

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [XX] AUDITED DATE RECEIVED _____ [XX] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 5

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 ST. FRANCIS-LITCHFIELD IL (14-1350) (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	-393406	745393	526261	2
3	SWING BED - SNF	-980			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	-394386	745393	526261	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: 1215 FRANCISCAN DRIVE P.O.BOX: 1
 1.01 CITY: LITCHFIELD STATE: IL ZIP CODE: 62056 COUNTY: MONTGOMERY 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	ST. FRANCIS-LITCHFIELD IL	14-1350	12/01/2005	N	O	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF	ST. FRANCIS-LITCHFIELD IL	14-Z350	05/31/2007	N	O	O	4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2008 TO: 06/30/2009 17
 18 TYPE OF CONTROL 1 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 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. 2 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. 2 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	05/31/2007		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?	NO			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?				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.	YES	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?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
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:					54	
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55	
			DATE	Y/N	LIMIT	Y/N	FEES
			0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO		57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO		58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO		59

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)		YES	11/12/2009			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5209							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF		74							3
4 HOSPITAL ADULTS & PEDS - SWING BED NF		5							4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		5288							5
6 INTENSIVE CARE UNIT		323							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		596							11
12 TOTAL HOSPITAL		6207						237.29	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								237.29	25
26 OBSERVATION BED DAYS		1222	106	1116					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		63							28

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		939	337	1532	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		939	337	1532	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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	A	NURSERY	33	68035	9641
2 TO RECLASSIFY L&D AND NURSEY COSTS	A	DELIVERY ROOM & LABOR ROOM	39	356093	50460
3 TO RECLASSIFY DRUG COSTS	B	DRUGS CHARGED TO PATIENTS	56		612900
4 TO RECLASSIFY CRNA COSTS	C	NONPHYSICIAN ANESTHETISTS	20		564638
5 TO RECLASSIFY CAFETERIA COSTS	D	CAFETERIA	12	237988	185893
6	E				6
7	E				7
8	E				8
9	E				9
10	E				10
11	E				11
12	E				12
13	E				13
14	E				14
15 TO RECLASSIFY LAUNDRY COSTS	E	LAUNDRY & LINEN SERVICE	9		133624
16 TO RECLASSIFY PROPERTY INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		30216
17	G				17
18	G				18
19	G				19
20	G				20
21	G				21
22	G				22
23	G				23
24	G				24
25 TO RECLASSIFY MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO P	55		224751
26 TO RECLASSIFY DRUG ADMINI COSTS	H	LABORATORY	44	23486	2617
27	H	DRUGS CHARGED TO PATIENTS	56	171362	19100
28 TO RECLASSIFY MOB DEP COSTS	I	MEDICAL OFFICE BUILDING	98.01		15382
29	I	NEW CAP REL COSTS-MVBLE EQUIP	4		1664
30 TO RECLASSIFY SURGERY CLINIC COSTS	J	OPERATING ROOM	37	47267	30
31	J	OTHER ADMIN AND GENERAL	6.06		23185
32 TO RECLASSIFY ORTHO CLINIC COSTS	K	PHYSICIANS' PRIVATE OFFICES	98	145658	32
33 TO RECLASSIFY IMPLANTABLES	L	IMPLANTABLE MEDICAL SUPPLIES	55.10		372401
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1049889	2246472

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	A					1
2 TO RECLASSIFY L&D AND NURSEY COST	A	ADULTS & PEDIATRICS	25	424128	60101	2
3 TO RECLASSIFY DRUG COSTS	B	PHARMACY	16		612900	3
4 TO RECLASSIFY CRNA COSTS	C	ANESTHESIOLOGY	40		564638	4
5 TO RECLASSIFY CAFETERIA COSTS	D	DIETARY	11	237988	185893	5
6	E	DIETARY	11		2482	6
7	E	ADULTS & PEDIATRICS	25		46802	7
8	E	INTENSIVE CARE UNIT	26		7564	8
9	E	OPERATING ROOM	37		28556	9
10	E	RADIOLOGY-DIAGNOSTIC	41		16880	10
11	E	LABORATORY	44		174	11
12	E	RESPIRATORY THERAPY	49		300	12
13	E	PHYSICAL THERAPY	50		3194	13
14	E	EMERGENCY	61		24961	14
15 TO RECLASSIFY LAUNDRY COSTS	E	PHYSICIANS' PRIVATE OFFICES	98		2711	15
16 TO RECLASSIFY PROPERTY INSURANCE	F	OTHER CAPITAL RELATED COSTS	90		30216	12 16
17	G	PHARMACY	16		103	17
18	G	NURSERY	33		145	18
19	G	OPERATING ROOM	37		162062	19
20	G	DELIVERY ROOM & LABOR ROOM	39		2763	20
21	G	ANESTHESIOLOGY	40		18859	21
22	G	LABORATORY	44		475	22
23	G	RESPIRATORY THERAPY	49		22129	23
24	G	PHYSICAL THERAPY	50		23	24
25 TO RECLASSIFY MEDICAL SUPPLIES	G	EMERGENCY	61		18192	25
26 TO RECLASSIFY DRUG ADMINI COSTS	H	ADULTS & PEDIATRICS	25	193663	21577	26
27	H	INTENSIVE CARE UNIT	26	1185	140	27
28 TO RECLASSIFY MOB DEP COSTS	I	PHYSICIANS' PRIVATE OFFICES	98		17046	28
29	I					9 29
30 TO RECLASSIFY SURGERY CLINIC COST	J	PHYSICIANS' PRIVATE OFFICES	98	47267	23185	30
31	J					31
32 TO RECLASSIFY ORTHO CLINIC COSTS	K	PHYSICAL THERAPY	50	145658		32
33 TO RECLASSIFY IMPLANTABLES	L	OPERATING ROOM	37		372401	33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1049889	2246472	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	76883					76883		1
2 LAND IMPROVEMENTS	1004216	3542		3542		1007758		2
3 BUILDINGS AND FIXTURES	14388609	157785		157785		14546394		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	14641424	1420949		1420949		16062373		6
7 SUBTOTAL	30111132	1582276		1582276		31693408		7
8 RECONCILING ITEMS								8
9 TOTAL	30111132	1582276		1582276		31693408		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	500480			30216				530696
4 NEW CAP REL COSTS-MVBLE EQUIP	997728							997728
5 TOTAL	1498208			30216				1528424

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	500480							500480
4 NEW CAP REL COSTS-MVBLE EQUIP	996064		2109					998173
5 TOTAL	1496544		2109					1498653

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					6
7 REFUNDS AND REBATES OF EXPENSES	B	-1200	RADIOLOGY-DIAGNOSTIC	41	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1803165			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	236327			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-63941	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-75	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2065	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST	A	-564638	NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 MISCELLANEOUS INCOME	B	-165394	OTHER ADMIN AND GENERAL	6.06	37
37.01 MISCELLANEOUS INCOME	B	-4565	LABORATORY	44	37.01
37.02 MISCELLANEOUS INCOME	B	-40	NURSING ADMINISTRATION	14	37.02
38					38
39 HOUSEKEEPING REV	B	-55529	HOUSEKEEPING	10	39
40 FUND DEVELOPMENT NONALLOW	A	-1135	OTHER ADMIN AND GENERAL	6.06	40
41 MEDICAID TAX ASSESSMENT	A	-651646	OTHER ADMIN AND GENERAL	6.06	41
42 SELF INS PAYMENT TO HOSP	A	-762651	OTHER ADMIN AND GENERAL	6.06	42
42.01 SELF-INSURANCE PREMIUMS IN EXCESS	A	83817	OTHER ADMIN AND GENERAL	6.06	42.01
43 PHYSICIAN RECRUITMENT	A	-352033	OTHER ADMIN AND GENERAL	6.06	43
44 INTEREST EXPENSE	A	-59361	OTHER ADMIN AND GENERAL	6.06	44
45 BAD DEBT EXPENSE	A	-3153309	OTHER ADMIN AND GENERAL	6.06	45
46 LOBBYING/NONALLOW ADVERTISING EXP	A	-57804	OTHER ADMIN AND GENERAL	6.06	46
47 DEPRECIATION LAPSING SCHEDULE	A	-2109	NEW CAP REL COSTS-MVBLE EQUIP	4	11 47
48					48
49					49
50 TOTAL		-7380516			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	5	EMPLOYEE BENEFITS	EAP SERVICES	7933	7933		1
2	6.06	OTHER ADMIN AND GENERAL	CONTRACTED SERVICES-HSHS	1327043	1090716	236327	2
3	6.06	OTHER ADMIN AND GENERAL	HOME OFFICE-MISCELLANEOUS	586773	586773		3
4	6.06	OTHER ADMIN AND GENERAL	ADMIN-MISCELLANEOUS	7707	7707		4
4.01	9	LAUNDRY & LINEN SERVICE	LAUNDRY SERVICES	133586	133586		4.01
4.02	44	LABORATORY	LABORATORY SERVICES	52626	52626		4.02
4.03	49	RESPIRATORY THERAPY	EKG SERVICES	51660	51660		4.03
4.04	54	ELECTROENCEPHALOGRAPHY	EEG SERVICES	9818	9818		4.04
5		TOTALS		2177146	1940819	236327	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B HOSPITAL SISTERS HEALTH SYSTEM	100.00			CORPORATE OFFICE	1
2	G ST. JOSEPH'S HOSPITAL				HOSPITAL	2
3	G ST. JOHN'S HOSPITAL				HOSPITAL	3
4	G ST. MARY'S HOSPITAL				HOSPITAL	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: NON-FINANCIAL

PROVIDER NO. 14-1350 ST. FRANCIS-LITCHFIELD IL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/25/2009 11:19

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	40	ANESTHESIOLOGY	AGGREGATE	148828	148828				
2	44	LABORATORY	AGGREGATE	33600	22400	11200			
3	49	RESPIRATORY THERAPY	AGGREGATE	32025	32025				
4	61	EMERGENCY	AGGREGATE	1722677	1552645	170032			
5	37	OPERATING ROOM	AGGREGATE	47267	47267				
101		TOTAL		1984397	1803165	181232			

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	PATIENT	SUBTOTAL	OTHER
	FOR COST	BLDGS &	MOVABLE	BENEFITS	CASE MGT	ACCOUNTING		ADMIN &
	ALLOCATION	FIXTURES	EQUIPMENT					GENERAL
	0	3	4	5	6.04	6.05	5A	6.06
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	530696	530696						3
4 NEW CAP REL COSTS-MVBLE EQUIP	997728		997728					4
5 EMPLOYEE BENEFITS	4024940	10953	5548	4041441				5
6.04 ADMITTING/CASE MGT	410912	4323	7845	143580	566660			6.04
6.05 PATIENT ACCOUNTING	473362	24425	10665	126960		635412		6.05
6.06 OTHER ADMIN AND GENERAL	1976230	98572	143507	383463			2601772	2601772
7 MAINTENANCE & REPAIRS	307064			109631			416695	52111
8 OPERATION OF PLANT	973526	105527	18957	25232			1123242	140470
9 LAUNDRY & LINEN SERVICE	134204	4303		189			138696	17345
10 HOUSEKEEPING	370930	5376	884	137013			514203	64305
11 DIETARY	249363	29344	11621	54894			345222	43173
12 CAFETERIA	359940	8335		92391			460666	57610
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	79418	2570	25841	28960			136789	17107
15 CENTRAL SERVICES & SUPPLY								
16 PHARMACY	687355	4326	10011	131915			833607	104249
17 MEDICAL RECORDS & LIBRARY	465567	10411	74247	155282			705507	88229
18 SOCIAL SERVICE								
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A								
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1317151	57976	37845	568223	31760	35613	2048568	256190
26 INTENSIVE CARE UNIT	545451	9366	25133	201260	9182	10295	800687	100132
33 NURSERY	77531	2485		26412	1803	2022	110253	13788
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1352828	24301	133238	290894	50808	56971	1909040	238741
39 DELIVERY ROOM & LABOR ROOM	403790	7319		138242	8981	10070	568402	71083
40 ANESTHESIOLOGY	134447	844	21381		27862	31241	215775	26984
41 RADIOLOGY-DIAGNOSTIC	1797217	21855	341004	419829	171263	192055	2943223	368066
44 LABORATORY	1794206	14742	72517	306533	83776	93937	2365711	295851
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY	309450	7754	19432	98557	18185	20391	473769	59249
50 PHYSICAL THERAPY	434355	23309	16933	188321	13748	15415	692081	86550
54 ELECTROENCEPHALOGRAPHY	9818		5001		214	240	15273	1910
55 MEDICAL SUPPLIES CHARGED TO PAT	266943	6655			23198	26012	322808	40370
55.10 IMPLANTABLE MEDICAL SUPPLIES	372401	1598			5571	6247	385817	48250
56 DRUGS CHARGED TO PATIENTS	803362				34549	38740	876651	109632
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1105711	16479	12432	299243	85760	96163	1615788	202067
62 OBSERVATION BEDS (NON-DISTINCT)								
62.01 OBSERVATION BEDS-DISTINCT								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								
69.20 OPT								
69.30 CMHC								
69.40 OPT								
71 HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
95 SUBTOTALS	22765896	503148	994042	3927024	566660	635412	22620245	2503462
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	28927	1101	368				30396	3801
98 PHYSICIANS' PRIVATE OFFICES	457023	26447	3318	113933			600721	75125
98.01 MEDICAL OFFICE BUILDING	154515			484			154999	19384
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	23406361	530696	997728	4041441	566660	635412	23406361	2601772

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	PHARMACY
	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	16
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.04 ADMITTING/CASE MGT								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 OTHER ADMIN AND GENERAL								6.06
7 MAINTENANCE & REPAIRS	468806							7
8 OPERATION OF PLANT	126066	1389778						8
9 LAUNDRY & LINEN SERVICE	5141	20846	182028					9
10 HOUSEKEEPING	6423	26044		610975				10
11 DIETARY	35055	142146	3348		568944			11
12 CAFETERIA	9958	40379				568613		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3070	12447		2230		3741	175384	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	5168	20955						963979 16
17 MEDICAL RECORDS & LIBRARY	12437	50432		2061		44891		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	69260	280843	52671	202929	515148	134671	80945	25
26 INTENSIVE CARE UNIT	11189	45371	10303	38954	53796	33668	20237	26
33 NURSERY	2968	12037	3316	4796		11223	6746	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	29031	117716	38907	86194		52372	31479	37
39 DELIVERY ROOM & LABOR ROOM	8744	35454	7788			11223	6746	39
40 ANESTHESIOLOGY	1009	4090		4038				40
41 RADIOLOGY-DIAGNOSTIC	26109	105871	22998	35883		71077		41
44 LABORATORY	17612	71415	237	20108		59854		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	9263	37561	409	7824		22445		49
50 PHYSICAL THERAPY	27846	112915	4350	37061		37409		50
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PAT	7951	32240		3281				55
55.10 IMPLANTABLE MEDICAL SUPPLIES	1909	7742		799				55.10
56 DRUGS CHARGED TO PATIENTS				11400		18704		963979 56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	19687	79827	34008	74542		48631	29231	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	435896	1256331	178335	532100	568944	549909	175384	963979 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1316	5335		2061				96
98 PHYSICIANS' PRIVATE OFFICES	31594	128112	3693	75594		18704		98
98.01 MEDICAL OFFICE BUILDING				1220				98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	468806	1389778	182028	610975	568944	568613	175384	963979 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.04 ADMITTING/CASE MGT					6.04
6.05 PATIENT ACCOUNTING					6.05
6.06 OTHER ADMIN AND GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY	903557				17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	50642	3691867		3691867	25
26 INTENSIVE CARE UNIT	14640	1128977		1128977	26
33 NURSERY	2875	168002		168002	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	81014	2584494		2584494	37
39 DELIVERY ROOM & LABOR ROOM	14320	723760		723760	39
40 ANESTHESIOLOGY	44426	296322		296322	40
41 RADIOLOGY-DIAGNOSTIC	273093	3846320		3846320	41
44 LABORATORY	133581	2964369		2964369	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY	28996	639516		639516	49
50 PHYSICAL THERAPY	21921	1020133		1020133	50
54 ELECTROENCEPHALOGRAPHY	341	17524		17524	54
55 MEDICAL SUPPLIES CHARGED TO PAT	36990	443640		443640	55
55.10 IMPLANTABLE MEDICAL SUPPLIES	8883	453400		453400	55.10
56 DRUGS CHARGED TO PATIENTS	55089	2035455		2035455	56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	136746	2240527		2240527	61
62 OBSERVATION BEDS (NON-DISTINCT)					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OPT					69.20
69.30 CMHC					69.30
69.40 OPT					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	903557	22254306		22254306	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		42909		42909	96
98 PHYSICIANS' PRIVATE OFFICES		933543		933543	98
98.01 MEDICAL OFFICE BUILDING		175603		175603	98.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	903557	23406361		23406361	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMITTING CASE MGT 6.04	PATIENT ACCOUNTING 6.05	OTHER ADMIN & GENERAL 6.06	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		10953	5548	16501	16501				5
6.04 ADMITTING/CASE MGT		4323	7845	12168	586	12754			6.04
6.05 PATIENT ACCOUNTING		24425	10665	35090	518		35608		6.05
6.06 OTHER ADMIN AND GENERAL		98572	143507	242079	1566			243645	6.06
7 MAINTENANCE & REPAIRS					448			4880	7
8 OPERATION OF PLANT		105527	18957	124484	103			13154	8
9 LAUNDRY & LINEN SERVICE		4303		4303	1			1624	9
10 HOUSEKEEPING		5376	884	6260	559			6022	10
11 DIETARY		29344	11621	40965	224			4043	11
12 CAFETERIA		8335		8335	377			5395	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2570	25841	28411	118			1602	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY		4326	10011	14337	539			9762	16
17 MEDICAL RECORDS & LIBRARY		10411	74247	84658	634			8262	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		57976	37845	95821	2321	717	1995	23991	25
26 INTENSIVE CARE UNIT		9366	25133	34499	822	207	577	9377	26
33 NURSERY		2485		2485	108	41	113	1291	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		24301	133238	157539	1188	1147	3192	22357	37
39 DELIVERY ROOM & LABOR ROOM		7319		7319	564	203	564	6657	39
40 ANESTHESIOLOGY		844	21381	22225		629	1750	2527	40
41 RADIOLOGY-DIAGNOSTIC		21855	341004	362859	1714	3828	10770	34472	41
44 LABORATORY		14742	72517	87259	1251	1891	5263	27705	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		7754	19432	27186	402	410	1142	5548	49
50 PHYSICAL THERAPY		23309	16933	40242	769	310	864	8105	50
54 ELECTROENCEPHALOGRAPHY			5001	5001	5	13		179	54
55 MEDICAL SUPPLIES CHARGED TO PAT		6655		6655		524	1457	3780	55
55.10 IMPLANTABLE MEDICAL SUPPLIES		1598		1598		126	350	4518	55.10
56 DRUGS CHARGED TO PATIENTS						780	2170	10266	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		16479	12432	28911	1222	1936	5388	18922	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT									62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS		503148	994042	1497190	16034	12754	35608	234439	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1101	368	1469				356	96
98 PHYSICIANS' PRIVATE OFFICES		26447	3318	29765	465			7035	98
98.01 MEDICAL OFFICE BUILDING					2			1815	98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		530696	997728	1528424	16501	12754	35608	243645	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	PHARMACY
	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	16
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.04 ADMITTING/CASE MGT								6.04
6.05 PATIENT ACCOUNTING								6.05
6.06 OTHER ADMIN AND GENERAL								6.06
7 MAINTENANCE & REPAIRS	5328							7
8 OPERATION OF PLANT	1435	139176						8
9 LAUNDRY & LINEN SERVICE	58	2088	8074					9
10 HOUSEKEEPING	73	2608		15522				10
11 DIETARY	398	14235	149		60014			11
12 CAFETERIA	113	4044				18264		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	35	1247		57		120	31590	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	59	2099						26796
17 MEDICAL RECORDS & LIBRARY	141	5050		52		1442		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	787	28124	2336	5154	54339	4326	14580	25
26 INTENSIVE CARE UNIT	127	4544	457	990	5675	1081	3645	26
33 NURSERY	34	1205	147	122		360	1215	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	330	11788	1726	2190		1682	5670	37
39 DELIVERY ROOM & LABOR ROOM	99	3550	345			360	1215	39
40 ANESTHESIOLOGY	11	410		103				40
41 RADIOLOGY-DIAGNOSTIC	297	10602	1020	912		2283		41
44 LABORATORY	200	7152	11	511		1923		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	105	3761	18	199		721		49
50 PHYSICAL THERAPY	316	11308	193	942		1202		50
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PAT	90	3229		83				55
55.10 IMPLANTABLE MEDICAL SUPPLIES	22	775		20				55.10
56 DRUGS CHARGED TO PATIENTS				290		601		26796
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	224	7994	1508	1894		1562	5265	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	4954	125813	7910	13519	60014	17663	31590	26796
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	15	534		52				96
98 PHYSICIANS' PRIVATE OFFICES	359	12829	164	1920		601		98
98.01 MEDICAL OFFICE BUILDING				31				98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5328	139176	8074	15522	60014	18264	31590	26796

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.04 ADMITTING/CASE MGT				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 OTHER ADMIN AND GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	100239			17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	5619	240110		25
26 INTENSIVE CARE UNIT	1624	63625		26
33 NURSERY	319	7440		33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	8988	217797		37
39 DELIVERY ROOM & LABOR ROOM	1589	22465		39
40 ANESTHESIOLOGY	4929	32584		40
41 RADIOLOGY-DIAGNOSTIC	30289	459046		41
44 LABORATORY	14821	147987		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	3217	42709		49
50 PHYSICAL THERAPY	2432	66683		50
54 ELECTROENCEPHALOGRAPHY	38	5236		54
55 MEDICAL SUPPLIES CHARGED TO PAT	4104	19922		55
55.10 IMPLANTABLE MEDICAL SUPPLIES	986	8395		55.10
56 DRUGS CHARGED TO PATIENTS	6112	47015		56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	15172	89998		61
62 OBSERVATION BEDS (NON-DISTINCT)				62
62.01 OBSERVATION BEDS-DISTINCT				62.01
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	100239	1471012		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		2426		96
98 PHYSICIANS' PRIVATE OFFICES		53138		98
98.01 MEDICAL OFFICE BUILDING		1848		98.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	100239	1528424		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	PATIENT	RECON-	OTHER
	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BENEFITS	CASE MGT	ACCOUNTING	CILIATION	ADMIN & GENERAL
	SQUARE FEET	ACTUAL DEPREC	GROSS SALARIES	GROSS REVENUE	GROSS REVENUE		ACCUM COST
	3	4	5	6.04	6.05	6A.06	6.06
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	187945						3
4 NEW CAP REL COSTS-MVBLE EQUIP		998173					4
5 EMPLOYEE BENEFITS	3879	5550	10410209				5
6.04 ADMITTING/CASE MGT	1531	7849	369842	77052976			6.04
6.05 PATIENT ACCOUNTING	8650	10670	327033		77052976		6.05
6.06 OTHER ADMIN AND GENERAL	34909	143571	987748			-2601772	20804589 6.06
7 MAINTENANCE & REPAIRS			282394				416695 7
8 OPERATION OF PLANT	37372	18965	64993				1123242 8
9 LAUNDRY & LINEN SERVICE	1524		487				138696 9
10 HOUSEKEEPING	1904	884	352927				514203 10
11 DIETARY	10392	11626	141399				345222 11
12 CAFETERIA	2952		237988				460666 12
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	910	25853	74598				136789 14
15 CENTRAL SERVICES & SUPPLY							
16 PHARMACY	1532	10015	339796				833607 16
17 MEDICAL RECORDS & LIBRARY	3687	74280	399986				705507 17
18 SOCIAL SERVICE							
20 NONPHYSICIAN ANESTHETISTS							
21 NURSING SCHOOL							
22 I&R SERVICES-SALARY & FRINGES							
23 I&R SERVICES-OTHER PRGM COSTS							
24 PARAMED ED PRGM-(SPECIFY)							
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	20532	37862	1463663	4318799	4318799		2048568 25
26 INTENSIVE CARE UNIT	3317	25144	518420	1248506	1248506		800687 26
33 NURSERY	880		68035	245163	245163		110253 33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	8606	133297	749303	6908912	6908912		1909040 37
39 DELIVERY ROOM & LABOR ROOM	2592		356093	1221207	1221207		568402 39
40 ANESTHESIOLOGY	299	21391		3788642	3788642		215775 40
41 RADIOLOGY-DIAGNOSTIC	7740	341157	1081424	23286817	23286817		2943223 41
44 LABORATORY	5221	72549	789587	11391828	11391828		2365711 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY	2746	19441	253870	2472810	2472810		473769 49
50 PHYSICAL THERAPY	8255	16941	485089	1869403	1869403		692081 50
54 ELECTROENCEPHALOGRAPHY		5003		29089	29089		15273 54
55 MEDICAL SUPPLIES CHARGED TO P	2357			3154510	3154510		322808 55
55.10 IMPLANTABLE MEDICAL SUPPLIES	566			757538	757538		385817 55.10
56 DRUGS CHARGED TO PATIENTS				4698016	4698016		876651 56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	5836	12438	770809	11661736	11661736		1615788 61
62 OBSERVATION BEDS (NON-DISTINC							
62.01 OBSERVATION BEDS-DISTINCT							
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							
69.20 OPT							
69.30 CMHC							
69.40 OPT							
71 HOME HEALTH AGENCY							
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							
85.02 INTESTINAL ACQUISITION							
95 SUBTOTALS	178189	994486	10115484	77052976	77052976	-2601772	20018473 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	390	368					30396 96
98 PHYSICIANS' PRIVATE OFFICES	9366	3319	293477				600721 98
98.01 MEDICAL OFFICE BUILDING			1248				154999 98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	PATIENT	RECON-	OTHER
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT ACTUAL DEPREC	BENEFITS GROSS SALARIES	CASE MGT GROSS REVENUE	ACCOUNTING GROSS REVENUE	CILIATION	ADMIN & GENERAL ACCUM COST
	3	4	5	6.04	6.05	6A.06	6.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	530696	997728	4041441	566660	635412		2601772 103
104 UNIT COST MULT-WS B PT I		.999554		.007354			104
104 UNIT COST MULT-WS B PT I	2.823677		.388219		.008246		.125058 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			16501	12754	35608		243645 107
108 UNIT COST MULT-WS B PT III				.000166			108
108 UNIT COST MULT-WS B PT III			.001585		.000462		.011711 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	PHARMACY COSTED REQUIS.
	7	8	9	10	11	12	14	16
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.04								6.04
6.05								6.05
6.06								6.06
7	138976							7
8	37372	101604						8
9	1524	1524	202890					9
10	1904	1904		14524				10
11	10392	10392	3732		40347			11
12	2952	2952					152	12
13								13
14	910	910		53		1	78	14
15								15
16	1532	1532						16
17	3687	3687		49		12		17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	20532	20532	58707	4824	36532	36	36	25
26	3317	3317	11484	926	3815	9	9	26
33	880	880	3696	114		3	3	33
ANCILLARY SERVICE COST CENTERS								
37	8606	8606	43366	2049		14	14	37
39	2592	2592	8681			3	3	39
40	299	299		96				40
41	7740	7740	25634	853		19		41
44	5221	5221	264	478		16		44
46.30								46.30
49	2746	2746	456	186		6		49
50	8255	8255	4848	881		10		50
54								54
55	2357	2357		78				55
55.10	566	566		19				55.10
56				271		5		56
OUTPATIENT SERVICE COST CENTERS								
61	5836	5836	37906	1772		13	13	61
62								62
62.01								62.01
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	129220	91848	198774	12649	40347	147	78	95
NONREIMBURSABLE COST CENTERS								
96	390	390		49				96
98	9366	9366	4116	1797		5		98
98.01				29				98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	PHARMACY
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	MEALS SERVED	FTES	ADMINIS- TRATION DIRECT NRSING HRS	COSTED REQUIS.
	7	8	9	10	11	12	14	16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	468806	1389778	182028	610975	568944	568613	175384	963979 103
104 UNIT COST MULT-WS B PT I	3.373287		.897176		14.101271		2248.512821	104
104 UNIT COST MULT-WS B PT I		13.678379		42.066579		3740.875000		1.402447 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	5328	139176	8074	15522	60014	18264	31590	26796 107
108 UNIT COST MULT-WS B PT III	.038338		.039795		1.487446		405.000000	108
108 UNIT COST MULT-WS B PT III		1.369789		1.068714		120.157895		.038984 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
17		
GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6.04	ADMITTING/CASE MGT	6.04
6.05	PATIENT ACCOUNTING	6.05
6.06	OTHER ADMIN AND GENERAL	6.06
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY 77052976	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS 4318799	25
26	INTENSIVE CARE UNIT 1248506	26
33	NURSERY 245163	33
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM 6908912	37
39	DELIVERY ROOM & LABOR ROOM 1221207	39
40	ANESTHESIOLOGY 3788642	40
41	RADIOLOGY-DIAGNOSTIC 23286817	41
44	LABORATORY 11391828	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY 2472810	49
50	PHYSICAL THERAPY 1869403	50
54	ELECTROENCEPHALOGRAPHY 29089	54
55	MEDICAL SUPPLIES CHARGED TO P 3154510	55
55.10	IMPLANTABLE MEDICAL SUPPLIES 757538	55.10
56	DRUGS CHARGED TO PATIENTS 4698016	56
OUTPATIENT SERVICE COST CENTERS		
61	EMERGENCY 11661736	61
62	OBSERVATION BEDS (NON-DISTINC	62
62.01	OBSERVATION BEDS-DISTINCT	62.01
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OPT	69.20
69.30	CMHC	69.30
69.40	OPT	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
95	SUBTOTALS 77052976	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
98	PHYSICIANS' PRIVATE OFFICES	98
98.01	MEDICAL OFFICE BUILDING	98.01

PROVIDER NO. 14-1350 ST. FRANCIS-LITCHFIELD IL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/25/2009 11:19

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	903557	103
104 UNIT COST MULT-WS B PT I	.011726	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	100239	107
108 UNIT COST MULT-WS B PT III	.001301	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL 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	3691867				25
26 INTENSIVE CARE UNIT	1128977				26
33 NURSERY	168002				33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	2584494				37
39 DELIVERY ROOM & LABOR ROOM	723760				39
40 ANESTHESIOLOGY	296322				40
41 RADIOLOGY-DIAGNOSTIC	3846320				41
44 LABORATORY	2964369				44
46.30 BLOOD CLOTTING FACTORS ADMI					46.30
49 RESPIRATORY THERAPY	639516				49
50 PHYSICAL THERAPY	1020133				50
54 ELECTROENCEPHALOGRAPHY	17524				54
55 MEDICAL SUPPLIES CHARGED TO	443640				55
55.10 IMPLANTABLE MEDICAL SUPPLIE	453400				55.10
56 DRUGS CHARGED TO PATIENTS	2035455				56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	2240527				61
62 OBSERVATION BEDS (NON-DISTI	693436		693436		62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL	22947742		693436		101
102 LESS OBSERVATION BEDS	693436		693436		102
103 TOTAL	22254306				103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	2348126		2348126			25
26 INTENSIVE CARE UNIT	1205901		1205901			26
33 NURSERY	239405		239405			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1511244	5286825	6798069	.380181		37
39 DELIVERY ROOM & LABOR ROOM	687939	545949	1233888	.586569		39
40 ANESTHESIOLOGY	839963	2893616	3733579	.079367		40
41 RADIOLOGY-DIAGNOSTIC	1721159	21243318	22964477	.167490		41
44 LABORATORY	2682546	8300738	10983284	.269898		44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	417117	1854116	2271233	.281572		49
50 PHYSICAL THERAPY	237415	1606317	1843732	.553298		50
54 ELECTROENCEPHALOGRAPHY	756	27928	28684	.610933		54
55 MEDICAL SUPPLIES CHARGED TO	1599281	1543781	3143062	.141149		55
55.10 IMPLANTABLE MEDICAL SUPPLIE	703363	54175	757538	.598518		55.10
56 DRUGS CHARGED TO PATIENTS	2396891	2771477	5168368	.393829		56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	207439	7111350	7318789	.306134		61
62 OBSERVATION BEDS (NON-DISTI	107906	1204918	1312824	.528202	.528202	.528202 62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	16906451	54444508	71350959			101
102 LESS OBSERVATION BEDS						102
103 TOTAL			71350959			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1350) [] 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						
49 OPERATING ROOM	.380181	.380181	.380181			37
39 DELIVERY ROOM & LABOR ROOM	.586569	.586569	.586569			39
40 ANESTHESIOLOGY	.079367	.079367	.079367			40
41 RADIOLOGY-DIAGNOSTIC	.167490	.167490	.167490			41
44 LABORATORY	.269898	.269898	.269898			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.281572	.281572	.281572			49
50 PHYSICAL THERAPY	.553298	.553298	.553298			50
54 ELECTROENCEPHALOGRAPHY	.610933	.610933	.610933			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141149	.141149	.141149			55
55.10 IMPLANTABLE MEDICAL SUPPLIES	.598518	.598518	.598518			55.10
56 DRUGS CHARGED TO PATIENTS	.393829	.393829	.393829			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.306134	.306134	.306134			61
62 OBSERVATION BEDS (NON-DISTINCT	.528202	.528202	.528202			62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.393829	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	2		
2.01 VACCINE CHARGES - HEPATITIS B	2.01		
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	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 (14-1350) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1894847							37
39 DELIVERY ROOM & LABOR ROOM	1344							39
40 ANESTHESIOLOGY	996037							40
41 RADIOLOGY-DIAGNOSTIC	8083895							41
44 LABORATORY	4028212							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	1401931							49
50 PHYSICAL THERAPY	629478							50
54 ELECTROENCEPHALOGRAPHY	8033							54
55 MEDICAL SUPPLIES CHARGED TO PA	657064							55
55.10 IMPLANTABLE MEDICAL SUPPLIES	10638							55.10
56 DRUGS CHARGED TO PATIENTS	1042062							56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	2506096							61
62 OBSERVATION BEDS (NON-DISTINCT)	1086470							62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL	22346107							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	22346107							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1350) [] 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	720385						37
39 DELIVERY ROOM & LABOR ROOM	788						39
40 ANESTHESIOLOGY	79052						40
41 RADIOLOGY-DIAGNOSTIC	1353972						41
44 LABORATORY	1087206						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	394745						49
50 PHYSICAL THERAPY	348289						50
54 ELECTROENCEPHALOGRAPHY	4908						54
55 MEDICAL SUPPLIES CHARGED TO PAT	92744						55
55.10 IMPLANTABLE MEDICAL SUPPLIES	6367						55.10
56 DRUGS CHARGED TO PATIENTS	410394						56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	767201						61
62 OBSERVATION BEDS (NON-DISTINCT)	573876						62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	5839927						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	5839927						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) (14-1350)	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)	6510					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6431					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	91					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6340					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	74					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5					7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3760					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	74					10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1350)	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	107.32						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3691867						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	537						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	42529						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3649338						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3865062						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	57795						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3807267						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.944186						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	635.11						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	600.52						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	34.59						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	32.66						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	2972						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3646366						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) (14-1350)	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	567.00					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2131920					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2131920					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	1128977	323	3495.28	261	912268	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	2388021					48
49 TOTAL PROGRAM INPATIENT COSTS	5432209					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) (14-1350)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	41958					60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	41958					62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

PROVIDER NO. 14-1350 ST. FRANCIS-LITCHFIELD IL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/25/2009 11:19

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1222	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	567.46	84
85 OBSERVATION BED COST	693436	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-1350) [] 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		2261147		25
26 INTENSIVE CARE UNIT		299889		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.380181	924430	351451	37
39 DELIVERY ROOM & LABOR ROOM	.586569	185	109	39
40 ANESTHESIOLOGY	.079367	475058	37704	40
41 RADIOLOGY-DIAGNOSTIC	.167490	1229546	205937	41
44 LABORATORY	.269898	1792358	483754	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.281572	364287	102573	49
50 PHYSICAL THERAPY	.553298	200565	110972	50
54 ELECTROENCEPHALOGRAPHY	.610933	756	462	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141149	1164050	164304	55
55.10 IMPLANTABLE MEDICAL SUPPLIES	.598518	513040	307064	55.10
56 DRUGS CHARGED TO PATIENTS	.393829	1568668	617787	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.306134	182	56	61
62 OBSERVATION BEDS (NON-DISTINCT	.528202	11072	5848	62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		8244197	2388021	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8244197		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-Z350)	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.380181			37
39 DELIVERY ROOM & LABOR ROOM	.586569			39
40 ANESTHESIOLOGY	.079367			40
41 RADIOLOGY-DIAGNOSTIC	.167490		74	41
44 LABORATORY	.269898	3283	886	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.281572	4170	1174	49
50 PHYSICAL THERAPY	.553298	13915	7699	50
54 ELECTROENCEPHALOGRAPHY	.610933			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141149	6848	967	55
55.10 IMPLANTABLE MEDICAL SUPPLIES	.598518			55.10
56 DRUGS CHARGED TO PATIENTS	.393829	8671	3415	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.306134			61
62 OBSERVATION BEDS (NON-DISTINCT	.528202			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		37326	14215	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		37326		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)				3.06
		[FOR CR PERIODS ENDING]			
		[ON OR AFTER 7/1/2005]			
		[E-3,PT.VI,LN.15][PLUS LN.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
		RES. IN			
		INIT YRS			
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1350)	HOSPITAL (14-1350)	HOSPITAL (14-1350)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	5839927			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	5839927			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	5898326			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1350)	HOSPITAL (14-1350)	HOSPITAL (14-1350)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	47030		18
18.01 COINSURANCE	3694211		18.01
19 SUBTOTAL	2157085		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	2157085		23
24 PRIMARY PAYER PAYMENTS	422		24
25 SUBTOTAL	2156663		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	811847		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	811847		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	768475		27.02
28 SUBTOTAL	2968510		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	2968510		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2223117		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	745393		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	312344		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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-1350)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4916249		2922785	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01	09/09/2008	71422	02/20/2009	80449	3.01
TO .02	07/06/2009	653909			3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50	12/15/2008	122748	12/15/2008	162845	3.50
PROVIDER .51	02/20/2009	213022	07/06/2009	617272	3.51
TO .52					3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		389561		-699668	3.99
4 TOTAL INTERIM PAYMENTS		5305810		2223117	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02					5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51					5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01					6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: 0

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (14-Z350)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53163		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				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05				3.05
				3.50
PROVIDER .51				3.51
TO .52		NONE		3.52
PROGRAM .53				3.53
				3.54
SUBTOTAL .99				3.99
4 TOTAL INTERIM PAYMENTS		53163		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: 0

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
		PART A	PART B	(14-Z350)	
	1	(14-Z350)	2	(14-Z350)	1
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		42378		1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF				2
3	ANCILLARY SERVICES		14357		3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				4
5	PROGRAM DAYS		74		5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY				7
8	SUBTOTAL		56735		8
9	PRIMARY PAYER PAYMENTS				9
10	SUBTOTAL		56735		10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)				11
12	SUBTOTAL		56735		12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		4552		13
14	80% OF PART B COSTS				14
15	SUBTOTAL		52183		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		52183		18
19	SEQUESTRATION ADJUSTMENT				19
20	INTERIM PAYMENTS		53163		20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				20.01
21	BALANCE DUE PROVIDER/PROGRAM		-980		21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				22

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	3600000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	11386997			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7395314			6
7 INVENTORY	484000			7
8 PREPAID EXPENSES	593000			8
9 OTHER CURRENT ASSETS	2297000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	10965683			11
FIXED ASSETS				
12 LAND	99383			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	1059741			13
13.01 ACCUMULATED DEPRECIATION	-946286			13.01
14 BUILDINGS	5292689			14
14.01 ACCUMULATED DEPRECIATION	-4513156			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	10559311			16
16.01 ACCUMULATED DEPRECIATION	-7398268			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	16099683			18
18.01 ACCUMULATED DEPRECIATION	-12568781			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	7684316			21
OTHER ASSETS				
22 INVESTMENTS	22417000			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	139001			25
26 TOTAL OTHER ASSETS	22556001			26
27 TOTAL ASSETS	41206000			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	854000			28
29 SALARIES, WAGES & FEES PAYABLE	1765000			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	1682000			35
36 TOTAL CURRENT LIABILITIES	4301000			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	11556000			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	6796000			41
42 TOTAL LONG TERM LIABILITIES	18352000			42
43 TOTAL LIABILITIES	22653000			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	18553000			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	18553000			51
52 TOTAL LIABILITIES AND FUND BALANCES	41206000			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	19441000			1
2 NET INCOME (LOSS)	-723924			2
3 TOTAL	18717076			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS				5
6 CHANGE IN PERM RESTRIC ASSETS				6
7 INVESTMENT INCOME				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	18717076			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CHANGE IN TEMP RESTRICTED ASSETS	164076			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	164076			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	18553000			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	2617817		2617817	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	2617817		2617817	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	1220500		1220500	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	1220500		1220500	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	3838317		3838317	18
18.50 ANCILLARY SERVICES	13177550	46970114	60147664	18.50
18.60 OUTPATIENT SERVICES		11572323	11572323	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 OBSERVATION	287198	1416633	1703831	26
27 TOTAL PATIENT REVENUES	17303065	59959070	77262135	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		30786877	26
27 ADD (SPECIFY)			27
28 ROUNDING			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 ROUNDING	-1		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-1		39
40 TOTAL OPERATING EXPENSES		30786876	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	77262135	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	42649059	2
3	NET PATIENT REVENUES	34613076	3
4	LESS - TOTAL OPERATING EXPENSES	30786876	4
5	NET INCOME FROM SERVICE TO PATIENTS	3826200	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	74106	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	1200	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	63941	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	74	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	2695	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	347924	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS OPERATING REVENUE	184426	24
24.01	GAIN/LOSS ON SALE OF EQUIPMENT	8901	24.01
24.02	INTEREST INCOME	-166512	24.02
24.03	SALE OF SCRAP	39686	24.03
24.04	HOUSEKEEPING INCOME	55529	24.04
24.05	RECOGNITION OF CHANGE IN PENSION FU	-4092000	24.05
24.06	GAIN/LOSS ON EXT OF DEBT		24.06
24.07	NET ASSETS RELEASED/PURCHASE PPE		24.07
24.08	INVESTMENT INCOME	-1070094	24.08
25	TOTAL OTHER INCOME	-4550124	25
26	TOTAL	-723924	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-723924	31