENSIVE CARE UNIT	6903	6903	2108244	7269675		3251132	6903	26
31 SUBPROVIDER I	13437	13437	2061971	13748002		3055132	13437	31
31.01 SUB-PROVIDER II	12748	12748	1164849	3943508		1777057	12748	31.01
33 NURSERY	5046	5046	1354520	3207953		1886819	5046	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	22409	22409	2718028	22169900		6789843	22409	37
38 RECOVERY ROOM	1380	1380	367610	4527151		507756	1380	38
40 ANESTHESIOLOGY	398	398	38769	3653066		404681	398	40
41 RADIOLOGY-DIAGNOSTIC	16116	16116	2754234	46577452		5906598	16116	41
41.01 MRI	752	752	164977	3579950		249531	752	41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY	6657	6657	1872425	33222481		4171670	6657	44
46 WHOLE BLOOD & PACKED RED BLOO	277	277	139812	3037606		744122	277	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	5007	5007	1046158	14822588		1623293	5007	49
49.01 SLEEP LAB	2593	2593	164563	1910370		281460	2593	49.01
50 PHYSICAL THERAPY	4051	4051	992790	4140731		1398432	4051	50
51 OCCUPATIONAL THERAPY	1781	1781	438376	2105656		614460	1781	51
52 SPEECH PATHOLOGY	469	469	149876	605164		198695	469	52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P				145485		419		55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS				43235046		124603		56
57 RENAL DIALYSIS	390	390		2055070		586351	390	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			106577	237450		141722		60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER	199	199	37509	21351		48331	199	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY	11043	11043	1839862	20413296		3202975	11043	61
62 OBSERVATION BEDS (NON-DISTINC								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 THERA								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
95 SUBTOTALS	281089	281089	42280345	288819314	-3954947	75119111	267115	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	183	183				29203	183	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	CASHIERING GROSS REVENUE	RECON- CILIATION	OTHER ADMI ACCUM COST	OPERATION OF PLANT SQUARE FEET	
	3	4	5	6.01	6A.07	6.07	8	
98 PHYSICIANS' PRIVATE OFFICES	108	108				2357	108	98
98.01 COMMUNITY EDUCATION			171630			433843		98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2507349	3634998	6564390	832439		3954947	6224028	103
104 UNIT COST MULT-WS B PT I		12.918466		.002882		.052325		104
104 UNIT COST MULT-WS B PT I	8.910900		.154631				23.275573	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			51299			2935	255246	107
108 UNIT COST MULT-WS B PT III						.000039		108
108 UNIT COST MULT-WS B PT III			.001208				.954526	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE
	9	10	11	12	14	15	16	17
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 CASHIERING								6.01
6.07 ADMIN & GENERAL OTHER								6.07
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	304504							9
10 HOUSEKEEPING	3423	180162						10
11 DIETARY		2787	252686					11
12 CAFETERIA		10954	138164	50229				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		1548		733	31545			14
15 CENTRAL SERVICES & SUPPLY		1986				10000		15
16 PHARMACY		2239		2011			10000	16
17 MEDICAL RECORDS & LIBRARY		3276		1427				288819314
18 SOCIAL SERVICE				872				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	64	3016		200				22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	146119	42409	69216	14456	14456			54190363
26 INTENSIVE CARE UNIT	17400	6903	7974	2755	2755			7269675
31 SUBPROVIDER I	20233	13437	28752	3389	3389			13748002
31.01 SUB-PROVIDER II	14891	12748	8580	1740	1740			3943508
33 NURSERY		5046		1757	1757			3207953
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	24806	22409		4140	4140			22169900
38 RECOVERY ROOM	9310	1380		435	435			4527151
40 ANESTHESIOLOGY		398		110	110			3653066
41 RADIOLOGY-DIAGNOSTIC	20338	16116		4166				46577452
41.01 MRI		752		197				3579950
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY	52	6657		3732				33222481
46 WHOLE BLOOD & PACKED RED BLOO		277		216				3037606
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	2678	5007		1882				14822588
49.01 SLEEP LAB	2415	2593		334				1910370
50 PHYSICAL THERAPY	14079	4051		1489				4140731
51 OCCUPATIONAL THERAPY	353	1781		674				2105656
52 SPEECH PATHOLOGY		469		197				605164
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P						10000		145485
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS							10000	43235046
57 RENAL DIALYSIS		390						2055070
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC				125				237450
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		199		48				21351
60.04 PAIN CLINIC								60.04
61 EMERGENCY	27379	11043		2763	2763			20413296
62 OBSERVATION BEDS (NON-DISTINC								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 THERA								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
95 SUBTOTALS	303540	179871	252686	49848	31545	10000	10000	288819314
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		183						96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTEs SERVED) 12	NURSING ADMINISTRATION (DIRECT NRSg HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
98 PHYSICIANS' PRIVATE OFFICES	964	108		381					98
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	4447369	1673005	2071215	1740815	969486	439889	4891990	1489749	103
104 UNIT COST MULT-WS B PT I	14.605289		8.196794		30.733428		489.199000		104
104 UNIT COST MULT-WS B PT I		9.286115		34.657568		43.988900		.005158	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	1948753	62306	66512	289740	40823	45950	65509	84708	107
108 UNIT COST MULT-WS B PT III	6.399762		.263220		1.294120		6.550900		108
108 UNIT COST MULT-WS B PT III		.345833		5.768381		4.595000		.000293	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	(TIME SPENT) 18	(TIME) 22	(TIME) 23	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.07				6.07
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18	17139			18
20				20
21				21
22		414		22
23			414	23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	11052	263	263	25
26	1070	38	38	26
31	2080			31
31.01	2080			31.01
33				33
ANCILLARY SERVICE COST CENTERS				
37		12	12	37
38				38
40				40
41		9	9	41
41.01				41.01
41.02				41.02
44		12	12	44
46				46
46.30				46.30
49		44	44	49
49.01				49.01
50		6	6	50
51		12	12	51
52				52
53.01				53.01
55				55
55.30				55.30
56				56
57				57
OUTPATIENT SERVICE COST CENTERS				
60				60
60.01				60.01
60.02				60.02
60.03				60.03
60.04				60.04
61	857	12	12	61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71				71
SPECIAL PURPOSE COST CENTERS				
85.01				85.01
85.02				85.02
85.03				85.03
95	17139	408	408	95
NONREIMBURSABLE COST CENTERS				
96				96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I/R-SALARY	I/R-OTHER	
	SERVICE	AND	PROGRAM	
	(TIME	FRINGES	COSTS	
	SPENT)	(ASSIGNED	(ASSIGNED	
	18	TIME)	TIME)	
		22	23	
98 PHYSICIANS' PRIVATE OFFICES				98
98.01 COMMUNITY EDUCATION		6	6	98.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	870003	3140167	1220612	103
104 UNIT COST MULT-WS B PT I	50.761596		2948.338164	104
104 UNIT COST MULT-WS B PT I		7584.944444		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	5796	74436	1259	107
108 UNIT COST MULT-WS B PT III	.338176		3.041063	108
108 UNIT COST MULT-WS B PT III		179.797101		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	21076387		21076387		21076387	25
26 INTENSIVE CARE UNIT	4237478		4237478	13915	4251393	26
31 SUBPROVIDER I	4581813		4581813	8171	4589984	31
31.01 SUB-PROVIDER II	2812658		2812658	15748	2828406	31.01
33 NURSERY	2281293		2281293		2281293	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8622166		8622166		8622166	37
38 RECOVERY ROOM	767030		767030		767030	38
40 ANESTHESIOLOGY	464852		464852		464852	40
41 RADIOLOGY-DIAGNOSTIC	7422096		7422096		7422096	41
41.01 MRI	312367		312367		312367	41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	4908179		4908179		4908179	44
46 WHOLE BLOOD & PACKED RED BL	815231		815231		815231	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2052063		2052063		2052063	49
49.01 SLEEP LAB	437322		437322		437322	49.01
50 PHYSICAL THERAPY	1882103		1882103		1882103	50
51 OCCUPATIONAL THERAPY	743981		743981		743981	51
52 SPEECH PATHOLOGY	234312		234312		234312	52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO	441080		441080		441080	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	5246119		5246119		5246119	56
57 RENAL DIALYSIS	640331		640331		640331	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	154695		154695		154695	60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	59114		59114		59114	60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	4459498		4459498		4459498	61
62 OBSERVATION BEDS (NON-DISTI	754168		754168		754168	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	75406336		75406336	37834	75444170	101
102 LESS OBSERVATION BEDS	754168		754168		754168	102
103 TOTAL	74652168		74652168	37834	74690002	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	52948949		52948949			25
26 INTENSIVE CARE UNIT	7269675		7269675			26
31 SUBPROVIDER I	13748002		13748002			31
31.01 SUB-PROVIDER II	3943508		3943508			31.01
33 NURSERY	3207953		3207953			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10285846	11884054	22169900	.388913	.388913	.388913 37
38 RECOVERY ROOM	2157901	2369250	4527151	.169429	.169429	.169429 38
40 ANESTHESIOLOGY	1889358	1763708	3653066	.127250	.127250	.127250 40
41 RADIOLOGY-DIAGNOSTIC	22790486	23786966	46577452	.159350	.159350	.159350 41
41.01 MRI	1211368	2368582	3579950	.087255	.087255	.087255 41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	23665066	9557415	33222481	.147737	.147737	.147737 44
46 WHOLE BLOOD & PACKED RED BL	2576391	461215	3037606	.268379	.268379	.268379 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	12267187	2555401	14822588	.138442	.138442	.138442 49
49.01 SLEEP LAB	251052	1659318	1910370	.228920	.228920	.228920 49.01
50 PHYSICAL THERAPY	1953653	2187078	4140731	.454534	.454534	.454534 50
51 OCCUPATIONAL THERAPY	1458663	646993	2105656	.353325	.353325	.353325 51
52 SPEECH PATHOLOGY	481823	123341	605164	.387188	.387188	.387188 52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO	117794	27691	145485	3.031790	3.031790	3.031790 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	38775972	4459074	43235046	.121340	.121340	.121340 56
57 RENAL DIALYSIS	2051990	3080	2055070	.311586	.311586	.311586 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	10650	226800	237450	.651485	.651485	.651485 60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	28	21323	21351	2.768676	2.768676	2.768676 60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	7327961	13085335	20413296	.218460	.218460	.218460 61
62 OBSERVATION BEDS (NON-DISTI		1241414	1241414	.607507	.607507	.607507 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	210391276	78428038	288819314			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	210391276	78428038	288819314			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				2068377		2068377	25
26 INTENSIVE CARE UNIT				297742		297742	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				479124		479124	31
31.01 SUB-PROVIDER II				408038		408038	31.01
33 NURSERY				131772		131772	33
101 TOTAL				3385053		3385053	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	24006	11912			86.16	1026338	25
26 INTENSIVE CARE UNIT	2658	1510			112.02	169150	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	9584	3774			49.99	188662	31
31.01 SUB-PROVIDER II	2860	1931			142.67	275496	31.01
33 NURSERY	2772				47.54		33
101 TOTAL	41880	19127				1659646	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] 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	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		716349	22169900	4671282			.032312	150938 37
38 RECOVERY ROOM		96362	4527151	697571			.021285	14848 38
40 ANESTHESIOLOGY		11117	3653066	651269			.003043	1982 40
41 RADIOLOGY-DIAGNOSTIC		544151	46577452	13494502			.011683	157656 41
41.01 MRI		19788	3579950	618090			.005527	3416 41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		187994	33222481	11465978			.005659	64886 44
46 WHOLE BLOOD & PACKED RED BLOO		8740	3037606	1240478			.002877	3569 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		149476	14822588	7172668			.010084	72329 49
49.01 SLEEP LAB		78128	1910370	136355			.040897	5577 49.01
50 PHYSICAL THERAPY		194857	4140731	453987			.047059	21364 50
51 OCCUPATIONAL THERAPY		48512	2105656	200775			.023039	4626 51
52 SPEECH PATHOLOGY		12350	605164	174732			.020408	3566 52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		45993	145485	3767			.316136	1191 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		78182	43235046	18048493			.001808	32632 56
57 RENAL DIALYSIS		9645	2055070	1151186			.004693	5403 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		926	237450				.003900	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		4933	21351				.231043	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		458774	20413296	2975562			.022474	66873 61
62 OBSERVATION BEDS (NON-DISTINC		74012	1241414				.059619	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2740289	207701227	63156695				610856 101

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/02/2009 14:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	TOTAL	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	COSTS
101								101
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					24006		11912	25
26 INTENSIVE CARE UNIT					2658		1510	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					9584		3774	31
31.01 SUB-PROVIDER II					2860		1931	31.01
33 NURSERY					2772			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					41880		19127	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
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
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
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 (14-0240) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22169900			4671282		3193270 37
38 RECOVERY ROOM		4527151			697571		407381 38
40 ANESTHESIOLOGY		3653066			651269		397208 40
41 RADIOLOGY-DIAGNOSTIC		46577452			13494502		7748940 41
41.01 MRI		3579950			618090		558297 41.01
41.02 OUTPATIENT ONCOLOGY							
44 LABORATORY		33222481			11465978		252037 44
46 WHOLE BLOOD & PACKED RED BLOO		3037606			1240478		47113 46
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		14822588			7172668		929127 49
49.01 SLEEP LAB		1910370			136355		381596 49.01
50 PHYSICAL THERAPY		4140731			453987		
51 OCCUPATIONAL THERAPY		2105656			200775		
52 SPEECH PATHOLOGY		605164			174732		
53.01 INFUSION THERAPY							
55 MEDICAL SUPPLIES CHARGED TO P		145485			3767		4572 55
55.30 IMPL. DEV. CHARGED TO PATIENT							
56 DRUGS CHARGED TO PATIENTS		43235046			18048493		1047243 56
57 RENAL DIALYSIS		2055070			1151186		
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		237450					72601 60
60.01 SUBSTANCE ABUSE CENTER							
60.02 OUTPATIENT PSYCHIATRY							
60.03 DIABETES CENTER		21351					1286 60.03
60.04 PAIN CLINIC							
61 EMERGENCY		20413296			2975562		1221339 61
62 OBSERVATION BEDS (NON-DISTINC		1241414					208303 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		207701227			63156695		16470313 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
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
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
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 (14-0240) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							37
38 OPERATING ROOM	.388913	.388913	.388913				38
40 RECOVERY ROOM	.169429	.169429	.169429				40
41 ANESTHESIOLOGY	.127250	.127250	.127250				41
41.01 RADIOLOGY-DIAGNOSTIC	.159350	.159350	.159350				41.01
41.02 MRI	.087255	.087255	.087255				41.02
44 OUTPATIENT ONCOLOGY							44
46 LABORATORY	.147737	.147737	.147737				46
46.30 WHOLE BLOOD & PACKED RED BLOOD	.268379	.268379	.268379				46.30
49 BLOOD CLOTTING FACTORS ADMIN CO							49
49.01 RESPIRATORY THERAPY	.138442	.138442	.138442				49.01
50 SLEEP LAB	.228920	.228920	.228920				50
51 PHYSICAL THERAPY	.454534	.454534	.454534				51
52 OCCUPATIONAL THERAPY	.353325	.353325	.353325				52
53.01 SPEECH PATHOLOGY	.387188	.387188	.387188				53.01
55 INFUSION THERAPY							55
55.30 MEDICAL SUPPLIES CHARGED TO PAT	3.031790	3.031790	3.031790				55.30
56 IMPL. DEV. CHARGED TO PATIENT							56
57 DRUGS CHARGED TO PATIENTS	.121340	.121340	.121340				57
60 RENAL DIALYSIS	.311586	.311586	.311586				60
60.01 OUTPATIENT SERVICE COST CENTERS							60.01
60.02 CLINIC	.651485	.651485	.651485				60.02
60.03 SUBSTANCE ABUSE CENTER							60.03
60.04 OUTPATIENT PSYCHIATRY							60.04
61 DIABETES CENTER	2.768676	2.768676	2.768676				61
62 PAIN CLINIC							62
63.50 EMERGENCY	.218460	.218460	.218460				63.50
63.60 OBSERVATION BEDS (NON-DISTINCT	.607507	.607507	.607507				63.60
65.01 RHC							65.01
65.02 FQHC							65.02
65.03 OTHER REIMBURSABLE COST CENTERS							65.03
101 AMBULANCE SERVICES (2ND PERIOD)							101
102 AMBULANCE SERVICES (3RD PERIOD)							102
103 AMBULANCE SERVICES (4TH PERIOD)							103
104 SUBTOTAL							104
CRNA CHARGES							
LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							
NET CHARGES							

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.121340	1
2 PROGRAM VACCINE CHARGES	4507	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	547	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0240) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3193270						37
38 RECOVERY ROOM		407381						38
40 ANESTHESIOLOGY		397208						40
41 RADIOLOGY-DIAGNOSTIC		7748940						41
41.01 MRI		558297						41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		252037						44
46 WHOLE BLOOD & PACKED RED BLOOD		47113						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		929127						49
49.01 SLEEP LAB		381596						49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO PA		4572						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		1047243						56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		72601						60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		1286						60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		1221339						61
62 OBSERVATION BEDS (NON-DISTINCT)		208303						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		16470313						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		16470313						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0240) [] 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		1241904					37
38 RECOVERY ROOM		69022					38
40 ANESTHESIOLOGY		50545					40
41 RADIOLOGY-DIAGNOSTIC		1234794					41
41.01 MRI		48714					41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		37235					44
46 WHOLE BLOOD & PACKED RED BLOOD		12644					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		128630					49
49.01 SLEEP LAB		87355					49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		13861					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		127072					56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		47298					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		3561					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		266814					61
62 OBSERVATION BEDS (NON-DISTINCT		126546					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		3495995					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3495995					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-S240) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		716349	22169900	22518		.032312	728	37
38 RECOVERY ROOM		96362	4527151			.021285		38
40 ANESTHESIOLOGY		11117	3653066	54028		.003043	164	40
41 RADIOLOGY-DIAGNOSTIC		544151	46577452	30791		.011683	360	41
41.01 MRI		19788	3579950			.005527		41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY	187994	33222481		438568		.005659	2482	44
46 WHOLE BLOOD & PACKED RED BLOO	8740	3037606				.002877		46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	149476	14822588		32675		.010084	329	49
49.01 SLEEP LAB	78128	1910370		2572		.040897	105	49.01
50 PHYSICAL THERAPY	194857	4140731		5832		.047059	274	50
51 OCCUPATIONAL THERAPY	48512	2105656		1812		.023039	42	51
52 SPEECH PATHOLOGY	12350	605164		984		.020408	20	52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P	45993	145485				.316136		55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	78182	43235046		1022698		.001808	1849	56
57 RENAL DIALYSIS	9645	2055070		7258		.004693	34	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		926	237450			.003900		60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER	4933	21351				.231043		60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY	458774	20413296		203833		.022474	4581	61
62 OBSERVATION BEDS (NON-DISTINC	74012	1241414				.059619		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	2740289	207701227	1823569				10968	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-S240) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
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
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
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-S240) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22169900			22518		37
38 RECOVERY ROOM		4527151					38
40 ANESTHESIOLOGY		3653066			54028		40
41 RADIOLOGY-DIAGNOSTIC		46577452			30791		41
41.01 MRI		3579950					41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		33222481			438568		44
46 WHOLE BLOOD & PACKED RED BLOO		3037606					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14822588			32675		49
49.01 SLEEP LAB		1910370			2572		49.01
50 PHYSICAL THERAPY		4140731			5832		50
51 OCCUPATIONAL THERAPY		2105656			1812		51
52 SPEECH PATHOLOGY		605164			984		52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		145485					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		43235046			1022698		56
57 RENAL DIALYSIS		2055070			7258		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		237450					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		21351					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		20413296			203833		61
62 OBSERVATION BEDS (NON-DISTINC		1241414					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		207701227			1823569		2900 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-S240) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
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
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
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-S240) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								37
38 OPERATING ROOM								38
40 RECOVERY ROOM								40
41 ANESTHESIOLOGY								41
41.01 RADIOLOGY-DIAGNOSTIC		1012						41.01
41.02 MRI								41.02
44 OUTPATIENT ONCOLOGY								44
46 LABORATORY								46
46.30 WHOLE BLOOD & PACKED RED BLOOD								46.30
49 BLOOD CLOTTING FACTORS ADMIN C								49
49.01 RESPIRATORY THERAPY		1888						49.01
50 SLEEP LAB								50
51 PHYSICAL THERAPY								51
52 OCCUPATIONAL THERAPY								52
52.01 SPEECH PATHOLOGY								52.01
55 INFUSION THERAPY								55
55.30 MEDICAL SUPPLIES CHARGED TO PA								55.30
56 IMPL. DEV. CHARGED TO PATIENT								56
57 DRUGS CHARGED TO PATIENTS								57
57 RENAL DIALYSIS								57
60 OUTPATIENT SERVICE COST CENTERS								60
60.01 CLINIC								60.01
60.02 SUBSTANCE ABUSE CENTER								60.02
60.03 OUTPATIENT PSYCHIATRY								60.03
60.04 DIABETES CENTER								60.04
61 PAIN CLINIC								61
62 EMERGENCY								62
62.50 OBSERVATION BEDS (NON-DISTINCT								62.50
63.60 RHC								63.60
63.60 FQHC								63.60
65.01 OTHER REIMBURSABLE COST CENTERS								65.01
65.02 AMBULANCE SERVICES (2ND PERIOD								65.02
65.03 AMBULANCE SERVICES (3RD PERIOD								65.03
101 AMBULANCE SERVICES (4TH PERIOD								101
102 SUBTOTAL		2900						102
103 CRNA CHARGES								103
103 PBP CLINIC LAB								103
104 NET CHARGES		2900						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-S240) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		161					41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		261					49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
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
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
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		422					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		422					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 [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240)

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		716349	22169900				.032312	37
38 RECOVERY ROOM		96362	4527151				.021285	38
40 ANESTHESIOLOGY		11117	3653066				.003043	40
41 RADIOLOGY-DIAGNOSTIC		544151	46577452	24149			.011683	282 41
41.01 MRI		19788	3579950	5931			.005527	33 41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY	187994	33222481	301169			.005659	1704	44
46 WHOLE BLOOD & PACKED RED BLOO	8740	3037606	6449			.002877	19	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	149476	14822588	133806			.010084	1349	49
49.01 SLEEP LAB	78128	1910370	648			.040897	27	49.01
50 PHYSICAL THERAPY	194857	4140731	840207			.047059	39539	50
51 OCCUPATIONAL THERAPY	48512	2105656	768048			.023039	17695	51
52 SPEECH PATHOLOGY	12350	605164	131624			.020408	2686	52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P	45993	145485				.316136		55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	78182	43235046	859627			.001808	1554	56
57 RENAL DIALYSIS	9645	2055070	121086			.004693	568	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		926	237450				.003900	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER	4933	21351				.231043		60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY	458774	20413296				.022474		61
62 OBSERVATION BEDS (NON-DISTINC	74012	1241414				.059619		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	2740289	207701227	3192744					65456 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 [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
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
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240) [] NF [] ICF/MR
 [] SUB III

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22169900					37
38 RECOVERY ROOM		4527151					38
40 ANESTHESIOLOGY		3653066					40
41 RADIOLOGY-DIAGNOSTIC		46577452			24149		41
41.01 MRI		3579950			5931		41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		33222481			301169		44
46 WHOLE BLOOD & PACKED RED BLOO		3037606			6449		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14822588			133806		49
49.01 SLEEP LAB		1910370			648		49.01
50 PHYSICAL THERAPY		4140731			840207		50
51 OCCUPATIONAL THERAPY		2105656			768048		51
52 SPEECH PATHOLOGY		605164			131624		52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		145485					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		43235046			859627		56
57 RENAL DIALYSIS		2055070			121086		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		237450					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		21351					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		20413296					61
62 OBSERVATION BEDS (NON-DISTINC		1241414					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		207701227			3192744		576 101

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 [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
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
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
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
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T240)
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] 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	.388913	.388913	.388913			37
38 RECOVERY ROOM	.169429	.169429	.169429			38
40 ANESTHESIOLOGY	.127250	.127250	.127250			40
41 RADIOLOGY-DIAGNOSTIC	.159350	.159350	.159350			41
41.01 MRI	.087255	.087255	.087255			41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	.147737	.147737	.147737			44
46 WHOLE BLOOD & PACKED RED BLOOD	.268379	.268379	.268379			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.138442	.138442	.138442			49
49.01 SLEEP LAB	.228920	.228920	.228920			49.01
50 PHYSICAL THERAPY	.454534	.454534	.454534			50
51 OCCUPATIONAL THERAPY	.353325	.353325	.353325			51
52 SPEECH PATHOLOGY	.387188	.387188	.387188			52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	3.031790	3.031790	3.031790			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.121340	.121340	.121340			56
57 RENAL DIALYSIS	.311586	.311586	.311586			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.651485	.651485	.651485			60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	2.768676	2.768676	2.768676			60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	.218460	.218460	.218460			61
62 OBSERVATION BEDS (NON-DISTINCT	.607507	.607507	.607507			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	
2 PROGRAM VACCINE CHARGES	.121340	1	
2.01 PROGRAM VACCINE CHARGES		2	
3 PROGRAM COSTS		2.01	
3.01 PROGRAM COSTS		3	
		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 [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T240) [] 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 (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 MRI								41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY								44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		576						49
49.01 SLEEP LAB								49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER								60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY								61
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		576						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		576						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 [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T240) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY			80				49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
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
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
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			80				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			80				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	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				2068377		2068377	25
26 INTENSIVE CARE UNIT				297742		297742	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				479124		479124	31
31.01 SUB-PROVIDER II				408038		408038	31.01
33 NURSERY				131772		131772	33
101 TOTAL				3385053		3385053	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	24006	6939			86.16	597864	25
26 INTENSIVE CARE UNIT	2658	499			112.02	55898	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	9584	4310			49.99	215457	31
31.01 SUB-PROVIDER II	2860	483			142.67	68910	31.01
33 NURSERY	2772	2154			47.54	102401	33
101 TOTAL	41880	14385				1040530	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] 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		716349	22169900	1491897			.032312	48206 37
38 RECOVERY ROOM		96362	4527151	714713			.021285	15213 38
40 ANESTHESIOLOGY		11117	3653066	457777			.003043	1393 40
41 RADIOLOGY-DIAGNOSTIC		544151	46577452	3234003			.011683	37783 41
41.01 MRI		19788	3579950	195959			.005527	1083 41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		187994	33222481	5274168			.005659	29847 44
46 WHOLE BLOOD & PACKED RED BLOO		8740	3037606	704849			.002877	2028 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		149476	14822588	2167802			.010084	21860 49
49.01 SLEEP LAB		78128	1910370	48750			.040897	1994 49.01
50 PHYSICAL THERAPY		194857	4140731	66760			.047059	3142 50
51 OCCUPATIONAL THERAPY		48512	2105656	30549			.023039	704 51
52 SPEECH PATHOLOGY		12350	605164	24083			.020408	491 52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		45993	145485	83678			.316136	26454 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		78182	43235046	8528814			.001808	15420 56
57 RENAL DIALYSIS		9645	2055070	349991			.004693	1643 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		926	237450	294			.003900	1 60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		4933	21351				.231043	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		458774	20413296	1879696			.022474	42244 61
62 OBSERVATION BEDS (NON-DISTINC		74012	1241414				.059619	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2740289	207701227	25253783				249506 101

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/02/2009 14:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	TOTAL	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	COSTS
101								8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					24006		6939	25
26 INTENSIVE CARE UNIT					2658		499	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					9584		4310	31
31.01 SUB-PROVIDER II					2860		483	31.01
33 NURSERY					2772		2154	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					41880		14385	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
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
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
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 (14-0240) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22169900			1491897		37
38 RECOVERY ROOM		4527151			714713		38
40 ANESTHESIOLOGY		3653066			457777		40
41 RADIOLOGY-DIAGNOSTIC		46577452			3234003		41
41.01 MRI		3579950			195959		41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		33222481			5274168		44
46 WHOLE BLOOD & PACKED RED BLOO		3037606			704849		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14822588			2167802		49
49.01 SLEEP LAB		1910370			48750		49.01
50 PHYSICAL THERAPY		4140731			66760		50
51 OCCUPATIONAL THERAPY		2105656			30549		51
52 SPEECH PATHOLOGY		605164			24083		52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		145485			83678		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		43235046			8528814		56
57 RENAL DIALYSIS		2055070			349991		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		237450			294		60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		21351					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		20413296			1879696		61
62 OBSERVATION BEDS (NON-DISTINC		1241414					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		207701227			25253783		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] 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
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
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
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
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 CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S240) [] 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		716349	22169900	21942			.032312	709 37
38 RECOVERY ROOM		96362	4527151				.021285	38
40 ANESTHESIOLOGY		11117	3653066	52647			.003043	160 40
41 RADIOLOGY-DIAGNOSTIC		544151	46577452	44543			.011683	520 41
41.01 MRI		19788	3579950				.005527	41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		187994	33222481	531880			.005659	3010 44
46 WHOLE BLOOD & PACKED RED BLOO		8740	3037606	5043			.002877	15 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		149476	14822588	40460			.010084	408 49
49.01 SLEEP LAB		78128	1910370	3315			.040897	136 49.01
50 PHYSICAL THERAPY		194857	4140731	3568			.047059	168 50
51 OCCUPATIONAL THERAPY		48512	2105656	1905			.023039	44 51
52 SPEECH PATHOLOGY		12350	605164	1401			.020408	29 52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		45993	145485				.316136	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		78182	43235046	1249526			.001808	2259 56
57 RENAL DIALYSIS		9645	2055070	561			.004693	3 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		926	237450				.003900	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		4933	21351				.231043	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		458774	20413296	269865			.022474	6065 61
62 OBSERVATION BEDS (NON-DISTINC		74012	1241414				.059619	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2740289	207701227	2226656				13526 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-S240) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
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
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
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-S240) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22169900			21942		37
38 RECOVERY ROOM		4527151					38
40 ANESTHESIOLOGY		3653066			52647		40
41 RADIOLOGY-DIAGNOSTIC		46577452			44543		41
41.01 MRI		3579950					41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		33222481			531880		44
46 WHOLE BLOOD & PACKED RED BLOO		3037606			5043		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14822588			40460		49
49.01 SLEEP LAB		1910370			3315		49.01
50 PHYSICAL THERAPY		4140731			3568		50
51 OCCUPATIONAL THERAPY		2105656			1905		51
52 SPEECH PATHOLOGY		605164			1401		52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		145485					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		43235046			1249526		56
57 RENAL DIALYSIS		2055070			561		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		237450					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		21351					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		20413296			269865		61
62 OBSERVATION BEDS (NON-DISTINC		1241414					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		207701227			2226656		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-S240) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
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
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
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 CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [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		716349	22169900				.032312	37
38 RECOVERY ROOM		96362	4527151				.021285	38
40 ANESTHESIOLOGY		11117	3653066				.003043	40
41 RADIOLOGY-DIAGNOSTIC		544151	46577452	6866			.011683	80 41
41.01 MRI		19788	3579950	2192			.005527	12 41.01
41.02 OUTPATIENT ONCOLOGY								41.02
44 LABORATORY		187994	33222481	59260			.005659	335 44
46 WHOLE BLOOD & PACKED RED BLOO		8740	3037606	8892			.002877	26 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		149476	14822588	17658			.010084	178 49
49.01 SLEEP LAB		78128	1910370				.040897	49.01
50 PHYSICAL THERAPY		194857	4140731	152999			.047059	7200 50
51 OCCUPATIONAL THERAPY		48512	2105656	141882			.023039	3269 51
52 SPEECH PATHOLOGY		12350	605164	37186			.020408	759 52
53.01 INFUSION THERAPY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		45993	145485				.316136	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		78182	43235046	183670			.001808	332 56
57 RENAL DIALYSIS		9645	2055070	38521			.004693	181 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		926	237450				.003900	60
60.01 SUBSTANCE ABUSE CENTER								60.01
60.02 OUTPATIENT PSYCHIATRY								60.02
60.03 DIABETES CENTER		4933	21351				.231043	60.03
60.04 PAIN CLINIC								60.04
61 EMERGENCY		458774	20413296				.022474	61
62 OBSERVATION BEDS (NON-DISTINC		74012	1241414				.059619	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2740289	207701227	649126				12372 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 [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 INFUSION THERAPY							53.01
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
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER							60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY							61
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 [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22169900					37
38 RECOVERY ROOM		4527151					38
40 ANESTHESIOLOGY		3653066					40
41 RADIOLOGY-DIAGNOSTIC		46577452			6866		41
41.01 MRI		3579950			2192		41.01
41.02 OUTPATIENT ONCOLOGY							41.02
44 LABORATORY		33222481			59260		44
46 WHOLE BLOOD & PACKED RED BLOO		3037606			8892		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14822588			17658		49
49.01 SLEEP LAB		1910370					49.01
50 PHYSICAL THERAPY		4140731			152999		50
51 OCCUPATIONAL THERAPY		2105656			141882		51
52 SPEECH PATHOLOGY		605164			37186		52
53.01 INFUSION THERAPY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		145485					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		43235046			183670		56
57 RENAL DIALYSIS		2055070			38521		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		237450					60
60.01 SUBSTANCE ABUSE CENTER							60.01
60.02 OUTPATIENT PSYCHIATRY							60.02
60.03 DIABETES CENTER		21351					60.03
60.04 PAIN CLINIC							60.04
61 EMERGENCY		20413296					61
62 OBSERVATION BEDS (NON-DISTINC		1241414					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		207701227			649126		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 [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
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
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
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

	HOSPITAL (PPS) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	24006	9584	2860				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24006	9584	2860				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24006	9584	2860				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)	11912	3774	1931				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21076387	4589984	2828406				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	21076387	4589984	2828406				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52948949	13748002	3943508				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52948949	13748002	3943508				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.398051	.333866	.717231				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2205.65	1434.47	1378.85				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	21076387	4589984	2828406				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) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	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	877.96	478.92	988.95		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10458260	1807444	1909662		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10458260	1807444	1909662		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	4251393	2658	1599.47	1510	2415200 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) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	10828250	265002	915536		48
49	TOTAL PROGRAM INPATIENT COSTS	23701710	2072446	2825198		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1195488	188662	275496		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	610856	10968	65456		51
52	TOTAL PROGRAM EXCLUDABLE COST	1806344	199630	340952		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	21895366	1872816	2484246		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) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS) (PPS)
 (14-0240)(14-S240)(14-T240)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	859	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	877.96	84
85 OBSERVATION BED COST	754168	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		21076387		754168		86
87 NEW CAPITAL-RELATED COST	2068377	21076387	.098137	754168	74012	87
88 NON PHYSICIAN ANESTHETIST		21076387		754168		88
89 MEDICAL EDUCATION		21076387		754168		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0240)	(OTHER) (14-S240)	(OTHER) (14-T240)				
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	24006	9584	2860				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24006	9584	2860				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24006	9584	2860				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)	6939	4310	483				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	2772						15
16 TITLE V OR XIX NURSERY DAYS	2154						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) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	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	21076387	4581813	2812658				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	21076387	4581813	2812658				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52948949	13748002	3943508				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52948949	13748002	3943508				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.398051	.333271	.713238				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2205.65	1434.47	1378.85				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	21076387	4581813	2812658				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) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	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	877.96	478.07	983.45		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6092164	2060482	475006		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6092164	2060482	475006		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)	2281293	2772	822.98	2154	1772699 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	4237478	2658	1594.24	499	795526 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) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	4430557	322206	183232		48
49	TOTAL PROGRAM INPATIENT COSTS	13090946	2382688	658238		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	756163	215457	68910		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	249506	13526	12372		51
52	TOTAL PROGRAM EXCLUDABLE COST	1005669	228983	81282		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) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		398	47			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/02/2009 14:04

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	859	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	877.96	84
85 OBSERVATION BED COST	754168	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0240)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		24988242		25
26 INTENSIVE CARE UNIT		4198071		26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388913	4671282	1816722	37
38 RECOVERY ROOM	.169429	697571	118189	38
40 ANESTHESIOLOGY	.127250	651269	82874	40
41 RADIOLOGY-DIAGNOSTIC	.159350	13494502	2150349	41
41.01 MRI	.087255	618090	53931	41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.147737	11465978	1693949	44
46 WHOLE BLOOD & PACKED RED BLOOD	.268379	1240478	332918	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.138442	7172668	992999	49
49.01 SLEEP LAB	.228920	136355	31214	49.01
50 PHYSICAL THERAPY	.454534	453987	206353	50
51 OCCUPATIONAL THERAPY	.353325	200775	70939	51
52 SPEECH PATHOLOGY	.387188	174732	67654	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	3.031790	3767	11421	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.121340	18048493	2190004	56
57 RENAL DIALYSIS	.311586	1151186	358693	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.651485			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	2.768676			60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.218460	2975562	650041	61
62 OBSERVATION BEDS (NON-DISTINCT	.607507			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		63156695	10828250	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		63156695		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S240)	<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		5414331		31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388913	22518	8758	37
38 RECOVERY ROOM	.169429			38
40 ANESTHESIOLOGY	.127250	54028	6875	40
41 RADIOLOGY-DIAGNOSTIC	.159350	30791	4907	41
41.01 MRI	.087255			41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.147737	438568	64793	44
46 WHOLE BLOOD & PACKED RED BLOOD	.268379			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.138442	32675	4524	49
49.01 SLEEP LAB	.228920	2572	589	49.01
50 PHYSICAL THERAPY	.454534	5832	2651	50
51 OCCUPATIONAL THERAPY	.353325	1812	640	51
52 SPEECH PATHOLOGY	.387188	984	381	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	3.031790			55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.121340	1022698	124094	56
57 RENAL DIALYSIS	.311586	7258	2261	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.651485			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	2.768676			60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.218460	203833	44529	61
62 OBSERVATION BEDS (NON-DISTINCT	.607507			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1823569	265002	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1823569		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T240)	<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
31.01 SUB-PROVIDER II		2670503		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388913			37
38 RECOVERY ROOM	.169429			38
40 ANESTHESIOLOGY	.127250			40
41 RADIOLOGY-DIAGNOSTIC	.159350	24149	3848	41
41.01 MRI	.087255	5931	518	41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.147737	301169	44494	44
46 WHOLE BLOOD & PACKED RED BLOOD	.268379	6449	1731	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.138442	133806	18524	49
49.01 SLEEP LAB	.228920	648	148	49.01
50 PHYSICAL THERAPY	.454534	840207	381903	50
51 OCCUPATIONAL THERAPY	.353325	768048	271371	51
52 SPEECH PATHOLOGY	.387188	131624	50963	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	3.031790			55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.121340	859627	104307	56
57 RENAL DIALYSIS	.311586	121086	37729	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.651485			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	2.768676			60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.218460			61
62 OBSERVATION BEDS (NON-DISTINCT	.607507			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3192744	915536	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3192744		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0240) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] 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		15344422		25
26 INTENSIVE CARE UNIT		1361603		26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388913	1491897	580218	37
38 RECOVERY ROOM	.169429	714713	121093	38
40 ANESTHESIOLOGY	.127250	457777	58252	40
41 RADIOLOGY-DIAGNOSTIC	.159350	3234003	515338	41
41.01 MRI	.087255	195959	17098	41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.147737	5274168	779190	44
46 WHOLE BLOOD & PACKED RED BLOOD	.268379	704849	189167	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.138442	2167802	300115	49
49.01 SLEEP LAB	.228920	48750	11160	49.01
50 PHYSICAL THERAPY	.454534	66760	30345	50
51 OCCUPATIONAL THERAPY	.353325	30549	10794	51
52 SPEECH PATHOLOGY	.387188	24083	9325	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	3.031790	83678	253694	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.121340	8528814	1034886	56
57 RENAL DIALYSIS	.311586	349991	109052	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.651485	294	192	60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	2.768676			60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.218460	1879696	410638	61
62 OBSERVATION BEDS (NON-DISTINCT	.607507			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		25253783	4430557	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		25253783		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-S240)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] 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		6182172		31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388913	21942	8534	37
38 RECOVERY ROOM	.169429			38
40 ANESTHESIOLOGY	.127250	52647	6699	40
41 RADIOLOGY-DIAGNOSTIC	.159350	44543	7098	41
41.01 MRI	.087255			41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.147737	531880	78578	44
46 WHOLE BLOOD & PACKED RED BLOOD	.268379	5043	1353	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.138442	40460	5601	49
49.01 SLEEP LAB	.228920	3315	759	49.01
50 PHYSICAL THERAPY	.454534	3568	1622	50
51 OCCUPATIONAL THERAPY	.353325	1905	673	51
52 SPEECH PATHOLOGY	.387188	1401	542	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	3.031790			55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.121340	1249526	151617	56
57 RENAL DIALYSIS	.311586	561	175	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.651485			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	2.768676			60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.218460	269865	58955	61
62 OBSERVATION BEDS (NON-DISTINCT	.607507			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2226656	322206	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2226656		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 type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T240)	<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
31.01 SUB-PROVIDER II		476532		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388913			37
38 RECOVERY ROOM	.169429			38
40 ANESTHESIOLOGY	.127250			40
41 RADIOLOGY-DIAGNOSTIC	.159350	6866	1094	41
41.01 MRI	.087255	2192	191	41.01
41.02 OUTPATIENT ONCOLOGY				41.02
44 LABORATORY	.147737	59260	8755	44
46 WHOLE BLOOD & PACKED RED BLOOD	.268379	8892	2386	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.138442	17658	2445	49
49.01 SLEEP LAB	.228920			49.01
50 PHYSICAL THERAPY	.454534	152999	69543	50
51 OCCUPATIONAL THERAPY	.353325	141882	50130	51
52 SPEECH PATHOLOGY	.387188	37186	14398	52
53.01 INFUSION THERAPY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	3.031790			55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.121340	183670	22287	56
57 RENAL DIALYSIS	.311586	38521	12003	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.651485			60
60.01 SUBSTANCE ABUSE CENTER				60.01
60.02 OUTPATIENT PSYCHIATRY				60.02
60.03 DIABETES CENTER	2.768676			60.03
60.04 PAIN CLINIC				60.04
61 EMERGENCY	.218460			61
62 OBSERVATION BEDS (NON-DISTINCT	.607507			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		649126	183232	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		649126		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0240)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	4372606					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4372606					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	8602626					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	159688					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	159688					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	314168					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	1153895					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	117.65					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	36.87					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	36.87					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	36.87					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	36.87					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..	33.37					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0240)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.303442				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.271122				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	0.271122				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	624319				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	624319				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]	1228279				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	2476917 0	2476917			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0737				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3357				4.01
4.02	SUM OF 4 AND 4.01	0.4094				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2299				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	3988268				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	24966918				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	24966918				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1853049				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1580810				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	28400777				16
17	PRIMARY PAYER PAYMENTS	7202				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	28393575				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1410932				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	301849				20
21	REIMBURSABLE BAD DEBTS	594419				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	416093				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	533068				21.02
22	SUBTOTAL	27096887				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0240)	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	27096887				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	26662558				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	434329				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	548192				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 (14-0240) 1	HOSPITAL (14-0240) 1.01	HOSPITAL (14-0240) 1.02	
1 MEDICAL AND OTHER SERVICES	547			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3495995			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3662280			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03	2887692			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	547			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	4507			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	4507			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	4507			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	3960			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	547			17
17.01 TOTAL PPS PAYMENTS	3662280			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0240) 1	HOSPITAL (14-0240) 1.01	HOSPITAL (14-0240) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	884765		18.01
19 SUBTOTAL	2778062		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	193342		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2971404		23
24 PRIMARY PAYER PAYMENTS	83		24
25 SUBTOTAL	2971321		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	273590		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	191513		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	250841		27.02
28 SUBTOTAL	3162834		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	3162834		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2777702		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	385132		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S240) 1	SUB I (14-S240) 1.01	SUB I (14-S240) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	422			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	307			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	307			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S240) 1	SUB I (14-S240) 1.01	SUB I (14-S240) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	307		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	307		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	307		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	307		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	307		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	215		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	92		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T240) 1	SUB II (14-T240) 1.01	SUB II (14-T240) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	80			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	80			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03	66			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	80			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T240) 1	SUB II (14-T240) 1.01	SUB II (14-T240) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	16		18.01
19 SUBTOTAL	64		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	64		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	64		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	64		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	64		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	64		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER 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 (14-0240) 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
(14-0240)
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 (14-0240) 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 (14-0240)

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		26410716		2777702	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	02/13/2009 145250			3.01
	TO .02	05/29/2009 106592			3.02
	PROVIDER .03			NONE	3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	251842			3.99
4 TOTAL INTERIM PAYMENTS		26662558		2777702	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
	TO .50				5.50
	PROVIDER .51	NONE		NONE	5.51
	TO .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	434329		385132	6.01
	PROVIDER TO .02				6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		27096887		3162834	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T240)

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		2821899		64	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .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		2821899		64	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 PROGRAM .02	102622			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2924521		64	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S240) (14-T240)

1	INPATIENT HOSPITAL SERVICES				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		2531886		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0617		1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		349317		1.04
1.05	OUTLIER PAYMENTS		68575		1.05
1.06	TOTAL PPS PAYMENTS		2949778		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)	2719370			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	309			1.09
1.10	NET IPF PPS ECT PAYMENTS	21128			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)	26.257534			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2740807			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	2740807			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)		7.835616		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	2740807	2949778		4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL	2740807	2949778		6
7	DEDUCTIBLES	113816	15712		7
8	SUBTOTAL	2626991	2934066		8
9	COINSURANCE	138754	21820		9
10	SUBTOTAL	2488237	2912246		10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	150828	17535		11
11.01	REDUCED REIMBURSABLE BAD DEBTS	105580	12275		11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	137884	14961		11.02
12	SUBTOTAL	2593817	2924521		12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S240)	SUB II (14-T240)	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		2593817	2924521			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		2488237	2821899			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		105580	102622			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0240) (OTHER)	SUB I (14-S240) (OTHER)	SUB II (14-T240) (OTHER)	SUB III SUB IV NF I
1	1	1	1	1
2	13090946	2382688	658238	1
3				2
4				3
5				4
6	13090946	2382688	658238	5
7				6
8				7
9	13090946	2382688	658238	8
				9
10				
11	25253783	2226656	649126	10
12				11
13				12
14				13
15				14
16	25253783	2226656	649126	15
				16
17				
18				17
19				18
20	25253783	2226656	649126	19
21	12162837			20
22		156032	9112	21
23	13090946	2382688	658238	22
				23
24				
25				24
26				25
27				26
28				27
29				28
30	13090946	2382688	658238	29
31				30
32	13090946	2382688	658238	31
33				32
				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 (14-0240) (OTHER) 1	SUB I (14-S240) (OTHER) 1	SUB II (14-T240) (OTHER) 1	SUB III 1
				SUB IV 1
				NF I 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35		156032	9112	34
36	13090946	2226656	649126	35
37				36
38				37
38.01				38
38.02				38.01
39				38.02
40	13090946	2226656	649126	39
41				40
42				41
43				42
44				43
45				44
46				45
47				46
48				47
49				48
50				49
51	13090946	2226656	649126	50
52				51
53				52
54				53
55	13090946	2226656	649126	54
56				55
57				56
57.01				57
58	13090946	2226656	649126	57.01
59				58
				59

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	41.24 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	41.24 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	31.35 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	31.35 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	26.37 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	4.50 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	30.87 3.09
3.10	SEE INSTRUCTIONS	30.87 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	4.50 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	5.00 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	5.00 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	4.83 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	4.83 3.16
3.17	SEE INSTRUCTIONS	99823.27 3.17
3.18	SEE INSTRUCTIONS	482146 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		33.99	3.19
3.20	SEE INSTRUCTIONS		27.25	3.20
3.21	SEE INSTRUCTIONS		29.20	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		29.20	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		102578.40	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		2995289	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		3477435	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		19127	4
5	TOTAL INPATIENT DAYS		38249	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.500065	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1738944	0	1738944	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		451	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		38249	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		35208	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		2055070	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. 14-0240 WESTLAKE COMMUNITY HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/02/2009 14:04

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	28599354	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	7202	15
16	TOTAL PART A REASONABLE COST	28592152	16
PART B REASONABLE COST			
17	REASONABLE COST	3497044	17
18	PRIMARY PAYER PAYMENTS	83	18
19	TOTAL PART B REASONABLE COST	3496961	19
20	TOTAL REASONABLE COST	32089113	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.891023	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.108977	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	1774152	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1580810	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	193342	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	12231	4
5	TOTAL INPATIENT DAYS	38249	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.319773	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	38249	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

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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	1201513			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6769420			4
5	OTHER RECEIVABLES	2771111			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	585517			7
8	PREPAID EXPENSES	194278			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	11521839			11
FIXED ASSETS					
12	LAND	4204069			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	4657214			13
13.01	ACCUMULATED DEPRECIATION	-4177949			13.01
14	BUILDINGS	70328442			14
14.01	ACCUMULATED DEPRECIATION	-53418661			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	51380216			16
16.01	ACCUMULATED DEPRECIATION	-50712713			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	22260618			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS				26
27	TOTAL ASSETS	33782457			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1111541			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	5250217			34
35	OTHER CURRENT LIABILITIES	28104193			35
36	TOTAL CURRENT LIABILITIES	34465951			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	28026185			38
39	UNSECURED LOANS	23713920			39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES	51740105			42
43	TOTAL LIABILITIES	86206056			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	-52423599			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	-52423599			51
52	TOTAL LIABILITIES AND FUND BALANCES	33782457			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	-51596894			1
2 NET INCOME (LOSS)	-826705			2
3 TOTAL	-52423599			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 EQUITY TRANSFERS				5
6 MISC				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	-52423599			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO AFFILIATE				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-52423599			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	56156902		56156902	2
2 SUBPROVIDER I	13748002		13748002	2
2.01 SUBPROVIDER II	3943508		3943508	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	73848412		73848412	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT	7269675		7269675	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	7269675		7269675	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	81118087		81118087	16
17 ANCILLARY SERVICES	129273189		129273189	17
18 OUTPATIENT SERVICES		78428038	78428038	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 POB		4507813	4507813	24
24.01 PROFESSIONAL FEES	4407564	11151109	15558673	24.01
25 TOTAL PATIENT REVENUES	214798840	94086960	308885800	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		93805527	26
27 ADD (SPECIFY)			27
28			28
29 BAD DEBTS	6902660		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		6902660	33
34 DEDUCT (SPECIFY)			34
35 AUDIT AJE'S	-130855		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-130855		39
40 TOTAL OPERATING EXPENSES		100577332	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	308885800	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	212785657	2
3	NET PATIENT REVENUES	96100143	3
4	LESS - TOTAL OPERATING EXPENSES	100577332	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4477189	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INTEREST INCOME	824645	24
24.01	AUXILARY SERVICES	2817062	24.01
24.02	INTEREST INCOME	8777	24.02
25	TOTAL OTHER INCOME	3650484	25
26	TOTAL	-826705	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-826705	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0240)	HOSPITAL (14-0240)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	1445228				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	61689				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	70.70				4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]					
4.01 NO. OF INTERNS & RESIDENTS	35.70	0.00			4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	221264				4.03
DISPROPORTIONATE SHARE ADJUSTMENT					
5	0.0737				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.3357				5.01
5.02 SUM OF LINES 5 AND 5.01	0.4094				5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0864				5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT	124868				5.04
6	1853049				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 CASHIERING					6.01
6.07 ADMIN & GENERAL OTHER					6.07
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
31.01 SUB-PROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 OUTPATIENT ONCOLOGY					41.02
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 INFUSION THERAPY					53.01
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
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 SUBSTANCE ABUSE CENTER					60.01
60.02 OUTPATIENT PSYCHIATRY					60.02
60.03 DIABETES CENTER					60.03
60.04 PAIN CLINIC					60.04
61 EMERGENCY					61
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
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98

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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	
98.01 COMMUNITY EDUCATION						98.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	49.62		28.91				78.53 25
26 INTENSIVE CARE UNIT	56.81		18.77				75.58 26
33 NURSERY			77.71				77.71 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	21.07	14.40	6.73				42.20 37
38 RECOVERY ROOM	15.41	9.00	15.79				40.20 38
40 ANESTHESIOLOGY	17.83	10.87	12.53				41.23 40
41 RADIOLOGY-DIAGNOSTIC	28.97	16.64	6.94				52.55 41
41.01 MRI	17.27	15.60	5.47				38.34 41.01
44 LABORATORY	34.51	0.76	15.88				51.15 44
46 WHOLE BLOOD & PACKED RED BLOOD	40.84	1.55	23.20				65.59 46
49 RESPIRATORY THERAPY	48.39	6.27	14.62				69.28 49
49.01 SLEEP LAB	7.14	19.97	2.55				29.66 49.01
50 PHYSICAL THERAPY	10.96		1.61				12.57 50
51 OCCUPATIONAL THERAPY	9.54		1.45				10.99 51
52 SPEECH PATHOLOGY	28.87		3.98				32.85 52
55 MEDICAL SUPPLIES CHARGED TO PAT	2.59	3.14	57.52				63.25 55
56 DRUGS CHARGED TO PATIENTS	41.75	2.42	19.73				63.90 56
57 RENAL DIALYSIS	56.02		17.03				73.05 57
60 CLINIC		30.58	0.12				30.70 60
60.03 DIABETES CENTER		6.02					6.02 60.03
61 EMERGENCY	14.58	5.98	9.21				29.77 61
62 OBSERVATION BEDS (NON-DISTINCT		16.78					16.78 62
101 TOTAL CHARGES	21.87	5.70	8.74				36.31 101

***** 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	39.38		44.97				84.35 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.10		0.10				0.20 37
40 ANESTHESIOLOGY	1.48		1.44				2.92 40
41 RADIOLOGY-DIAGNOSTIC	0.07		0.10				0.17 41
44 LABORATORY	1.32		1.60				2.92 44
46 WHOLE BLOOD & PACKED RED BLOOD			0.17				0.17 46
49 RESPIRATORY THERAPY	0.22	0.01	0.27				0.50 49
49.01 SLEEP LAB	0.13		0.17				0.30 49.01
50 PHYSICAL THERAPY	0.14		0.09				0.23 50
51 OCCUPATIONAL THERAPY	0.09		0.09				0.18 51
52 SPEECH PATHOLOGY	0.16		0.23				0.39 52
56 DRUGS CHARGED TO PATIENTS	2.37		2.89				5.26 56
57 RENAL DIALYSIS	0.35		0.03				0.38 57
61 EMERGENCY	1.00		1.32				2.32 61
101 TOTAL CHARGES	0.63		0.77				1.40 101

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

SUBPROVIDER II

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							
31.01 SUB-PROVIDER II	67.52		16.89				84.41 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.05		0.01				0.06 41
41.01 MRI	0.17		0.06				0.23 41.01
44 LABORATORY	0.91		0.18				1.09 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.21		0.29				0.50 46
49 RESPIRATORY THERAPY	0.90		0.12				1.02 49
49.01 SLEEP LAB	0.03						0.03 49.01
50 PHYSICAL THERAPY	20.29		3.69				23.98 50
51 OCCUPATIONAL THERAPY	36.48		6.74				43.22 51
52 SPEECH PATHOLOGY	21.75		6.14				27.89 52
56 DRUGS CHARGED TO PATIENTS	1.99		0.42				2.41 56
57 RENAL DIALYSIS	5.89		1.87				7.76 57
101 TOTAL CHARGES	1.11		0.22				1.33 101

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	2507349	3.15	-2507349	-6.89		3
4	NEW CAP REL COSTS-MVBLE EQUIP	3634998	4.57	-3634998	-9.98		4
5	EMPLOYEE BENEFITS	6513091	8.19	-6513091	-17.89		5
6.01	CASHIERING	832439	1.05	-832439	-2.29		6.01
6.07	ADMIN & GENERAL OTHER	3579215	4.50	-3579215	-9.83		6.07
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	5498060	6.91	-5498060	-15.10		8
9	LAUNDRY & LINEN SERVICE	467479	.59	-467479	-1.28		9
10	HOUSEKEEPING	1307610	1.64	-1307610	-3.59		10
11	DIETARY	1568173	1.97	-1568173	-4.31		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	718510	.90	-718510	-1.97		14
15	CENTRAL SERVICES & SUPPLY	313212	.39	-313212	-.86		15
16	PHARMACY	4215286	5.30	-4215286	-11.58		16
17	MEDICAL RECORDS & LIBRARY	1111926	1.40	-1111926	-3.05		17
18	SOCIAL SERVICE	703986	.89	-703986	-1.93		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	2433264	3.06	-2433264	-6.68		22
23	I&R SERVICES-OTHER PRGM COSTS A	1004580	1.26	-1004580	-2.76		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	11864845	14.92	11981796	32.91	23846641	29.98
26	INTENSIVE CARE UNIT	2753493	3.46	1884250	5.18	4637743	5.83
31	SUBPROVIDER I	2403344	3.02	2178469	5.98	4581813	5.76
31.01	SUB-PROVIDER II	1307289	1.64	1505369	4.13	2812658	3.54
33	NURSERY	1557972	1.96	723321	1.99	2281293	2.87
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	5816484	7.31	2932081	8.05	8748565	11.00
38	RECOVERY ROOM	407741	.51	359289	.99	767030	.96
40	ANESTHESIOLOGY	379469	.48	85383	.23	464852	.58
41	RADIOLOGY-DIAGNOSTIC	4994670	6.28	2522225	6.93	7516895	9.45
41.01	MRI	197287	.25	115080	.32	312367	.39
41.02	OUTPATIENT ONCOLOGY						41.02
44	LABORATORY	3641070	4.58	1393508	3.83	5034578	6.33
46	WHOLE BLOOD & PACKED RED BLOOD	707703	.89	107528	.30	815231	1.02
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1309506	1.65	1206022	3.31	2515528	3.16
49.01	SLEEP LAB	193903	.24	243419	.67	437322	.55
50	PHYSICAL THERAPY	1144551	1.44	800752	2.20	1945303	2.45
51	OCCUPATIONAL THERAPY	501726	.63	368654	1.01	870380	1.09
52	SPEECH PATHOLOGY	163538	.21	70774	.19	234312	.29
53.01	INFUSION THERAPY						53.01

COST CENTER	---	DIRECT COSTS	---	ALLOCATED	OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
55 MEDICAL SUPPLIES CHARGED TO PAT			441080	1.21	441080	.55	55	
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30	
56 DRUGS CHARGED TO PATIENTS			5246119	14.41	5246119	6.60	56	
57 RENAL DIALYSIS	571915	.72	68416	.19	640331	.81	57	
60 CLINIC	124558	.16	30137	.08	154695	.19	60	
60.01 SUBSTANCE ABUSE CENTER							60.01	
60.02 OUTPATIENT PSYCHIATRY							60.02	
60.03 DIABETES CENTER	38125	.05	20989	.06	59114	.07	60.03	
60.04 PAIN CLINIC							60.04	
61 EMERGENCY	2618582	3.29	1967315	5.40	4585897	5.77	61	
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	25208	.03	11481	.03	36689	.05	96	
98 PHYSICIANS' PRIVATE OFFICES			33281	.09	33281	.04	98	
98.01 COMMUNITY EDUCATION	407304	.51	112440	.31	519744	.65	98.01	
101 CROSS FOOT ADJUSTMENTS							101	
102 NEGATIVE COST CENTER							102	
103 TOTAL	79539461	100.00	0	.00	79539461	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	716349	22169900	.032312	4671282	150938	37
38 RECOVERY ROOM	96362	4527151	.021285	697571	14848	38
40 ANESTHESIOLOGY	11117	3653066	.003043	651269	1982	40
41 RADIOLOGY-DIAGNOSTIC	544151	46577452	.011683	13494502	157656	41
41.01 MRI	19788	3579950	.005527	618090	3416	41.01
41.02 OUTPATIENT ONCOLOGY						41.02
44 LABORATORY	187994	33222481	.005659	11465978	64886	44
46 WHOLE BLOOD & PACKED RED BLOOD	8740	3037606	.002877	1240478	3569	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	149476	14822588	.010084	7172668	72329	49
49.01 SLEEP LAB	78128	1910370	.040897	136355	5577	49.01
50 PHYSICAL THERAPY	194857	4140731	.047059	453987	21364	50
51 OCCUPATIONAL THERAPY	48512	2105656	.023039	200775	4626	51
52 SPEECH PATHOLOGY	12350	605164	.020408	174732	3566	52
53.01 INFUSION THERAPY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	45993	145485	.316136	3767	1191	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	78182	43235046	.001808	18048493	32632	56
57 RENAL DIALYSIS	9645	2055070	.004693	1151186	5403	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	926	237450	.003900			60
60.01 SUBSTANCE ABUSE CENTER						60.01
60.02 OUTPATIENT PSYCHIATRY						60.02
60.03 DIABETES CENTER	4933	21351	.231043			60.03
60.04 PAIN CLINIC						60.04
61 EMERGENCY	458774	20413296	.022474	2975562	66873	61
62 OBSERVATION BEDS (NON-DISTINCT	74012	1241414	.059619			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	2740289	207701227		63156695	610856	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	2068377		2068377	24006	86.16	11912	1026338 25
26	INTENSIVE CARE UNIT	297742		297742	2658	112.02	1510	169150 26
101	TOTAL	2366119		2366119			13422	1195488 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1195488	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							610856	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1806344	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2356	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							13422	
PER DISCHARGE CAPITAL COSTS							766.70	
PER DIEM CAPITAL COSTS							134.58	

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)	21895366
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	92343008
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.237

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))	2825198
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	5870198
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.481

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2072446
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	7237900
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.286

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)	1806344
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.020

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	3495995
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	16470313
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.212