

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MEMORIAL HOSPITAL (14-1338) (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	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	547627	293137	261704	2
3	SWING BED - SNF	57055			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	604682	293137	261704	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: 1900 STATE STREET P.O. BOX: 1  
 1.01 CITY: CHESTER STATE: IL ZIP CODE: 62233 COUNTY: RANDOLPH 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	MEMORIAL HOSPITAL	14-1338	09/01/2004	N	O	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF	MEMORIAL HOSPITAL-SWING BEDS	14-Z338	09/01/2004	N	O	N	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 8 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19  
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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. 2 N Y 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. 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. 21.05

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? NO 25.01

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

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

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 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) 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		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.	YES	01/27/1998		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00	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?	YES			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES			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.	NO			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO			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)	NO			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.	NO			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
<p style="text-align: right;">V            XVIII    XIX</p> <p style="text-align: right;">1            2            3</p>					
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 271823 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.			YES		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				NO		0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO					57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO					58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO					59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

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





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		666	73	1059	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		666	73	1059	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. 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	8241044			415359.20			1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	9213	50029		4352.90		CARD REHAB/CLIN	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	93471			1273.83		MANGEMENT INVOICES	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	766576			5868.65		TIME STUDIES/AP	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	2427422					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	17572					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	130005			6254.00			21
22	ADMINISTRATIVE & GENERAL	1031314	-5060		51321.30			22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	77183			1674.59			22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	348897			16688.30			24
25	LAUNDRY & LINEN SERVICE	53114			4397.10			25
26	HOUSEKEEPING	251324	-6736		23849.50			26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	313683	-142017		13686.50			27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		121439		13496.00			28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	406061			14417.30			30
31	CENTRAL SERVICES AND SUPPLY	46630			3897.80			31
32	PHARMACY	282587			8092.50			32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	381820			26525.10			33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	8318227		8318227	417033.79	19.95	1
2	EXCLUDED AREA SALARIES	9213	50029	59242	4352.90	13.61	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	8309014	-50029	8258985	412680.89	20.01	3
4	SUBTOTAL OTHER WAGES & REL COSTS	860047		860047	7142.48	120.41	4
5	SUBTOTAL WAGE-RELATED COSTS	2427422		2427422		29.39%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	11596483	-50029	11546454	419823.37	27.50	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	3322618	-32374	3290244	184299.99	17.85	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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1301514	1301514	-869271	432243		432243	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1278613	1278613		1278613	4
5	0500 EMPLOYEE BENEFITS	130005	2455115	2585120		2585120		2585120	5
6.01	0601 COMMUNICATIONS	42098	67000	109098	-12642	96456	-6925	89531	6.01
6.02	0602 DATA PROCESSING	142024	145476	287500		287500		287500	6.02
6.03	0603 PURCHASING	52991	4038	57029		57029		57029	6.03
6.04	0604 ADMITTING	127532	13883	141415		141415		141415	6.04
6.05	0605 CREDIT AND COLLECTIONS	154758	90594	245352		245352		245352	6.05
6.06	0606 OTHER ADMINISTRATIVE & GENERAL	511911	1733625	2245536	-5815	2239721	-1152272	1087449	6.06
8	0800 OPERATION OF PLANT	348897	515490	864387	-18242	846145	-5501	840644	8
9	0900 LAUNDRY & LINEN SERVICE	53114	73873	126987		126987		126987	9
10	1000 HOUSEKEEPING	251324	46334	297658	-6736	290922		290922	10
11	1100 DIETARY	313683	228430	542113	-239621	302492	-3749	298743	11
12	1200 CAFETERIA				204900	204900	-44533	160367	12
14	1400 NURSING ADMINISTRATION	406061	6327	412388		412388		412388	14
15	1500 CENTRAL SERVICES & SUPPLY	46630	505462	552092	-528637	23455		23455	15
16	1600 PHARMACY	282587	485326	767913	-456327	311586		311586	16
17	1700 MEDICAL RECORDS & LIBRARY	381820	63014	444834		444834	-2552	442282	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	1639209	83131	1722340		1722340	-1209	1721131	25
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	532253	643614	1175867	-60500	1115367	-460000	655367	37
41	4100 RADIOLOGY-DIAGNOSTIC	750595	610239	1360834	-299968	1060866	-14425	1046441	41
44	4400 LABORATORY	728489	807909	1536398	-4631	1531767		1531767	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	24091	78005	102096	4631	106727		106727	46
49	4900 RESPIRATORY THERAPY	267725	83723	351448	-26921	324527	-1375	323152	49
50	5000 PHYSICAL THERAPY	463670	68951	532621	33484	566105		566105	50
52	5200 SPEECH PATHOLOGY		43150	43150		43150		43150	52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				332619	332619	-29045	303574	55
55.01	5501 IMPLANTABLE SUPPLIES				196018	196018	-12947	183071	55.01
55.02	5502 PACEMAKERS				26561	26561	-1754	24807	55.02
56	5600 DRUGS CHARGED TO PATIENTS				412587	412587	-27251	385336	56
59	3950 CARDIAC REHAB	24392	3758	28150	-28150				59
59.01	3951 CHEMOTHERAPY	100846	683403	784249		784249		784249	59.01
59.02	3550 PSYCHIATRIC SERVICES	101714	3516	105230		105230		105230	59.02
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	90625	84491	175116		175116	-80004	95112	60
61	6100 EMERGENCY	262787	1153046	1415833		1415833	-380697	1035136	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	8231831	12082437	20314268	-68048	20246220	-2224239	18021981	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN				5177	5177		5177	96
98	9800 PHYSICIANS' PRIVATE OFFICES	9213	2315	11528		11528		11528	98
99.01	9901 CARDIAC REHAB				28150	28150	-1068	27082	99.01
100	7950 NON-ALLOWABLE COSTS				34721	34721		34721	100
100.01	7951 TRANSITIONAL CARE								100.01
101	TOTAL	8241044	12084752	20325796		20325796	-2225307	18100489	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS DRUG COST	A	DRUGS CHARGED TO PATIENTS	56		289693 1
2 TO RECLASS DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		869271 2
3 TO RECLASS MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		332619 3
4 TO RECLASS MEDICAL SUPPLIES	C	IMPLANTABLE SUPPLIES	55.01		196018 4
5 TO RECLASS PACEMAKER SUPPLIES	C	PACEMAKERS	55.02		26561 5
6 TO RECLASS IV THERAPY	D	DRUGS CHARGED TO PATIENTS	56		42641 6
7 TO RECLASS DRUGS	D	DRUGS CHARGED TO PATIENTS	56		80253 7
8 CARDIAC REHAB	E	CARDIAC REHAB	99.01	24391	3759 8
9 CAFETERIA	F	CAFETERIA	12	121439	83461 9
10 NON REIMB MEALS	F	NON-ALLOWABLE COSTS	100	20578	14143 10
11 BLOOD BANK	G	WHOLE BLOOD & PACKED RED BLOO	46	2805	1826 11
12 LEASE/RENTAL	H	NEW CAP REL COSTS-MVBLE EQUIP	4		25 12
13	H	NEW CAP REL COSTS-MVBLE EQUIP	4		43740 13
14	H	NEW CAP REL COSTS-MVBLE EQUIP	4		60500 14
15	H	NEW CAP REL COSTS-MVBLE EQUIP	4		900 15
16	H	NEW CAP REL COSTS-MVBLE EQUIP	4		299068 16
17	H	NEW CAP REL COSTS-MVBLE EQUIP	4		360 17
18	H	NEW CAP REL COSTS-MVBLE EQUIP	4		4749 18
19 AUXILLARY	I	GIFT, FLOWER, COFFEE SHOP & C	96	5060	117 19
20 PT BUILDING HOUSEKEEPING	J	PHYSICAL THERAPY	50	6736	20
21 PT BUILDING UTILITIES	K	PHYSICAL THERAPY	50		18242 21
22 PT BUILDING PHONES	K	PHYSICAL THERAPY	50		613 22
23 PT BUILDING PHONES	K	PHYSICAL THERAPY	50		12642 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				181009	2381201 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 TO RECLASS DRUG COST	A	PHARMACY	16		289693	1
2 TO RECLASS DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		869271	9 2
3 TO RECLASS MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		332619	3
4 TO RECLASS MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		196018	4
5 TO RECLASS PACEMAKER SUPPLIES	C	RESPIRATORY THERAPY	49		26561	5
6 TO RECLASS IV THERAPY	D	PHARMACY	16		42641	6
7 TO RECLASS DRUGS	D	PHARMACY	16		80253	7
8 CARDIAC REHAB	E	CARDIAC REHAB	59	24391	3759	8
9 CAFETERIA	F	DIETARY	11	121439	83461	9
10 NON REIMB MEALS	F	DIETARY	11	20578	14143	10
11 BLOOD BANK	G	LABORATORY	44	2805	1826	11
12 LEASE/RENTAL	H	OTHER ADMINISTRATIVE & GENERA	6.06		25	9 12
13	H	PHARMACY	16		43740	9 13
14	H	OPERATING ROOM	37		60500	9 14
15	H	RADIOLOGY-DIAGNOSTIC	41		900	9 15
16	H	RADIOLOGY-DIAGNOSTIC	41		299068	9 16
17	H	RESPIRATORY THERAPY	49		360	9 17
18	H	PHYSICAL THERAPY	50		4749	9 18
19 AUXILLARY	I	OTHER ADMINISTRATIVE & GENERA	6.06	5060	117	19
20 PT BUILDING HOUSEKEEPING	J	HOUSEKEEPING	10	6736		20
21 PT BUILDING UTILITIES	K	OPERATION OF PLANT	8		18242	21
22 PT BUILDING PHONES	K	OTHER ADMINISTRATIVE & GENERA	6.06		613	22
23 PT BUILDING PHONES	K	COMMUNICATIONS	6.01		12642	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				181009	2381201	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	188973					188973		1
2 LAND IMPROVEMENTS	418652	10589		10589		429241		2
3 BUILDINGS AND FIXTURES	11795344	512518		512518	25676	12282186		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	947664	28935		28935	44287	932312		5
6 MOVABLE EQUIPMENT	8112396	671537		671537	202384	8581549		6
7 SUBTOTAL	21463029	1223579		1223579	272347	22414261		7
8 RECONCILING ITEMS								8
9 TOTAL	21463029	1223579		1223579	272347	22414261		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	13214499		13214499	.606280				3
4 NEW CAP REL COSTS-MVBLE EQUIP	8581549		8581549	.393720				4
5 TOTAL	21796048		21796048	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	432243						432243 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1278613						1278613 4
5 TOTAL	1710856						1710856 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1301514						1301514 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	1301514						1301514 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			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-1953	OTHER ADMINISTRATIVE & GENERAL	6.06	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-5280	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-462076			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-44533	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-7076	MEDICAL SUPPLIES CHARGED TO PAT	55	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1980	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37 MEALS ON WHEELS	B	-3749	DIETARY	11	37
38					38
39 MISC INCOME	B	-1120	OTHER ADMINISTRATIVE & GENERAL	6.06	39
39.50 REBATES	B	-27251	DRUGS CHARGED TO PATIENTS	56	39.50
39.51 REBATES	B	-21969	MEDICAL SUPPLIES CHARGED TO PAT	55	39.51
39.52 REBATES	B	-12947	IMPLANTABLE SUPPLIES	55.01	39.52
39.53 REBATE	B	-1754	PACEMAKERS	55.02	39.53
40 PATIENT PHONE SERVICE-COST	A	-1645	COMMUNICATIONS	6.01	40
40.01 CRNA FEES	A	-460000	OPERATING ROOM	37	40.01
40.02 DICTATION FEES	B	-572	MEDICAL RECORDS & LIBRARY	17	40.02
40.03 ADMINISTRATIVE & GENERAL - MISC	B	-617	OTHER ADMINISTRATIVE & GENERAL	6.06	40.03
40.06 PROVISION FOR BAD DEBTS	A	-863840	OTHER ADMINISTRATIVE & GENERAL	6.06	40.06
41 BIO MED AND MAINTENANCE MISC IN	B	-704	OPERATION OF PLANT	8	41
42 NON ALLOWABLE SALARIES	A	-22210	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 NON ALLOWABLE OTHER	A	-129323	OTHER ADMINISTRATIVE & GENERAL	6.06	43
43.01 NON ALLOWABLE DEPR & LEASE	A	-7461	OTHER ADMINISTRATIVE & GENERAL	6.06	43.01
44 CRNA AND MD BILLING EXPENSE	A	-53939	OTHER ADMINISTRATIVE & GENERAL	6.06	44
45 MISC INC - MRI TECH LEASE REDUCTI	B	-9825	RADIOLOGY-DIAGNOSTIC	41	45
46					46
47 MISC INC ANALYSIS 5010-0220	B	-4797	OPERATION OF PLANT	8	47
48					48
49 ADVERTISING	A	-1068	CARDIAC REHAB	99.01	49
49.02 MISC REV PET SCANNER	A	-4600	RADIOLOGY-DIAGNOSTIC	41	49.02
49.03 NON-ALLOWABLE MALPRACTICE	A	-71809	OTHER ADMINISTRATIVE & GENERAL	6.06	49.03
49.05 HOSPICE	A	-1209	ADULTS & PEDIATRICS	25	49.05
50 TOTAL		-2225307			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						1
2						2
3						3
4						4
5	TOTALS					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 -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5

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

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

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KPMG LLP COMPU-MAX MICRO SYSTEM  
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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	44	LABORATORY /LAB	20800		20800				
2	49	RESPIRATORY THERAPY /EEG	1375	1375					
3	61	EMERGENCY /ER	1126473	380697	745776				
4	60	CLINIC AGGREGATE	80004	80004					
101		TOTAL	1228652	462076	766576				

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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.		12	13	14	15	16	17	18
10	11							
1	44 LABORATORY /LAB							1375
2	49 RESPIRATORY THERAPY /EEG							380697
3	61 EMERGENCY /ER							80004
4	60 CLINIC AGGREGATE							462076
101	TOTAL							

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS I & II

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)					52	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK					780	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE						3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE						4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS						5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS						6
7	STANDARD TRAVEL EXPENSE RATE						7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE						8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
9	TOTAL HOURS WORKED		631.00				9
10	AHSEA		68.01				10
11	STANDARD TRAVEL ALLOWANCE	34.01	34.01				11
12	NO OF TRAVEL HRS (PROV SITE)						12
12.01	NO OF TRAVEL HRS (OFFSITE)						12.01
13	MILES DRIVEN (PROV SITE)						13
13.01	MILES DRIVEN (OFFSITE)						13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS						14
15	THERAPISTS					42914	15
16	ASSISTANTS						16
17	SUBTOTAL ALLOWANCE AMOUNT					42914	17
18	AIDES						18
19	TRAINEES						19
20	TOTAL ALLOWANCE AMOUNT					42914	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES					68.01	21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES					53048	22
23	TOTAL SALARY EQUIVALENCY					53048	23

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS III & IV

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE

24	THERAPISTS	24
25	ASSISTANTS	25
26	SUBTOTAL	26
27	STANDARD TRAVEL EXPENSE	27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	28

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS	29
30	ASSISTANTS	30
31	SUBTOTAL	31
32	OPTIONAL TRAVEL EXPENSE	32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE

36	THERAPISTS	36
37	ASSISTANTS	37
38	SUBTOTAL	38
39	STANDARD TRAVEL EXPENSE	39

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

40	THERAPISTS	40
41	ASSISTANTS	41
42	SUBTOTAL	42
43	OPTIONAL TRAVEL EXPENSE	43

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES

44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	46

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS V,VI & VII

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

	THERAPISTS 1	ASSISTANTS 2	AIDES 3	TRAINEES 4	TOTAL 5	
47						47
48						48
49						49
50						50
51						51
52						52
53						53
54						54
55						55
56						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57					53048	57
58						58
59						59
60						60
61						61
62						62
63					53048	63
64					45131	64
65						65

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS V, VI & VII

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	45131	66
67	TOTAL COST	45131	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	1.000000	68
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS I & II

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)					52	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK					780	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE					365	3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE						4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS						5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS						6
7	STANDARD TRAVEL EXPENSE RATE						7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE						8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
9	TOTAL HOURS WORKED		235.00				9
10	AHSEA		61.93				10
11	STANDARD TRAVEL ALLOWANCE	30.97	30.97				11
12	NO OF TRAVEL HRS (PROV SITE)						12
12.01	NO OF TRAVEL HRS (OFFSITE)						12.01
13	MILES DRIVEN (PROV SITE)						13
13.01	MILES DRIVEN (OFFSITE)						13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS						14
15	THERAPISTS					14554	15
16	ASSISTANTS						16
17	SUBTOTAL ALLOWANCE AMOUNT					14554	17
18	AIDES						18
19	TRAINEES						19
20	TOTAL ALLOWANCE AMOUNT					14554	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES					61.93	21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES					48305	22
23	TOTAL SALARY EQUIVALENCY					48305	23

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS III & IV

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS	11304 24
25	ASSISTANTS	25
26	SUBTOTAL	11304 26
27	STANDARD TRAVEL EXPENSE	27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	11304 28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS	29
30	ASSISTANTS	30
31	SUBTOTAL	31
32	OPTIONAL TRAVEL EXPENSE	32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	11304 33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE		
36	THERAPISTS	36
37	ASSISTANTS	37
38	SUBTOTAL	38
39	STANDARD TRAVEL EXPENSE	39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
40	THERAPISTS	40
41	ASSISTANTS	41
42	SUBTOTAL	42
43	OPTIONAL TRAVEL EXPENSE	43
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES		
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	46

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
 FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
 PARTS V,VI & VII

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

	THERAPISTS 1	ASSISTANTS 2	AIDES 3	TRAINEES 4	TOTAL 5	
47						47
48						48
49						49
50						50
51						51
52						52
53						53
54						54
55						55
56						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57					48305	57
58					11304	58
59						59
60						60
61						61
62						62
63					59609	63
64					13380	64
65						65

PROVIDER NO. 14-1338 MEMORIAL HOSPITAL  
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS V,VI & VII

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	13380	66
67	TOTAL COST	13380	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	1.000000	68
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	COMMUNICA-	DATA	PURCHASING	ADMITTING
	FOR COST	REL COSTS	REL COSTS	BENEFITS	TION	PROCESSING		
	ALLOCATION	BLDG&FIXT	MOV	EQUIP				
	0	3	4	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT	432243	432243						3
4 NEW CAP REL COSTS-MVBLE EQUIP	1278613		1278613					4
5 EMPLOYEE BENEFITS	2585120	6327	18715	2610162				5
6.01 COMMUNICATIONS	89531	555	1641	13547	105274			6.01
6.02 DATA PROCESSING	287500	1942	5745	45704	2009	342900		6.02
6.03 PURCHASING	57029	10632	31450	17053	1607	842	118613	6.03
6.04 ADMITTING	141415	1516	4484	41040	1205	13251	558	203469 6.04
6.05 CREDIT AND COLLECTIONS	245352	9963	29471	49802	4018	20549	355	6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	1087449	51911	153556	163107	21295	27074	5949	6.06
8 OPERATION OF PLANT	840644	64064	189508	112276	2813	703	4933	8
9 LAUNDRY & LINEN SERVICE	126987	4246	12559	17092	402	19	3207	9
10 HOUSEKEEPING	290922	6663	19711	78709	402	571	2133	10
11 DIETARY	298743	5420	16033	55243	2009	3421	1538	11
12 CAFETERIA	160367	9091	26892	39080	402			12
14 NURSING ADMINISTRATION	412388	8328	24635	130672	3214	13359	96	14
15 CENTRAL SERVICES & SUPPLY	23455	5945	17586	15006	1607	805	157	15
16 PHARMACY	311586	5544	16399	90938	2009	12920	737	16
17 MEDICAL RECORDS & LIBRARY	442282	18311	54165	122871	9242	38707	1667	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1721131	48720	144118	527502	7634	79415	2320	17478 25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	655367	41621	123117	171281	7233	8799	4726	12877 37
41 RADIOLOGY-DIAGNOSTIC	1046441	26282	77745	241544	7634	4771	5878	52244 41
44 LABORATORY	1531767	12187	36052	233528	5224	72023	35220	33882 44
46 WHOLE BLOOD & PACKED RED BLOOD	106727	713	2110	8655	402	1894		1093 46
49 RESPIRATORY THERAPY	323152	8848	26174	86155	3616	6341	1504	11358 49
50 PHYSICAL THERAPY	566105	31152	92151	151379	6429	11109	642	9578 50
52 SPEECH PATHOLOGY	43150					94		919 52
55 MEDICAL SUPPLIES CHARGED TO PAT	303574						15464	21434 55
55.01 IMPLANTABLE SUPPLIES	183071						9113	1632 55.01
55.02 PACEMAKERS	24807						1235	265 55.02
56 DRUGS CHARGED TO PATIENTS	385336						19182	22389 56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	784249	6708	19843	32453	1607	4499	583	8492 59.01
59.02 PSYCHIATRIC SERVICES	105230	2368	7005	32732	804	843	127	544 59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	95112	8833	26130	29163	6027	7402	205	1478 60
61 EMERGENCY	1035136	23226	68703	84566	4822	8826	1011	7806 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	18021981	421116	1245698	2591098	103666	338237	118540	203469 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	5177	4434	13116	1628	804			96
98 PHYSICIANS' PRIVATE OFFICES	11528	3676	10874	2965			13	98
99.01 CARDIAC REHAB	27082	3017	8925	7849	402	342	60	99.01
100 NON-ALLOWABLE COSTS	34721			6622	402	4321		100
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	18100489	432243	1278613	2610162	105274	342900	118613	203469 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CREDIT & COLLECTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
	6.05		6.06	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CREDIT AND COLLECTIONS	359510								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL		1510341	1510341						6.06
8 OPERATION OF PLANT		1214941	110606	1325547					8
9 LAUNDRY & LINEN SERVICE		164512	14977	18054	197543				9
10 HOUSEKEEPING		399111	36334	32461		467906			10
11 DIETARY		382407	34814	27701		10166	455088		11
12 CAFETERIA		235832	21470	46464		17051		320817	12
14 NURSING ADMINISTRATION		592692	53957	42564		15620		21189	14
15 CENTRAL SERVICES & SUPPLY		64561	5878	30385		11151		2433	15
16 PHARMACY		440133	40069	28334		10398		14746	16
17 MEDICAL RECORDS & LIBRARY		687245	62565	93586		34344		19924	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	30883	2579201	234814	249008	197543	91377	455088	85539	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	22754	1047775	95387	212721		78063		27774	37
41 RADIOLOGY-DIAGNOSTIC	92295	1554834	141549	134327		49295		39168	41
44 LABORATORY	59869	2019752	183874	62289		22859		37868	44
46 WHOLE BLOOD & PACKED RED BLOOD	1932	123526	11246	3646		1338		1403	46
49 RESPIRATORY THERAPY	20070	487218	44355	45223		16596		13970	49
50 PHYSICAL THERAPY	16924	885469	80611	31676		11624		24547	50
52 SPEECH PATHOLOGY	1623	45786	4168						52
55 MEDICAL SUPPLIES CHARGED TO PAT	37873	378345	34444						55
55.01 IMPLANTABLE SUPPLIES	2884	196700	17907						55.01
55.02 PACEMAKERS	469	26776	2438						55.02
56 DRUGS CHARGED TO PATIENTS	39561	466468	42466						56
59 CARDIAC REHAB									59
59.01 CHEMOTHERAPY	15006	873440	79516	34284		12582		5262	59.01
59.02 PSYCHIATRIC SERVICES	962	150615	13712	12103		4442		5308	59.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2611	176961	16110	45147		16568		4729	60
61 EMERGENCY	13794	1247890	113605	118704		43562		13713	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	359510	17952531	1496872	1268677	197543	447036	455088	317573	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		25159	2290	22662		8316		264	96
98 PHYSICIANS' PRIVATE OFFICES		29056	2645	18788		6895		481	98
99.01 CARDIAC REHAB		47677	4340	15420		5659		1273	99.01
100 NON-ALLOWABLE COSTS		46066	4194					1226	100
100.01 TRANSITIONAL CARE									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	359510	18100489	1510341	1325547	197543	467906	455088	320817	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT AND COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	726022							14
15 CENTRAL SERVICES & SUPPLY		114408						15
16 PHARMACY		140	533820					16
17 MEDICAL RECORDS & LIBRARY		20		897684				17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	436346	2588		77115	4408619		4408619	25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	141681	6023		56815	1666239		1666239	37
41 RADIOLOGY-DIAGNOSTIC		596		230463	2150232		2150232	41
44 LABORATORY		222		149490	2476354		2476354	44
46 WHOLE BLOOD & PACKED RED BLOOD				4824	145983		145983	46
49 RESPIRATORY THERAPY		947		50113	658422		658422	49
50 PHYSICAL THERAPY		37		42260	1076224		1076224	50
52 SPEECH PATHOLOGY				4053	54007		54007	52
55 MEDICAL SUPPLIES CHARGED TO PAT		50440		94566	557795		557795	55
55.01 IMPLANTABLE SUPPLIES		29725		7202	251534		251534	55.01
55.02 PACEMAKERS		4028		1170	34412		34412	55.02
56 DRUGS CHARGED TO PATIENTS		18636	330813	98781	957164		957164	56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	26844	254	203007	37468	1272657		1272657	59.01
59.02 PSYCHIATRIC SERVICES	27075	1		2402	215658		215658	59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	24124	46		6520	290205		290205	60
61 EMERGENCY	69952	696		34442	1642564		1642564	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	726022	114399	533820	897684	17858069		17858069	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					58691		58691	96
98 PHYSICIANS' PRIVATE OFFICES					57865		57865	98
99.01 CARDIAC REHAB		9			74378		74378	99.01
100 NON-ALLOWABLE COSTS					51486		51486	100
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	726022	114408	533820	897684	18100489		18100489	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	COMMUNICA- TION 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
3									3
4									4
5									5
6.01		6327	18715	25042	25042				6.01
6.02		555	1641	2196	130	2326			6.02
6.03		1942	5745	7687	438	44	8169		6.03
6.04		10632	31450	42082	164	36	20	42302	6.04
6.05		1516	4484	6000	394	27	316	199	6.05
6.06		9963	29471	39434	478	89	490	127	6.06
8		51911	153556	205467	1565	468	645	2122	
9		64064	189508	253572	1077	62	17	1759	
10		4246	12559	16805	164	9		1144	
11		6663	19711	26374	755	9	14	761	
12		5420	16033	21453	530	44	81	549	
14		9091	26892	35983	375	9			
15		8328	24635	32963	1254	71	318	34	
16		5945	17586	23531	144	36	19	56	
17		5544	16399	21943	872	44	308	263	
18		18311	54165	72476	1179	204	922	594	
20									18
25									20
37		48720	144118	192838	5063	169	1892	827	25
41									
44		41621	123117	164738	1643	160	210	1685	37
46		26282	77745	104027	2317	169	114	2096	41
49		12187	36052	48239	2240	115	1716	12562	44
50		713	2110	2823	83	9	45		46
52		8848	26174	35022	826	80	151	537	49
55		31152	92151	123303	1452	142	265	229	50
55.01							2		52
55.02								5515	55
56								3250	55.01
59								440	55.02
59.01		6708	19843	26551	311	36	107	208	56
59.02		2368	7005	9373	314	18	20	45	59
60									59.01
61									59.02
62		8833	26130	34963	280	133	176	73	
71		23226	68703	91929	811	107	210	360	
95									62
96									
98									
99.01		421116	1245698	1666814	24859	2290	8058	42276	71
100									
100.01									
101									
102									
103									
TOTAL		432243	1278613	1710856	25042	2326	8169	42302	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING	CREDIT & COLLECTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
	6.04	6.05	6.06	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING	6936							6.04
6.05 CREDIT AND COLLECTIONS		40618						6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			210267					6.06
8 OPERATION OF PLANT			15398	271885				8
9 LAUNDRY & LINEN SERVICE			2085	3703	23910			9
10 HOUSEKEEPING			5058	6658		39629		10
11 DIETARY			4847	5682		861	34047	11
12 CAFETERIA			2989	9530		1444		50330 12
14 NURSING ADMINISTRATION			7512	8730		1323		3324 14
15 CENTRAL SERVICES & SUPPLY			818	6232		944		382 15
16 PHARMACY			5578	5812		881		2313 16
17 MEDICAL RECORDS & LIBRARY			8710	19196		2909		3126 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	597	3489	32693	51074	23910	7739	34047	13421 25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	440	2571	13280	43631		6612		4357 37
41 RADIOLOGY-DIAGNOSTIC	1772	10430	19706	27552		4175		6144 41
44 LABORATORY	1157	6764	25598	12776		1936		5940 44
46 WHOLE BLOOD & PACKED RED BLOOD	37	218	1566	748		113		220 46
49 RESPIRATORY THERAPY	388	2267	6175	9276		1406		2192 49
50 PHYSICAL THERAPY	327	1912	11222	6497		985		3851 50
52 SPEECH PATHOLOGY	31	183	580					52
55 MEDICAL SUPPLIES CHARGED TO PAT	732	4279	4795					55
55.01 IMPLANTABLE SUPPLIES	56	326	2493					55.01
55.02 PACEMAKERS	9	53	339					55.02
56 DRUGS CHARGED TO PATIENTS	764	4469	5912					56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	290	1695	11070	7032		1066		826 59.01
59.02 PSYCHIATRIC SERVICES	19	109	1909	2483		376		833 59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	50	295	2243	9260		1403		742 60
61 EMERGENCY	267	1558	15816	24348		3689		2151 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	6936	40618	208392	260220	23910	37862	34047	49822 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			319	4648		704		41 96
98 PHYSICIANS' PRIVATE OFFICES			368	3854		584		75 98
99.01 CARDIAC REHAB			604	3163		479		200 99.01
100 NON-ALLOWABLE COSTS			584					192 100
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	6936	40618	210267	271885	23910	39629	34047	50330 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT AND COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	55529							14
15 CENTRAL SERVICES & SUPPLY		32162						15
16 PHARMACY		39	38053					16
17 MEDICAL RECORDS & LIBRARY		5		109321				17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	33374	727		9390	411250		411250	25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	10836	1693		6919	258775		258775	37
41 RADIOLOGY-DIAGNOSTIC		167		28071	206740		206740	41
44 LABORATORY		62		18204	137309		137309	44
46 WHOLE BLOOD & PACKED RED BLOOD				587	6449		6449	46
49 RESPIRATORY THERAPY		266		6102	64688		64688	49
50 PHYSICAL THERAPY		10		5146	155341		155341	50
52 SPEECH PATHOLOGY				494	1290		1290	52
55 MEDICAL SUPPLIES CHARGED TO PAT		14182		11516	41019		41019	55
55.01 IMPLANTABLE SUPPLIES		8356		877	15358		15358	55.01
55.02 PACEMAKERS		1132		142	2115		2115	55.02
56 DRUGS CHARGED TO PATIENTS		5239	23582	12029	58836		58836	56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	2053	72	14471	4563	70351		70351	59.01
59.02 PSYCHIATRIC SERVICES	2071			293	17863		17863	59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1845	13		794	52270		52270	60
61 EMERGENCY	5350	196		4194	150986		150986	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	55529	32159	38053	109321	1650640		1650640	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					23296		23296	96
98 PHYSICIANS' PRIVATE OFFICES					19464		19464	98
99.01 CARDIAC REHAB		3			16504		16504	99.01
100 NON-ALLOWABLE COSTS					952		952	100
100.01 TRANSITIONAL CARE								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	55529	32162	38053	109321	1710856		1710856	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	COMMUNICA-	DATA	PURCHASING	ADMITTING
	REL COSTS	REL COSTS	BENEFITS	TION	PROCESSING		
	BLDG&FIXT	MOV EQUIP	GROSS	# NON PT.	TIME	SUPPLY COS	GROSS
	SQ	SQUARE	SALARIES	TELEPHONES	SPENT		CHARGES
	FEEET	FEEET					
	3	4	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST CENTERS							
3 NEW CAP REL COSTS-BLDG & FIXT	87247						3
4 NEW CAP REL COSTS-MVBLE EQUIP		87247					4
5 EMPLOYEE BENEFITS	1277	1277	8111038				5
6.01 COMMUNICATIONS	112	112	42098	262			6.01
6.02 DATA PROCESSING	392	392	142024	5	1445000		6.02
6.03 PURCHASING	2146	2146	52991	4	3548	2551319	6.03
6.04 ADMITTING	306	306	127532	3	55841	12008	29560400
6.05 CREDIT AND COLLECTIONS	2011	2011	154758	10	86596	7644	6.05
6.06 OTHER ADMINISTRATIVE & GENERA	10478	10478	506851	53	114091	127956	6.06
8 OPERATION OF PLANT	12931	12931	348897	7	2963	106099	8
9 LAUNDRY & LINEN SERVICE	857	857	53114	1	81	68984	9
10 HOUSEKEEPING	1345	1345	244588	1	2406	45874	10
11 DIETARY	1094	1094	171666	5	14417	33084	11
12 CAFETERIA	1835	1835	121439	1			12
14 NURSING ADMINISTRATION	1681	1681	406061	8	56294	2066	14
15 CENTRAL SERVICES & SUPPLY	1200	1200	46630	4	3394	3386	15
16 PHARMACY	1119	1119	282587	5	54444	15845	16
17 MEDICAL RECORDS & LIBRARY	3696	3696	381820	23	163114	35851	17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
25 INPATIENT ROUTINE SERV COST CENTERS							
ADULTS & PEDIATRICS	9834	9834	1639209	19	334661	49903	2539343
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	8401	8401	532253	18	37079	101650	1870878
41 RADIOLOGY-DIAGNOSTIC	5305	5305	750595	19	20107	126443	7589184
44 LABORATORY	2460	2460	725684	13	303507	757570	4922611
46 WHOLE BLOOD & PACKED RED BLOO	144	144	26896	1	7980		158852
49 RESPIRATORY THERAPY	1786	1786	267725	9	26722	32359	1650206
50 PHYSICAL THERAPY	6288	6288	470406	16	46814	13801	1391581
52 SPEECH PATHOLOGY					397		133463
55 MEDICAL SUPPLIES CHARGED TO P						332619	3114010
55.01 IMPLANTABLE SUPPLIES						196018	237172
55.02 PACEMAKERS						26561	38534
56 DRUGS CHARGED TO PATIENTS						412587	3252800
59 CARDIAC REHAB							59
59.01 CHEMOTHERAPY	1354	1354	100846	4	18959	12546	1233808
59.02 PSYCHIATRIC SERVICES	478	478	101714	2	3551	2738	79104
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	1783	1783	90625	15	31192	4418	214703
61 EMERGENCY	4688	4688	262787	12	37192	21739	1134151
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	85001	85001	8051796	258	1425350	2549749	29560400
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	895	895	5060	2			96
98 PHYSICIANS' PRIVATE OFFICES	742	742	9213			275	98
99.01 CARDIAC REHAB	609	609	24391	1	1441	1295	99.01
100 NON-ALLOWABLE COSTS			20578	1	18209		100
100.01 TRANSITIONAL CARE							100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	432243	1278613	2610162	105274	342900	118613	203469
104 UNIT COST MULT-WS B PT I		14.655094		401.809160		.046491	
104 UNIT COST MULT-WS B PT I	4.954245		.321804		.237301		.006883
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			25042	2326	8169	42302	6936
108 UNIT COST MULT-WS B PT III				8.877863		.016580	
108 UNIT COST MULT-WS B PT III			.003087		.005653		.000235

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CREDIT & COLLECTION	RECON-	ADMINISTRA	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	GROSS CHARGES	CILIATION	TIVE & GENERAL ACCUM COST	OF PLANT SQ FEET	AND LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	PATIENT DAYS	SALARIES
	6.05	6A.06	6.06	8	9	10	11	12
GENERAL SERVICE COST CENTERS								
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05	29560400							6.05
6.06		-1510341	16590148					6.06
8			1214941	52350				8
9			164512	713	3950			9
10			399111	1282		50355		10
11			382407	1094		1094	3950	11
12			235832	1835		1835		6147993 12
14			592692	1681		1681		406061 14
15			64561	1200		1200		46630 15
16			440133	1119		1119		282587 16
17			687245	3696		3696		381820 17
18								18
20								20
NONPHYSICIAN ANESTHETISTS								
INPATIENT ROUTINE SERV COST CENTERS								
25	2539343		2579201	9834	3950	9834	3950	1639209 25
ADULTS & PEDIATRICS								
ANCILLARY SERVICE COST CENTERS								
37	1870878		1047775	8401		8401		532253 37
41	7589184		1554834	5305		5305		750595 41
44	4922611		2019752	2460		2460		725684 44
46	158852		123526	144		144		26896 46
49	1650206		487218	1786		1786		267725 49
50	1391581		885469	1251		1251		470406 50
52	133463		45786					52
55	3114010		378345					55
55.01	237172		196700					55.01
55.02	38534		26776					55.02
56	3252800		466468					56
59								59
59.01	1233808		873440	1354		1354		100846 59.01
59.02	79104		150615	478		478		101714 59.02
PSYCHIATRIC SERVICES								
OUTPATIENT SERVICE COST CENTERS								
60	214703		176961	1783		1783		90625 60
61	1134151		1247890	4688		4688		262787 61
62								62
OBSERVATION BEDS (NON-DISTINC								
OTHER REIMBURSABLE COST CENTERS								
71								71
HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS								
95	29560400	-1510341	16442190	50104	3950	48109	3950	6085838 95
SUBTOTALS								
NONREIMBURSABLE COST CENTERS								
96			25159	895		895		5060 96
98			29056	742		742		9213 98
99.01			47677	609		609		24392 99.01
100			46066					23490 100
100.01								100.01
101								101
102								102
103	359510		1510341	1325547	197543	467906	455088	320817 103
104	.012162		.091038		50.010886		115.212152	104
104				25.320860		9.292146		.052182 104
105								105
106								106
106								106
107	40618		210267	271885	23910	39629	34047	50330 107
108	.001374		.012674		6.053165		8.619494	108
108				5.193601		.786992		.008186 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	
	ADMINI- STRATION SALARIES	SERVICES & SUPPLY COSTED REQUIS	COSTED REQUIS	RECORDS + LIBRARY GROSS CHARGES	
	14	15	16	17	
GENERAL SERVICE COST CENTERS					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CREDIT AND COLLECTIONS					6.05
6.06 OTHER ADMINISTRATIVE & GENERA					6.06
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION	2727434				14
15 CENTRAL SERVICES & SUPPLY		754446			15
16 PHARMACY		924	3244369		16
17 MEDICAL RECORDS & LIBRARY		129		29560400	17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	1639209	17063		2539343	25
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	532253	39718		1870878	37
41 RADIOLOGY-DIAGNOSTIC		3929		7589184	41
44 LABORATORY		1464		4922611	44
46 WHOLE BLOOD & PACKED RED BLOO				158852	46
49 RESPIRATORY THERAPY		6248		1650206	49
50 PHYSICAL THERAPY		242		1391581	50
52 SPEECH PATHOLOGY				133463	52
55 MEDICAL SUPPLIES CHARGED TO P		332619		3114010	55
55.01 IMPLANTABLE SUPPLIES		196018		237172	55.01
55.02 PACEMAKERS		26561		38534	55.02
56 DRUGS CHARGED TO PATIENTS		122894	2010561	3252800	56
59 CARDIAC REHAB					59
59.01 CHEMOTHERAPY	100846	1678	1233808	1233808	59.01
59.02 PSYCHIATRIC SERVICES	101714	8		79104	59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	90625	304		214703	60
61 EMERGENCY	262787	4587		1134151	61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS	2727434	754386	3244369	29560400	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
98 PHYSICIANS' PRIVATE OFFICES					98
99.01 CARDIAC REHAB		60			99.01
NON-ALLOWABLE COSTS					
100.01 TRANSITIONAL CARE					100.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	726022	114408	533820	897684	103
104 UNIT COST MULT-WS B PT I	.266192		.164537		104
104 UNIT COST MULT-WS B PT I		.151645		.030368	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	55529	32162	38053	109321	107
108 UNIT COST MULT-WS B PT III	.020359		.011729		108
108 UNIT COST MULT-WS B PT III		.042630		.003698	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	4408619					25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1666239					37
41 RADIOLOGY-DIAGNOSTIC	2150232					41
44 LABORATORY	2476354					44
46 WHOLE BLOOD & PACKED RED BL	145983					46
49 RESPIRATORY THERAPY	658422					49
50 PHYSICAL THERAPY	1076224					50
52 SPEECH PATHOLOGY	54007					52
55 MEDICAL SUPPLIES CHARGED TO	557795					55
55.01 IMPLANTABLE SUPPLIES	251534					55.01
55.02 PACEMAKERS	34412					55.02
56 DRUGS CHARGED TO PATIENTS	957164					56
59 CARDIAC REHAB						59
59.01 CHEMOTHERAPY	1272657					59.01
59.02 PSYCHIATRIC SERVICES	215658					59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	290205					60
61 EMERGENCY	1642564					61
62 OBSERVATION BEDS (NON-DISTI	58505		58505		58505	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	17916574		58505		58505	101
102 LESS OBSERVATION BEDS	58505		58505		58505	102
103 TOTAL	17858069					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			
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	2459856		2459856			25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	376666	1494212	1870878	.890619		37
41 RADIOLOGY-DIAGNOSTIC	941615	6647569	7589184	.283328		41
44 LABORATORY	1225017	3697593	4922610	.503057		44
46 WHOLE BLOOD & PACKED RED BL	102936	55916	158852	.918987		46
49 RESPIRATORY THERAPY	486905	1163301	1650206	.398994		49
50 PHYSICAL THERAPY	203299	1188282	1391581	.773382		50
52 SPEECH PATHOLOGY	4266	129197	133463	.404659		52
55 MEDICAL SUPPLIES CHARGED TO	1114725	1999285	3114010	.179124		55
55.01 IMPLANTABLE SUPPLIES	160481	76691	237172	1.060555		55.01
55.02 PACEMAKERS	30868	7666	38534	.893030		55.02
56 DRUGS CHARGED TO PATIENTS	1535453	1717347	3252800	.294258		56
59 CARDIAC REHAB						59
59.01 CHEMOTHERAPY	8973	1224835	1233808	1.031487		59.01
59.02 PSYCHIATRIC SERVICES	896	78208	79104	2.726259		59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	120	214583	214703	1.351658		60
61 EMERGENCY	2830	1131321	1134151	1.448276		61
62 OBSERVATION BEDS (NON-DISTI	1045	78442	79487	.736032	.736032	.736032 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	8655951	20904448	29560399			101
102 LESS OBSERVATION BEDS						102
103 TOTAL			29560399			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1338) [ ] 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						
41 OPERATING ROOM	.890619	.890619	.890619			37
44 RADIOLOGY-DIAGNOSTIC	.283328	.283328	.283328			41
44 LABORATORY	.503057	.503057	.503057			44
46 WHOLE BLOOD & PACKED RED BLOOD	.918987	.918987	.918987			46
49 RESPIRATORY THERAPY	.398994	.398994	.398994			49
50 PHYSICAL THERAPY	.773382	.773382	.773382			50
52 SPEECH PATHOLOGY	.404659	.404659	.404659			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.179124	.179124	.179124			55
55.01 IMPLANTABLE SUPPLIES	1.060555	1.060555	1.060555			55.01
55.02 PACEMAKERS	.893030	.893030	.893030			55.02
56 DRUGS CHARGED TO PATIENTS	.294258	.294258	.294258			56
59 CARDIAC REHAB						59
59.01 CHEMOTHERAPY	1.031487	1.031487	1.031487			59.01
59.02 PSYCHIATRIC SERVICES	2.726259	2.726259	2.726259			59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.351658	1.351658	1.351658			60
61 EMERGENCY	1.448276	1.448276	1.448276			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.736032	.736032	.736032			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.294258	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	6257	2
2.01 VACCINE CHARGES - HEPATITIS B		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	1841	3
3.01 VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1338) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
OPERATING ROOM	623007							37
41 RADIOLOGY-DIAGNOSTIC	2613605							41
44 LABORATORY	1425668							44
46 WHOLE BLOOD & PACKED RED BLOOD	23151							46
49 RESPIRATORY THERAPY	667970							49
50 PHYSICAL THERAPY	349871							50
52 SPEECH PATHOLOGY	49985							52
55 MEDICAL SUPPLIES CHARGED TO PA	871344							55
55.01 IMPLANTABLE SUPPLIES	44611							55.01
55.02 PACEMAKERS	7666							55.02
56 DRUGS CHARGED TO PATIENTS	646581							56
59 CARDIAC REHAB								59
59.01 CHEMOTHERAPY	1055899							59.01
59.02 PSYCHIATRIC SERVICES	15518							59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	116320							60
61 EMERGENCY	402896							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	6752							62
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL	8920844							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	8920844							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1338) [ ] 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	554862						37
41 RADIOLOGY-DIAGNOSTIC	740507						41
44 LABORATORY	717192						44
46 WHOLE BLOOD & PACKED RED BLOOD	21275						46
49 RESPIRATORY THERAPY	266516						49
50 PHYSICAL THERAPY	270584						50
52 SPEECH PATHOLOGY	20227						52
55 MEDICAL SUPPLIES CHARGED TO PAT	156079						55
55.01 IMPLANTABLE SUPPLIES	47312						55.01
55.02 PACEMAKERS	6846						55.02
56 DRUGS CHARGED TO PATIENTS	190262						56
59 CARDIAC REHAB							59
59.01 CHEMOTHERAPY	1089146						59.01
59.02 PSYCHIATRIC SERVICES	42306						59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	157225						60
61 EMERGENCY	583505						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	4970						62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	4868814						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	4868814						104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	4002						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	3481						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3481						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	212						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	216						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	46						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	47						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2369						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	212						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	216						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 (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	112.67						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4408619						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	5183						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	5464						25
26 TOTAL SWING-BED COST	492186						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3916433						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2319978						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2319978						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.688134						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	666.47						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	3916433						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 (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1125.09					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2665338					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2665338					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1545210					48
49 TOTAL PROGRAM INPATIENT COSTS	4210548					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						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 [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	238519					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61	243019					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62	481538					TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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

PROVIDER NO. 14-1338 MEMORIAL 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)

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11/09/2009 08:43

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-1338)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	52	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1125.09	84
85 OBSERVATION BED COST	58505	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-1338) [ ] SNF [ ] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] 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		1521693		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.890619	220645	196511	37
41 RADIOLOGY-DIAGNOSTIC	.283328	567287	160728	41
44 LABORATORY	.503057	759943	382295	44
46 WHOLE BLOOD & PACKED RED BLOOD	.918987	79473	73035	46
49 RESPIRATORY THERAPY	.398994	358113	142885	49
50 PHYSICAL THERAPY	.773382	84788	65574	50
52 SPEECH PATHOLOGY	.404659	2572	1041	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.179124	800985	143476	55
55.01 IMPLANTABLE SUPPLIES	1.060555	110574	117270	55.01
55.02 PACEMAKERS	.893030	30868	27566	55.02
56 DRUGS CHARGED TO PATIENTS	.294258	759159	223389	56
59 CARDIAC REHAB				59
59.01 CHEMOTHERAPY	1.031487	8127	8383	59.01
59.02 PSYCHIATRIC SERVICES	2.726259	784	2137	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.351658			60
61 EMERGENCY	1.448276	104	151	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.736032	1045	769	62
101 TOTAL		3784467	1545210	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3784467		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 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 checked="" type="checkbox"/> S/B-SNF (14-Z338)	<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
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.890619	715	637	37
41 RADIOLOGY-DIAGNOSTIC	.283328	8978	2544	41
44 LABORATORY	.503057	50634	25472	44
46 WHOLE BLOOD & PACKED RED BLOOD	.918987	1152	1059	46
49 RESPIRATORY THERAPY	.398994	28562	11396	49
50 PHYSICAL THERAPY	.773382	89222	69003	50
52 SPEECH PATHOLOGY	.404659	1479	598	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.179124	65123	11665	55
55.01 IMPLANTABLE SUPPLIES	1.060555			55.01
55.02 PACEMAKERS	.893030			55.02
56 DRUGS CHARGED TO PATIENTS	.294258	99910	29399	56
59 CARDIAC REHAB				59
59.01 CHEMOTHERAPY	1.031487			59.01
59.02 PSYCHIATRIC SERVICES	2.726259			59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.351658			60
61 EMERGENCY	1.448276			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.736032			62
101 TOTAL		345775	151773	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		345775		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT					
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1				1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1				1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS				1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1				1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1				1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1				1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED				1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001				1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001				1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997				2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT				2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD				3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I				3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996				3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)				3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]				3.06
3.07	SUM OF LINES 3.04-3.06 0.00 0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS				3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1				3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1				3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09				3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10				3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS				3.13
3.14	CURRENT YEAR ALLOWABLE FTE				3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..				3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..				3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE RES. IN INIT YRS 0.00				3.17
	NUMBER OF THOSE LINES IN EXCESS OF ZERO				

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	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					26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					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 (14-1338)	HOSPITAL (14-1338)	HOSPITAL (14-1338)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	4870655			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	4870655			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	4919362			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1338) 1	HOSPITAL (14-1338) 1.01	HOSPITAL (14-1338) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	25010		18
18.01 COINSURANCE	1493711		18.01
19 SUBTOTAL	3400641		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	3400641		23
24 PRIMARY PAYER PAYMENTS	566		24
25 SUBTOTAL	3400075		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	234210		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	234210		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	190043		27.02
28 SUBTOTAL	3634285		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	3634285		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3341148		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	293137		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  
(14-1338)  
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  
(14-1338)  
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  
(14-1338)  
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  
 SWING BED SKILLED NURSING FACILITY (14-Z338)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		568782		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	02/23/2009 13167		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	13167		3.99
4 TOTAL INTERIM PAYMENTS		581949		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	57055		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		639004		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 SWING BEDS

SUPPLEMENTAL  
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---	
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF
	1	1	2	1	1
		PART A (14-Z338)		PART B (14-Z338)	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	486353			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF				2
3	ANCILLARY SERVICES	153291			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				4
5	PROGRAM DAYS	428			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY				7
8	SUBTOTAL	639644			8
9	PRIMARY PAYER PAYMENTS				9
10	SUBTOTAL	639644			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)				11
12	SUBTOTAL	639644			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	640			13
14	80% OF PART B COSTS				14
15	SUBTOTAL	639004			15
16	OTHER ADJUSTMENTS				16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)				17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				17.01
18	TOTAL	639004			18
19	SEQUESTRATION ADJUSTMENT				19
20	INTERIM PAYMENTS	581949			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				20.01
21	BALANCE DUE PROVIDER/PROGRAM	57055			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF I
1	INPATIENT SERVICES	4210548				1
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)					1.01
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	4210548				4
5	PRIMARY PAYER PAYMENTS	6935				5
6	TOTAL COST	4245649				6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7	ROUTINE SERVICE CHARGES					7
8	ANCILLARY SERVICE CHARGES					8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE					9
10	TEACHING PHYSICIANS					10
11	TOTAL REASONABLE CHARGES					11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					12
13	AMOUNT 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)					13
14	RATIO OF LINE 12 TO LINE 13					14
15	TOTAL CUSTOMARY CHARGES					15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1338)	SUB I	SUB II	SUB III	SUB IV	SNF I	
COMPUTATION OF REIMBURSEMENT SETTLEMENT							
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						18
19	COST OF COVERED SERVICES	4245649					19
20	DEDUCTIBLES	452913					20
21	EXCESS REASONABLE COST						21
22	SUBTOTAL	3792736					22
23	COINSURANCE	3072					23
24	SUBTOTAL	3789664					24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	116689					25
25.01	REDUCED REIMBURSABLE BAD DEBTS	116689					25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	94763					25.02
26	SUBTOTAL	3906353					26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						27
28	ADJ. PENDING CORRECT SNF PS & R						28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						29
30	SUBTOTAL	3906353					30
31	SEQUESTRATION ADJUSTMENT						31
32	INTERIM PAYMENTS	3358726					32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						32.01
33	BALANCE DUE PROVIDER/PROGRAM	547627					33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						34

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	4021402			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	4943118			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2991776			6
7	INVENTORY	125262			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	372462			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	6470468			11
FIXED ASSETS					
12	LAND	202556			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	424785			13
13.01	ACCUMULATED DEPRECIATION	-388235			13.01
14	BUILDINGS	12339420			14
14.01	ACCUMULATED DEPRECIATION	-4859666			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	932312			16
16.01	ACCUMULATED DEPRECIATION	-844647			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	8611482			18
18.01	ACCUMULATED DEPRECIATION	-5855553			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	10562454			21
OTHER ASSETS					
22	INVESTMENTS	13477399			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	13477399			26
27	TOTAL ASSETS	30510321			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	619195			28
29	SALARIES, WAGES & FEES PAYABLE	1105809			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	191096			35
36	TOTAL CURRENT LIABILITIES	1916100			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES				42
43	TOTAL LIABILITIES	1916100			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	28594221			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	28594221			51
52	TOTAL LIABILITIES AND FUND BALANCES	30510321			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	27295925			1
2 NET INCOME (LOSS)	1298296			2
3 TOTAL	28594221			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 RESTRICTED FUND BALANCE CHANGE				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	28594221			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CORRECTION				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	28594221			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	2459856		2459856	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	2459856		2459856	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2459856		2459856	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	6257897	20842646	27100543	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 LABORATORY GROSSUP		-81993	-81993	26
24.01 PROFESSIONAL FEES	166162	1648576	1814738	24.01
25 TOTAL PATIENT REVENUES	8883915	22409229	31293144	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		20325796	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		20325796	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	31293144	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	10705575	2
3	NET PATIENT REVENUES	20587569	3
4	LESS - TOTAL OPERATING EXPENSES	20325796	4
5	NET INCOME FROM SERVICE TO PATIENTS	261773	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	3600	6
7	INCOME FROM INVESTMENTS	687405	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1953	10
11	REBATES AND REFUNDS OF EXPENSES	63921	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	44533	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	7076	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	572	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	REPLACEMENT TAX	22824	24
24.03	INTEREST INCOME OTHER	23284	24.03
24.04	CARELINK REVENUE	800	24.04
24.05	DR OFFICE BLDG	56272	24.05
24.06	DIALYSIS BLDG REVENUE	49680	24.06
24.07	NON ALLOWABLE INCOME	1165	24.07
24.08	MEALS ON WHEELS	3749	24.08
24.09	MAINTENANCE EMPLOYEES		24.09
24.10	US CONSUMER REVENUES	2990	24.10
24.13	MISC	21449	24.13
24.14	TRANSITIONAL CARE REVENUE		24.14
24.15	MRI TECH	9825	24.15
24.16	HEALTHY HEART	10250	24.16
24.17	GAIN ON ASSETS	1870	24.17
24.18	MISC	36630	24.18
24.19	GRANTS	53282	24.19
24.20	OTHER	83	24.20
25	TOTAL OTHER INCOME	1103213	25
26	TOTAL	1364986	26
27	CARELINK EXPENSE	836	27
27.01	DR OFFICE BLDG DEPRECIATION	21606	27.01
27.02	MAINTENANCE SALARIES		27.02
27.03	DEPRECIATION	3605	27.03
27.04	LOSS ON ASSETS		27.04
27.05	DIALYSIS DEPRECIATION	13537	27.05
27.06	LOSS ON ASSETS		27.06
27.07	DIALYSIS OTHER	245	27.07
27.09	OTHER	21449	27.09
27.10	MISC	5412	27.10
28	MISC		28
29			29
30	TOTAL OTHER EXPENSES	66690	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1298296	31

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					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CREDIT AND COLLECTIONS					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.01 IMPLANTABLE SUPPLIES					55.01
55.02 PACEMAKERS					55.02
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIAC REHAB					59
59.01 CHEMOTHERAPY					59.01
59.02 PSYCHIATRIC SERVICES					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
99.01 CARDIAC REHAB					99.01
00 NON-ALLOWABLE COSTS					00
00.01 TRANSITIONAL CARE					00.01
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	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	68.06		5.37				73.43	25
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	11.79	33.30	0.95				46.04	37
41 RADIOLOGY-DIAGNOSTIC	7.47	34.44	0.61				42.52	41
44 LABORATORY	15.44	28.96	1.10				45.50	44
46 WHOLE BLOOD & PACKED RED BLOOD	50.03	14.57	0.50				65.10	46
49 RESPIRATORY THERAPY	21.70	40.48	1.43				63.61	49
50 PHYSICAL THERAPY	6.09	25.14	0.14				31.37	50
52 SPEECH PATHOLOGY	1.93	37.45					39.38	52
55 MEDICAL SUPPLIES CHARGED TO PAT	25.72	27.98	1.76				55.46	55
55.01 IMPLANTABLE SUPPLIES	46.62	18.81					65.43	55.01
55.02 PACEMAKERS	80.11	19.89					100.00	55.02
56 DRUGS CHARGED TO PATIENTS	23.34	19.88	2.10				45.32	56
59.01 CHEMOTHERAPY	0.66	85.58	0.01				86.25	59.01
59.02 PSYCHIATRIC SERVICES	0.99	19.62	0.14				20.75	59.02
60 CLINIC		54.18	0.06				54.24	60
61 EMERGENCY	0.01	35.52	0.01				35.54	61
62 OBSERVATION BEDS (NON-DISTINCT	1.31	8.49					9.80	62
101 TOTAL CHARGES	12.80	30.18	0.91				43.89	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	432243	2.39	-432243	-4.74		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1278613	7.06	-1278613	-14.03		4
5	EMPLOYEE BENEFITS	2585120	14.28	-2585120	-28.37		5
6.01	COMMUNICATIONS	89531	.49	-89531	-.98		6.01
6.02	DATA PROCESSING	287500	1.59	-287500	-3.16		6.02
6.03	PURCHASING	57029	.32	-57029	-.63		6.03
6.04	ADMITTING	141415	.78	-141415	-1.55		6.04
6.05	CREDIT AND COLLECTIONS	245352	1.36	-245352	-2.69		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	1087449	6.01	-1087449	-11.93		6.06
8	OPERATION OF PLANT	840644	4.64	-840644	-9.23		8
9	LAUNDRY & LINEN SERVICE	126987	.70	-126987	-1.39		9
10	HOUSEKEEPING	290922	1.61	-290922	-3.19		10
11	DIETARY	298743	1.65	-298743	-3.28		11
12	CAFETERIA	160367	.89	-160367	-1.76		12
14	NURSING ADMINISTRATION	412388	2.28	-412388	-4.53		14
15	CENTRAL SERVICES & SUPPLY	23455	.13	-23455	-.26		15
16	PHARMACY	311586	1.72	-311586	-3.42		16
17	MEDICAL RECORDS & LIBRARY	442282	2.44	-442282	-4.85		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	1721131	9.51	2687488	29.50	4408619	24.36
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	655367	3.62	1010872	11.09	1666239	9.21
41	RADIOLOGY-DIAGNOSTIC	1046441	5.78	1103791	12.11	2150232	11.88
44	LABORATORY	1531767	8.46	944587	10.37	2476354	13.68
46	WHOLE BLOOD & PACKED RED BLOOD	106727	.59	39256	.43	145983	.81
49	RESPIRATORY THERAPY	323152	1.79	335270	3.68	658422	3.64
50	PHYSICAL THERAPY	566105	3.13	510119	5.60	1076224	5.95
52	SPEECH PATHOLOGY	43150	.24	10857	.12	54007	.30
55	MEDICAL SUPPLIES CHARGED TO PAT	303574	1.68	254221	2.79	557795	3.08
55.01	IMPLANTABLE SUPPLIES	183071	1.01	68463	.75	251534	1.39
55.02	PACEMAKERS	24807	.14	9605	.11	34412	.19
56	DRUGS CHARGED TO PATIENTS	385336	2.13	571828	6.28	957164	5.29
59	CARDIAC REHAB						59
59.01	CHEMOTHERAPY	784249	4.33	488408	5.36	1272657	7.03
59.02	PSYCHIATRIC SERVICES	105230	.58	110428	1.21	215658	1.19
60	CLINIC	95112	.53	195093	2.14	290205	1.60
61	EMERGENCY	1035136	5.72	607428	6.67	1642564	9.07
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	5177	.03	53514	.59	58691	.32

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
98	PHYSICIANS' PRIVATE OFFICES	11528	.06	46337	.51	57865	.32	98
99.01	CARDIAC REHAB	27082	.15	47296	.52	74378	.41	99.01
100	NON-ALLOWABLE COSTS	34721	.19	16765	.18	51486	.28	100
100.01	TRANSITIONAL CARE							100.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	18100489	100.00	0	.00	18100489	100.00	103

\*\*\*\* THIS PROVIDER IS NOT A PPS HOSPITAL

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)	4578003
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)	8520988
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.537