

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. CATHERINE HOSPITAL (15-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX
	PART A	PART B	
1 HOSPITAL	2 946624	3 68519	4 1
2 SUBPROVIDER I			2
2.01 SUBPROVIDER II			2.01
3 SWING BED - SNF	66152		3
4 SWING BED - NF	89150		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	1101926	68519	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: 4321 FIR STREET P.O.BOX: 1  
 1.01 CITY: EAST CHICAGO STATE: IN ZIP CODE: 46312 COUNTY: LAKE 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	15-0008	07/01/1966	N	P	P	2	
3	SUBPROVIDER I	15-S008	01/01/1991	N	P	P	3	
3.01	SUBPROVIDER II	15-T008	01/01/2002	N	P	P	3.01	
4	SWING BEDS - SNF						4	
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF						6	
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA	ST CATHERINES HHA	15-7453	01/01/1996	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC						14	
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	

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

TYPE OF HOSPITAL/SUBPROVIDER  
 19 HOSPITAL 19  
 20 SUBPROVIDER I 20  
 20.01 SUBPROVIDER II 20.01

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 23844 21.03

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<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.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	158054		40
40.01	NAME: COMMUNITY FOUNDATION OF NOR	FI/CONTRACTOR'S NAME: NGS		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 10010 DONALD S POWERS DRIVE			P.O.BOX: STE 201	40.02
40.03	CITY: MUNSTER			STATE: IN ZIP CODE: 46321	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE					53
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.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$				
		0	1	2	3	4				
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56				
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57				
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58				
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01				
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59				
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60				
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO			60.01				
MULTICAMPUS										
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61				
	COUNTY:	1	STATE:	2	ZIP CODE	3	CBSA	4	FTE/ CAMPUS	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	11/03/2009		63				





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3167	2026	7320	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		3167	2026	7320	12
13	RPCH VISITS					13
14	SUBPROVIDER I		170	271	757	14
14.01	SUBPROVIDER II		564	52	682	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	TOTAL SALARIES	52039984		52039984	1966436.00	26.46		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	600024		600024	6746.00	88.95	CRNA ONLY	3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1841624		1841624	10355.00	177.85	ANEST/CLINIC	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	7173269		7173269	238914.00	30.02		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	52862		52862	991.97	53.29	DETAILED ANALYS	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	558953		558953	2339.00	238.97	AGREES TO A-8-2	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	4535914		4535914	129593.00	35.00		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10539296		10539296			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1586352		1586352			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	85156		85156			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	223716		223716			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	410956		410956	13750.00	29.89		21
22	ADMINISTRATIVE & GENERAL	4698877		4698877	183484.00	25.61		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	469795		469795	3972.25	118.27		22.01
23	MAINTENANCE & REPAIRS	1061043		1061043	38589.00	27.50		23
24	OPERATION OF PLANT	427244		427244	17032.00	25.08		24
25	LAUNDRY & LINEN SERVICE	86754		86754	6380.00	13.60		25
26	HOUSEKEEPING	1717508		1717508	113403.00	15.15		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1493586	-975311	518275	34840.00	14.88		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		975311	975311	65562.00	14.88		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1127155		1127155	36696.00	30.72		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	1270241		1270241	36513.00	34.79		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1086341		1086341	57793.00	18.80		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	50068131		50068131	1953307.25	25.63	1
2	EXCLUDED AREA SALARIES	7173269		7173269	238914.00	30.02	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	42894862		42894862	1714393.25	25.02	3
4	SUBTOTAL OTHER WAGES & REL COSTS	5147729		5147729	132923.97	38.73	4
5	SUBTOTAL WAGE-RELATED COSTS	10539296		10539296		24.57%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	58581887		58581887	1847317.22	31.71	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	13849500		13849500	608014.25	22.78	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7453

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		6018		787	6805	1
2 UNDUPLICATED CENSUS COUNT		395.00		131.00	526.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.91		1.91	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	2.83		2.83	5
6 DIRECT NURSING SERVICE	5.28		5.28	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		2.23	2.23	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.15	1.15	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	5.06	.01	5.07	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)			23844	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7453

WORKSHEET S-4  
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC	SCIC ONLY	TOTAL	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	WITHIN A PEP 5	EPISODES 6		
21	SKILLED NURSING VISITS	11641	556	94	77		12368	21
22	SKILLED NURSING VISIT CHARGES	1702234	81421	13724	11242		1808621	22
23	PHYSICAL THERAPY VISITS	3670	19	3	33		3725	23
24	PHYSICAL THERAPY VISIT CHARGES	627570	3249	513	5643		636975	24
25	OCCUPATIONAL THERAPY VISITS	1991	1		9		2001	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	340461	171		1539		342171	26
27	SPEECH PATHOLOGY VISITS							27
28	SPEECH PATHOLOGY VISIT CHARGES							28
29	MEDICAL SOCIAL SERVICE VISITS	13					13	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	2535					2535	30
31	HOME HEALTH AIDE VISITS	5592	92	7	25		5716	31
32	HOME HEALTH AIDE VISIT CHARGES	615120	10120	770	2750		628760	32
33	TOTAL VISITS	22907	668	104	144		23823	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	3287920	94961	15007	21174		3419062	35
36	TOTAL NUMBER OF EPISODES	873		38	13		924	36
37	TOTAL NUMBER OF OUTLIER EPISODES		12				12	37
38	TOTAL MEDICAL SUPPLY CHARGES	154847	12869	1795	482		169993	38

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	13055124	17
17.01	GROSS MEDICAID REVENUES	13678446	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	26733570	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.420439	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	62718135	28
29	TOTAL GROSS MEDICAID COST	26369150	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	15353235	30
31	UNCOMPENSATED CARE COST	6455099	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	26369150	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
3	0300				4873619	4873619	522804	5396423	3
4	0400				2755617	2755617	2001455	4757072	4
5	0500	68842	16380	85222	12434292	12519514		12519514	5
5.01	0501	342114	238458	580572	-4628	575944	-192	575752	5.01
6.01	0610	260470	178277	438747	-209	438538	-7140	431398	6.01
6.02	0630	297406	93115	390521		390521	-8	390513	6.02
6.03	0640	855738	115587	971325	-35830	935495	-28	935467	6.03
6.04	0650				30970	30970		30970	6.04
6.05	0660	3285263	66444863	69730126	-19088262	50641864	-38228950	12412914	6.05
7	0700	1061043	5254612	6315655	-405	6315250	-408	6314842	7
8	0800	427244	996876	1424120	54491	1478611	-7071	1471540	8
9	0900	86754	657936	744690	-45	744645		744645	9
10	1000	1717508	258915	1976423	-3880	1972543		1972543	10
11	1100	1493586	1268282	2761868	-1828780	933088	-489639	443449	11
12	1200				1803499	1803499		1803499	12
14	1400	1127155	274089	1401244	-951	1400293	-10559	1389734	14
15	1500		246872	246872	-229252	17620		17620	15
16	1600	1270241	4022777	5293018	-3576537	1716481		1716481	16
17	1700	1086341	394674	1481015	-3170	1477845	-5216	1472629	17
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	10001965	1331928	11333893	-1693184	9640709	-32847	9607862	25
26	2600	1971910	352546	2324456	-234254	2090202	-7411	2082791	26
31	3100	1301674	100955	1402629	-12018	1390611	-335000	1055611	31
31.01	3101	1600008	2414530	4014538	-148479	3866059		3866059	31.01
33	3300								33
ANCILLARY SERVICE COST CENTERS									
37	3700	3213245	7720522	10933767	-2231273	8702494	-1098904	7603590	37
38	3800	341327	31831	373158	-28599	344559		344559	38
39	3900				779795	779795		779795	39
40	4000	2225613	440178	2665791	-253615	2412176	-2225613	186563	40
41	4100	1423064	331985	1755049	-185212	1569837	-12958	1556879	41
41.01	4101	388562	52386	440948	-46503	394445		394445	41.01
43	4300	359979	296501	656480	-289028	367452	-10484	356968	43
44	4400	2310677	1758134	4068811	-1035482	3033329	-42807	2990522	44
46	4600	164833	870463	1035296	-86151	949145		949145	46
46.30	4650								46.30
47.01	3950	411015	55139	466154	-4022	462132	-54234	407898	47.01
47.02	3120	679244	73741	752985	-31678	721307	-15686	705621	47.02
49	4900	1240871	180219	1421090	-161199	1259891	-1511	1258380	49
50	5000	763305	154420	917725	-163360	754365	-28597	725768	50
51	5100	414092	72052	486144	-6076	480068		480068	51
52	5200	86747	4523	91270	-307	90963		90963	52
54	5400	174807	21907	196714	-15459	181255		181255	54
55	5500				6951391	6951391	-29256	6922135	55
56	5600		4744	4744	4082649	4087393		4087393	56
56.01	3230	320097	183600	503697	-131573	372124		372124	56.01
56.02	3121	813007	2489039	3302046	-1284151	2017895	-56054	1961841	56.02
57	5700		594245	594245		594245		594245	57
58.01	3480	114703	24554	139257	-13242	126015	-3545	122470	58.01
OUTPATIENT SERVICE COST CENTERS									
60	6000	1474026	539427	2013453	-95450	1918003	-676892	1241111	60
61	6100	2593921	1245332	3839253	-512423	3326830	-638880	2687950	61
62	6200								62
71	7100	1165180	634273	1799453	-76978	1722475		1722475	71
95		48933577	102440887	151374464	254658	151629122	-41495631	110133491	95
NONREIMBURSABLE COST CENTERS									
98	9800	3106172	1367470	4473642	-247361	4226281		4226281	98
100	7950		156126	156126	-5919	150207	-23	150184	100
100.03	7951	235	305392	305627	-1378	304249		304249	100.03
100.04	7952								100.04
100.05	7953								100.05
101	TOTAL	52039984	104269875	156309859		156309859	-41495654	114814205	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES CHARGED TO PATIENT	A				1
2	A				2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12	A				12
13	A				13
14	A				14
15	A				15
16	A				16
17	A				17
18	A				18
19	A				19
20	A				20
21	A				21
22	A				22
23	A				23
24	A				24
25	A				25
26	A				26
27	A				27
28	A				28
29	A				29
30	A				30
31	A	MEDICAL SUPPLIES CHARGED TO P	55		6951391
32 DRUGS CHARGED TO PATIENTS	B				32
33	B				33
34	B				34
35	B				35
36 SUBTOTAL					6951391

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 MEDICAL SUPPLIES CHARGED TO PATIE	A	CENTRAL SERVICES & SUPPLY	15		18391	1
2	A	MEDICAL RECORDS & LIBRARY	17		36	2
3	A	ADULTS & PEDIATRICS	25		908582	3
4	A	INTENSIVE CARE UNIT	26		233838	4
5	A	SUBPROVIDER I	31		9978	5
6	A	SUBPROVIDER II	31.01		144153	6
7	A	OPERATING ROOM	37		2061147	7
8	A	RECOVERY ROOM	38		28158	8
9	A	ANESTHESIOLOGY	40		191388	9
10	A	RADIOLOGY-DIAGNOSTIC	41		24018	10
11	A	ULTRASOUND	41.01		22895	11
12	A	RADIOISOTOPE	43		9481	12
13	A	LABORATORY	44		1031227	13
14	A	WHOLE BLOOD & PACKED RED BLOO	46		86151	14
15	A	CARDIAC REHAB	47.01		2769	15
16	A	NON INVASIVE LAB	47.02		16832	16
17	A	RESPIRATORY THERAPY	49		97361	17
18	A	PHYSICAL THERAPY	50		42315	18
19	A	OCCUPATIONAL THERAPY	51		5966	19
20	A	SPEECH PATHOLOGY	52		307	20
21	A	ELECTROENCEPHALOGRAPHY	54		15185	21
22	A	CAT SCAN	56.01		98072	22
23	A	CARDIAC CATHETERIZATION LAB	56.02		1234138	23
24	A	ONCOLOGY	58.01		13197	24
25	A	CLINIC	60		32640	25
26	A	EMERGENCY	61		502802	26
27	A	HOME HEALTH AGENCY	71		72749	27
28	A	PHYSICIANS' PRIVATE OFFICES	98		43595	28
29	A	ADVERTISING EXPENSE	100.03		231	29
30	A	OTHER NON REIMB COST CENTER	100		3790	30
31	A					31
32 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		3573556	32
33	B	ADULTS & PEDIATRICS	25		2144	33
34	B	INTENSIVE CARE UNIT	26		371	34
35	B	SUBPROVIDER I	31		412	35
36 SUBTOTAL					10527875	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1	B				1
2	B				2
3	B				3
4	B				4
5	B				5
6	B				6
7	B				7
8	B				8
9	B				9
10	B				10
11	B				11
12	B				12
13	B				13
14	B	DRUGS CHARGED TO PATIENTS	56		4082649 14
15	C	CAFETERIA	12	975311	828188 15
16	D	NEW CAP REL COSTS-MVBLE EQUIP	4		2733013 16
17	D	NEW CAP REL COSTS-BLDG & FIXT	3		1813109 17
18	H	NEW CAP REL COSTS-BLDG & FIXT	3		2038395 18
19	H	NEW CAP REL COSTS-MVBLE EQUIP	4		22604 19
20	J	DELIVERY ROOM & LABOR ROOM	39	675124	104671 20
21	K	NEW CAP REL COSTS-BLDG & FIXT	3		819677 21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	K				27
28	K				28
29	K				29
30	K				30
31	K				31
32	K				32
33	K				33
34	K				34
35	K				35
36		SUBTOTAL		1650435	19393697 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1		1					
1		B	SUBPROVIDER II	31.01		319	1
2		B	OPERATING ROOM	37		1427	2
3		B	RECOVERY ROOM	38		216	3
4		B	ANESTHESIOLOGY	40		61726	4
5		B	RADIOLOGY-DIAGNOSTIC	41		3	5
6		B	ULTRASOUND	41.01		287	6
7		B	RADIOISOTOPE	43		272116	7
8		B	RESPIRATORY THERAPY	49		31631	8
9		B	PHYSICAL THERAPY	50		27	9
10		B	CARDIAC CATHETERIZATION LAB	56.02		3072	10
11		B	CLINIC	60		56882	11
12		B	EMERGENCY	61		5203	12
13		B	PHYSICIANS' PRIVATE OFFICES	98		73256	13
14		B					14
15	CAFETERIA RECLASS	C	DIETARY	11	975311	828188	15
16	UNASSIGNED DEPRECIATION RECLASS	D	OTHER ADMIN AND GENERAL	6.05		4546122	9 16
17		D					9 17
18	UNASSIGNED INTEREST RECLASS	H	OTHER ADMIN AND GENERAL	6.05		2038395	11 18
19		H	OTHER ADMIN AND GENERAL	6.05		22604	11 19
20	RECLASS LABOR & DELIVERY EXPENSE	J	ADULTS & PEDIATRICS	25	675124	104671	20
21	RECLASS RENTAL EXPENSE EQUIPMENT	K	EMPLOYEE BENEFITS	5		228	10 21
22		K	MAINTENANCE OF PERSONNEL	5.01		4628	22
23		K	NONPATIENT TELEPHONES	6.01		209	23
24		K	ADMITTING	6.03		4860	24
25		K	OTHER ADMIN AND GENERAL	6.05		34223	25
26		K	MAINTENANCE & REPAIRS	7		405	26
27		K	OPERATION OF PLANT	8		1415	27
28		K	LAUNDRY & LINEN SERVICE	9		45	28
29		K	HOUSEKEEPING	10		3880	29
30		K	DIETARY	11		25281	30
31		K	NURSING ADMINISTRATION	14		951	31
32		K	CENTRAL SERVICES & SUPPLY	15		210861	32
33		K	PHARMACY	16		2981	33
34		K	MEDICAL RECORDS & LIBRARY	17		3134	34
35		K	ADULTS & PEDIATRICS	25		2663	35
36	SUBTOTAL				1650435	18869784	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6	K				6
7	K				7
8	K				8
9	K				9
10	K				10
11	K				11
12	K				12
13	K				13
14	K				14
15	K				15
16	K				16
17	K				17
18	K				18
19	K				19
20	K				20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K	NEW CAP REL COSTS-BLDG & FIXT	3		190040 26
27	K				27
28	K				28
29	L	EMPLOYEE BENEFITS	5		12434520 29
30	M	NEW CAP REL COSTS-BLDG & FIXT	3		12398 30
31	O	OPERATION OF PLANT	8		55906 31
32	Q	CASHIERING ACCOUNTS RECEIVABL	6.04		30970 32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		1650435	32117531 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
		1					
1		K	INTENSIVE CARE UNIT	26		45	1
2		K	SUBPROVIDER I	31		1628	2
3		K	SUBPROVIDER II	31.01		4007	3
4		K	OPERATING ROOM	37		138457	4
5		K	RECOVERY ROOM	38		225	5
6		K	ANESTHESIOLOGY	40		501	6
7		K	RADIOLOGY-DIAGNOSTIC	41		161191	7
8		K	ULTRASOUND	41.01		23321	8
9		K	RADIOISOTOPE	43		7431	9
10		K	LABORATORY	44		4255	10
11		K	CARDIAC REHAB	47.01		1253	11
12		K	NON INVASIVE LAB	47.02		14846	12
13		K	RESPIRATORY THERAPY	49		32207	13
14		K	PHYSICAL THERAPY	50		22018	14
15		K	OCCUPATIONAL THERAPY	51		110	15
16		K	ELECTROENCEPHALOGRAPHY	54		274	16
17		K	CAT SCAN	56.01		33501	17
18		K	CARDIAC CATHETERIZATION LAB	56.02		46941	18
19		K	ONCOLOGY	58.01		45	19
20		K	CLINIC	60		5928	20
21		K	EMERGENCY	61		4418	21
22		K	HOME HEALTH AGENCY	71		4229	22
23		K	PHYSICIANS' PRIVATE OFFICES	98		13806	23
24		K	OTHER NON REIMB COST CENTER	100		2129	24
25		K	ADVERTISING EXPENSE	100.03		1147	25
26	RECLASS RENTAL EXPENSE BUILDING	K	OPERATING ROOM	37		30242	10 26
27		K	PHYSICAL THERAPY	50		99000	27
28		K	PHYSICIANS' PRIVATE OFFICES	98		60798	28
29	RECLASS FRINGE BENEFITS	L	OTHER ADMIN AND GENERAL	6.05		12434520	29
30	RECLASS PROPERTY INSURANCE	M	OTHER ADMIN AND GENERAL	6.05		12398	12 30
31	RECLASS POB UTILITIES EXPENSE	O	PHYSICIANS' PRIVATE OFFICES	98		55906	31
32	CASHIERING ACCOUNTS RECEIVABLE	Q	ADMITTING	6.03		30970	32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS					1650435	32117531 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	271342					271342	1
2 LAND IMPROVEMENTS	1958304					1958304	2
3 BUILDINGS AND FIXTURES	49235622	496583		496583		49732205	3
4 BUILDING IMPROVEMENTS	4743637	1132593		1132593		5876230	4
5 FIXED EQUIPMENT	85453708	3543817		3543817	96208	88901317	5
6 MOVABLE EQUIPMENT	4182551	185732	23129	208861	1509744	2881668	6
7 SUBTOTAL	145845164	5358725	23129	5381854	1605952	149621066	7
8 RECONCILING ITEMS							8
9 TOTAL	145845164	5358725	23129	5381854	1605952	149621066	9



ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO. REF	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-92966	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-200	OTHER ADMIN AND GENERAL	6.05	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3042604			12
13 SALE OF SCRAP, WASTE, ETC.	B	-408	MAINTENANCE & REPAIRS	7	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	434102			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-433966	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-29513	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	517093	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	783663	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
38 OFFSET HOSPITAL BAD DEBT EXPENSE	A	-7793894	OTHER ADMIN AND GENERAL	6.05	38
38.01 OFFSET CONTRIBUTIONS	A	-12216	OTHER ADMIN AND GENERAL	6.05	38.01
38.02 OFFSET PHYSICIAN RECRUITMENT	A	-34341	OTHER ADMIN AND GENERAL	6.05	38.02
39 OFFSET OTHER NON OPERATING REV	B	-6948	OPERATING ROOM	37	39
40 OFFSET OTHER PHYSICIAN COSTS	A	-38766	OTHER ADMIN AND GENERAL	6.05	40
41 OFFSET IHA DUES	A	-8495	OTHER ADMIN AND GENERAL	6.05	41
42 OFFSET CARDIAC REHAB REVENUE	B	-28709	CARDIAC REHAB	47.01	42
43 OFFSET PHOTOGRAPHIC REVENUE	B	-10484	RADIOISOTOPE	43	43
43.01 OFFSET PHOTOGRAPHIC REVENUE	B	-389	CLINIC	60	43.01
43.02 OFFSET PHOTOGRAPHIC REVENUE	B	-932	CLINIC	60	43.02
43.03 OFFSET PHOTOGRAPHIC REVENUE	B	-197	MEDICAL RECORDS & LIBRARY	17	43.03
43.04 OFFSET PHOTOGRAPHIC REVENUE	B	-112	MAINTENANCE OF PERSONNEL	5.01	43.04
44 OFFSET HOSPITALISTS COSTS	A	-280177	OTHER ADMIN AND GENERAL	6.05	44
44.01 LAB OTHER REVENUE	B	-80	LABORATORY	44	44.01
44.02 OTHER OPERATING REVENUE	B	-265822	CLINIC	60	44.02
44.03 OFFSET TRI CITY REVENUE	B	-335000	SUBPROVIDER I	31	44.03
44.04 OFFSET OCC HEALTH RENTAL INCOME	B	-14481	CLINIC	60	44.04
44.05 OTHER OPERATING REVENUE	B	-35630	OTHER ADMIN AND GENERAL	6.05	44.05
44.06 OFFSET GET HIP REVENUE	B	-4510	CARDIAC REHAB	47.01	44.06
44.07 EMPLOYEE WELLNESS	B	-18	OTHER NON REIMB COST CENTER	100	44.07
44.08 LAB RENTAL INCOME	B	-15450	LABORATORY	44	44.08
44.09 SALES TO EMPLOYEES	B	-80	MAINTENANCE OF PERSONNEL	5.01	44.09
44.10 CASH OVER SHORT	B	-28	ADMITTING	6.03	44.10
44.11 BY PRODUCT SALES	B	-3179	RADIOLOGY-DIAGNOSTIC	41	44.11
44.12 EMPLOYEE WELLNESS	B	-5	OTHER NON REIMB COST CENTER	100	44.12
44.13 SALES TO EMPLOYEES	B	-8	PURCHASING RECEIVING & STORES	6.02	44.13
44.14 HEALTH INFORMATION MGMT	B	-11	MEDICAL RECORDS & LIBRARY	17	44.14
44.15 OTHER REV RADIOLOGY DIAG	B	-298	RADIOLOGY-DIAGNOSTIC	41	44.15
44.16 L & D BY PRODUCT SALES	B	-392	ADULTS & PEDIATRICS	25	44.16

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
44.17 PLANT OP OTHER OP REVENUE	B	-500	OPERATION OF PLANT	8	44.17
44.18 DIABETES CENTER OTHER OP REVENUE	B	-1000	CLINIC	60	44.18
44.19 ED OTHER OP REVENUE	B	-1000	EMERGENCY	61	44.19
44.20 CARDIAC OTHER OP REVENUE	B	-1500	CARDIAC REHAB	47.01	44.20
44.21 ED SVCS OTHER OP REVENUE	B	-3345	OTHER ADMIN AND GENERAL	6.05	44.21
44.22 IT RENTAL INCOME	B	-10920	OTHER ADMIN AND GENERAL	6.05	44.22
44.23 SURG OTHER REVENUE	B	-14000	OPERATING ROOM	37	44.23
44.24 MANAGED CARE PCO	B	-38350	OTHER ADMIN AND GENERAL	6.05	44.24
44.25 CYBERKNIFE	B	-160151	OPERATING ROOM	37	44.25
44.28 MGMT FEE CYBERKNIFE	B	-737268	OPERATING ROOM	37	44.28
45 OFFSET CRNA SALARIES	A	-600024	ANESTHESIOLOGY	40	45
46 OFFSET CAPITATION EXPENSE	A	-29025532	OTHER ADMIN AND GENERAL	6.05	46
47 OFFSET LTAC REVENUE	B	-30445	ADULTS & PEDIATRICS	25	47
47.01 OFFSET LTAC REVENUE	B	-7140	NONPATIENT TELEPHONES	6.01	47.01
47.02 COMPUTER SVC REVENUE OFFSET	B	-10920	OTHER ADMIN AND GENERAL	6.05	47.02
47.03 OFFSET LTAC REVENUE	B	-26160	DIETARY	11	47.03
47.04 OFFSET LTAC REVENUE	B	-1880	EMERGENCY	61	47.04
47.05 OFFSET LTAC REVENUE	B	-14820	LABORATORY	44	47.05
47.06 OFFSET LTAC REVENUE	B	-6571	OPERATION OF PLANT	8	47.06
47.07 OFFSET LTAC REVENUE	B	-11956	CLINIC	60	47.07
47.08 OFFSET LTAC REVENUE	B	-3795	OTHER ADMIN AND GENERAL	6.05	47.08
47.09 SUPPLY REVENUE OFFSET	B	-29256	MEDICAL SUPPLIES CHARGED TO PAT	55	47.09
47.10 OFFSET LTAC REVENUE	B	-3670	MEDICAL RECORDS & LIBRARY	17	47.10
48					48
49					49
50 TOTAL		-41495654			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.05	OTHER ADMIN AND GENERAL	7740985	8623352	-882367	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	98677		98677	9 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	1217792		1217792	9 3
4						4
5		TOTALS	9057454	8623352	434102	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	G CFNI			100.00		1
2						2
3						3
4						4
5						5

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

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

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.	2	3	4	5	6	7	8	9
1	6.05 OTHER ADMIN AND GENERAL	118480		118480	171400	831	68478	3424
2	14 NURSING ADMINISTRATION	26381		26381	171400	192	15822	791
3	17 MEDICAL RECORDS & LIBRAR	18478		18478	171400	208	17140	857
4	25 ADULTS & PEDIATRICS	18985		18985	171400	206	16975	849
5	26 INTENSIVE CARE UNIT	17052		17052	171400	117	9641	482
6	37 OPERATING ROOM	203198	153848	49350	171400	275	22661	1133
7	41 RADIOLOGY-DIAGNOSTIC	18036		18036	231100	77	8555	428
8	44 LABORATORY	40000		40000	219500	261	27543	1377
9	47.01 CARDIAC REHAB	32700		32700	171400	160	13185	659
10	47.02 NON INVASIVE LAB	24750		24750	171400	110	9064	453
11	49 RESPIRATORY THERAPY	4478		4478	171400	36	2967	148
12	50 PHYSICAL THERAPY	78863		78863	171400	610	50266	2513
13	56.02 CARDIAC CATHETERIZATION	91900		91900	171400	435	35846	1792
14	58.01 ONCOLOGY	6100		6100	171400	31	2555	128
15	60 CLINIC	179678	166277	13401	171400	194	15986	799
16	61 EMERGENCY	636000	636000					
17	40 ANESTHESIOLOGY	1625589	1625589					
18	60 CLINIC	216035	216035					
101	TOTAL	3356703	2797749	558954		3743	316684	15833

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/23/2009 16:44

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6.05 OTHER ADMIN AND GENERAL					68478	50002	50002
2	14 NURSING ADMINISTRATION					15822	10559	10559
3	17 MEDICAL RECORDS & LIBRAR					17140	1338	1338
4	25 ADULTS & PEDIATRICS					16975	2010	2010
5	26 INTENSIVE CARE UNIT					9641	7411	7411
6	37 OPERATING ROOM				AGGREGATE	22661	26689	180537
7	41 RADIOLOGY-DIAGNOSTIC					8555	9481	9481
8	44 LABORATORY					27543	12457	12457
9	47.01 CARDIAC REHAB					13185	19515	19515
10	47.02 NON INVASIVE LAB					9064	15686	15686
11	49 RESPIRATORY THERAPY					2967	1511	1511
12	50 PHYSICAL THERAPY					50266	28597	28597
13	56.02 CARDIAC CATHETERIZATION					35846	56054	56054
14	58.01 ONCOLOGY					2555	3545	3545
15	60 CLINIC				AGGREGATE	15986		166277
16	61 EMERGENCY				AGGREGATE			636000
17	40 ANESTHESIOLOGY				AGGREGATE			1625589
18	60 CLINIC				AGGREGATE			216035
101	TOTAL					316684	244855	3042604

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	MAINT OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING & STORES 6.02	ADMITTING 6.03	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT	5396423	5396423							3
4 NEW CAP REL COSTS-MVBLE EQUIP	4757072		4757072						4
5 EMPLOYEE BENEFITS	12519514			3389	12522903				5
5.01 MAINTENANCE OF PERSONNEL	575752	62546		2231	86499	727028			5.01
6.01 NONPATIENT TELEPHONES	431398	10076	22151	65856	5863	535344			6.01
6.02 PURCHASING RECEIVING & STORES	390513	86992	4724	75195	6596	2025	566045		6.02
6.03 ADMITTING	935467	37781	4117	216362	19788	11339	10514	1235368	6.03
6.04 CASHIERING ACCOUNTS RECEIVABLE	30970	9107				4050			6.04
6.05 OTHER ADMIN AND GENERAL	12412914	954609	683642	830636	53501	164814	49212		6.05
7 MAINTENANCE & REPAIRS	6314842	451906	84304	268271	13925	4859	74445		7
8 OPERATION OF PLANT	1471540	228976	159174	108023	5863	6479	5030		8
9 LAUNDRY & LINEN SERVICE	744645	26065	3002	21935	2199	810	52501		9
10 HOUSEKEEPING	1972543	21153	20769	434250	40309	4859	38678		10
11 DIETARY	443449	188684	50648	131039	12459	7289	44421		11
12 CAFETERIA	1803499	8853		246595	23453	2835			12
14 NURSING ADMINISTRATION	1389734	40435	23767	284986	13192	5669	52124		14
15 CENTRAL SERVICES & SUPPLY	17620	40391				4454	3780		15
16 PHARMACY	1716481	48000	223063	321164	12459	11744	3465		16
17 MEDICAL RECORDS & LIBRARY	1472629	57822	22838	274667	20521	9314	10425		17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	9607862	701771	159897	2358186	164901	48999	31004	97539	25
26 INTENSIVE CARE UNIT	2082791	64704	112515	498572	21987	7289	12864	13804	26
31 SUBPROVIDER I	1055611	128726	8315	329111	17589	14173	9597	16116	31
31.01 SUBPROVIDER II	3866059	171803	60357	404541	24185	14173	10403	34652	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	7603590	360410	597707	812427	40309	21462	63917	142209	37
38 RECOVERY ROOM	344559	15053	16802	86300	3664	2025	201	17056	38
39 DELIVERY ROOM & LABOR ROOM	779795	29335		170696				4979	39
40 ANESTHESIOLOGY	186563	5583	141181		5130	2430	1990	18209	40
41 RADIOLOGY-DIAGNOSTIC	1556879	186262	727029	359803	21987	16198	6217	75645	41
41.01 ULTRASOUND	394445	8105	78396	98243	3664	1620	1260	16508	41.01
43 RADIOISOTOPE	356968	28102	116001	91016	2932	3645	380	17916	43
44 LABORATORY	2990522	171132	164555	584225	35179	30776	13808	169534	44
46 WHOLE BLOOD & PACKED RED BLOOD	949145	14139	12277	41676	2199	2835	1387	11051	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.01 CARDIAC REHAB	407898	78238	9112	103920	5130	7289	1587	1530	47.01
47.02 NON INVASIVE LAB	705621	15901	132460	171738	9528	7694	2545	36085	47.02
49 RESPIRATORY THERAPY	1258380	27188	48564	313738	16124	6479	1567	20921	49
50 PHYSICAL THERAPY	725768	88412	12490	192992	10260	16603	1631	18070	50
51 OCCUPATIONAL THERAPY	480068	3116	51	104698	6596	12553	781	7474	51
52 SPEECH PATHOLOGY	90963	4955	4161	21933	733	405	95	949	52
54 ELECTROENCEPHALOGRAPHY	181255	56357	24813	44198	2932	7289	1201	16736	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6922135							102874	55
56 DRUGS CHARGED TO PATIENTS	4087393							130943	56
56.01 CAT SCAN	372124		191736	80932	4397	3645	822	90726	56.01
56.02 CARDIAC CATHETERIZATION LAB	1961841	74989	472487	205558	8795	14983	6238	48112	56.02
57 RENAL DIALYSIS	594245	6100						5582	57
58.01 ONCOLOGY	122470	10769	655	29001	1466	5264	597	811	58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1241111	49673	20912	318067	19055	6074	7838	8773	60
61 EMERGENCY	2687950	114521	266602	655839	30781	2835	15201	94227	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)									62
71 HOME HEALTH AGENCY	1722475	34356	15927	294601	10993	6074	3930	16337	71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	110133491	4723096	4702821	11737489	700644	503352	541656	1235368	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	4226281		47637	785355	26384	3240	18112		98
100 OTHER NON REIMB COST CENTER	150184	413927	1405			24702	879		100
100.03 ADVERTISING EXPENSE	304249	9745	5209	59		4050	5398		100.03
100.04 REGENCY HOSPITAL		174501							100.04
100.05 UNUSED SPACE		75154							100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	114814205	5396423	4757072	12522903	727028	535344	566045	1235368	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.04	SUBTOTAL 5A	OTHER ADMIN GENERAL 6.05	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 MAINTENANCE OF PERSONNEL									5.01
6.01 NONPATIENT TELEPHONES									6.01
6.02 PURCHASING RECEIVING & STORES									6.02
6.03 ADMITTING									6.03
6.04 CASHIERING ACCOUNTS RECEIVABLE	44127								6.04
6.05 OTHER ADMIN AND GENERAL		15149328	15149328						6.05
7 MAINTENANCE & REPAIRS		7212552	1096330	8308882					7
8 OPERATION OF PLANT		1985085	301739	504161	2790985				8
9 LAUNDRY & LINEN SERVICE		851157	129378	57389	20466	1058390			9
10 HOUSEKEEPING		2532561	384957	46576	16610		2980704		10
11 DIETARY		877989	133457	415447	148157		160359	1735409	11
12 CAFETERIA		2085235	316962	19493	6952		7524		12
14 NURSING ADMINISTRATION		1809907	275111	89029	31750		34365		14
15 CENTRAL SERVICES & SUPPLY		66245	10069	88932	31715		34327		15
16 PHARMACY		2336376	355136	105686	37690		40794		16
17 MEDICAL RECORDS & LIBRARY		1868216	283974	127313	45403		49142		17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3493	13173652	2002401	1545169	551039	408304	596419	1352043	25
26 INTENSIVE CARE UNIT	494	2815020	427891	142467	50807	40465	54991	29380	26
31 SUBPROVIDER I	577	1579815	240137	283430	101077	56960	109401	101382	31
31.01 SUBPROVIDER II	1241	4587414	697301	378278	134902	115478	146012	140910	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5092	9647123	1466392	793555	282999	118926	306305	7	37
38 RECOVERY ROOM	611	486271	73915	33144	11820	23776	12793		38
39 DELIVERY ROOM & LABOR ROOM	178	984983	149720	64590	23034		24931		39
40 ANESTHESIOLOGY	652	361738	54985	12292	4384		4745		40
41 RADIOLOGY-DIAGNOSTIC	2709	2952729	448824	410113	146255	26643	158300	143	41
41.01 ULTRASOUND	591	602832	91632	17845	6364		6888		41.01
43 RADIOISOTOPE	642	617602	93877	61874	22066	5173	23883	514	43
44 LABORATORY	5960	4165691	633198	376799	134375		145441		44
46 WHOLE BLOOD & PACKED RED BLOOD	396	1035105	157339	31131	11102		12016		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.01 CARDIAC REHAB	55	614759	93445	172264	61433	11578	66492		47.01
47.02 NON INVASIVE LAB	1292	1082864	164599	35010	12486	4297	13514		47.02
49 RESPIRATORY THERAPY	749	1693710	257449	59862	21348		23106		49
50 PHYSICAL THERAPY	647	1066873	162168	194667	69422	8036	75140		50
51 OCCUPATIONAL THERAPY	268	615605	93574	6861	2447	3225	2648		51
52 SPEECH PATHOLOGY	34	124228	18883	10910	3891		4211		52
54 ELECTROENCEPHALOGRAPHY	599	335380	50979	124088	44253		47897		54
55 MEDICAL SUPPLIES CHARGED TO PAT	3684	7028693	1068382						55
56 DRUGS CHARGED TO PATIENTS	4689	4223025	641912						56
56.01 CAT SCAN	3249	747631	113642						56.01
56.02 CARDIAC CATHETERIZATION LAB	1723	2794726	424807	165112	58882	16351	63732		56.02
57 RENAL DIALYSIS	200	606127	92133	13432	4790		5185		57
58.01 ONCOLOGY	29	171062	26002	23712	8456		9153	3228	58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	314	1671817	254121	109371	39004	7629	42216		60
61 EMERGENCY	3374	3871330	588454	252153	89923	97266	97329	13840	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY	585	2105278	320009	75646	26977		29199		71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	44127	108537734	14195284	6847801	2262279	944107	2408458	1641447	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		5107009	776281						98
100 OTHER NON REIMB COST CENTER		591097	89849	911388	325021		351787		100
100.03ADVERTISING EXPENSE		328710	49965	384218	7652		8282		100.03
100.04REGENCY HOSPITAL		174501	26525	165475	137021	114283	148305	93962	100.04
100.05UNUSED SPACE		75154	11424		59012		63872		100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	44127	114814205	15149328	8308882	2790985	1058390	2980704	1735409	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 MAINTENANCE OF PERSONNEL								5.01
6.01 NONPATIENT TELEPHONES								6.01
6.02 PURCHASING RECEIVING & STORES								6.02
6.03 ADMITTING								6.03
6.04 CASHIERING ACCOUNTS RECEIVABLE								6.04
6.05 OTHER ADMIN AND GENERAL								6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	2436166							12
14 NURSING ADMINISTRATION	59178	2299340						14
15 CENTRAL SERVICES & SUPPLY			231288					15
16 PHARMACY	55890		424	2931996				16
17 MEDICAL RECORDS & LIBRARY	92055		1275		2467378			17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	739728	1090256	3792	1368	194825	21658996		21658996 25
26 INTENSIVE CARE UNIT	98630	145308	1573	237	27571	3834340		3834340 26
31 SUBPROVIDER I	78904	117683	1174	263	32190	2702416		2702416 31
31.01 SUBPROVIDER II	108493	160514	1272	203	69214	6539991		6539991 31.01
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	180822	267726	7817	910	284049	13356631		13356631 37
38 RECOVERY ROOM	16438	23968	25	138	34067	716355		716355 38
39 DELIVERY ROOM & LABOR ROOM					9946	1257204		1257204 39
40 ANESTHESIOLOGY	23014		243	39374	36371	537146		537146 40
41 RADIOLOGY-DIAGNOSTIC	98630		760	2	151095	4393494		4393494 41
41.01 ULTRASOUND	16438		154	183	32973	775309		775309 41.01
43 RADIOISOTOPE	13151		47	173577	35785	1047549		1047549 43
44 LABORATORY	157808		1689		338475	5953476		5953476 44
46 WHOLE BLOOD & PACKED RED BLOOD	9863		170		22073	1278799		1278799 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47.01 CARDIAC REHAB	23014	32439	194		3055	1078673		1078673 47.01
47.02 NON INVASIVE LAB	42740		311		72077	1427898		1427898 47.02
49 RESPIRATORY THERAPY	72329		192	20177	41788	2189961		2189961 49
50 PHYSICAL THERAPY	46027		199	17	36093	1658642		1658642 50
51 OCCUPATIONAL THERAPY	29589		95		14929	768973		768973 51
52 SPEECH PATHOLOGY	3288		12		1895	167318		167318 52
54 ELECTROENCEPHALOGRAPHY	13151		147		33428	649323		649323 54
55 MEDICAL SUPPLIES CHARGED TO PAT			202504		205483	8505062		8505062 55
56 DRUGS CHARGED TO PATIENTS				2607256	261548	7733741		7733741 56
56.01 CAT SCAN	19726	58174	101		181216	1120490		1120490 56.01
56.02 CARDIAC CATHETERIZATION LAB	39452		763	1960	96099	3661884		3661884 56.02
57 RENAL DIALYSIS					11149	732816		732816 57
58.01 ONCOLOGY	6575		73		1620	249881		249881 58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	85480	126576	959	36284	17524	2390981		2390981 60
61 EMERGENCY	138082	203501	1859	3319	188209	5545265		5545265 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY	49315	73195	481		32631	2712731		2712731 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	2317810	2299340	228305	2885268	2467378	104645345		104645345 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	118356		2215	46728		6050589		6050589 98
100 OTHER NON REIMB COST CENTER			108			2269250		2269250 100
100.03ADVERTISING EXPENSE			660			779487		779487 100.03
100.04REGENCY HOSPITAL						860072		860072 100.04
100.05UNUSED SPACE						209462		209462 100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2436166	2299340	231288	2931996	2467378	114814205		114814205 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	MAINT OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING & STORES 6.02	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS				3389	3389				5
5.01 MAINTENANCE OF PERSONNEL		62546	2231	64777	23	64800			5.01
6.01 NONPATIENT TELEPHONES		10076	22151	32227	18	523	32768		6.01
6.02 PURCHASING RECEIVING & STORES		86992	4724	91716	20	588	124	92448	6.02
6.03 ADMITTING		37781	4117	41898	58	1764	694	1717	6.03
6.04 CASHIERING ACCOUNTS RECEIVABLE		9107		9107			248		6.04
6.05 OTHER ADMIN AND GENERAL		954609	683642	1638251	223	4769	10086	8037	6.05
7 MAINTENANCE & REPAIRS		451906	84304	536210	72	1241	297	12160	7
8 OPERATION OF PLANT		228976	159174	388150	29	523	397	822	8
9 LAUNDRY & LINEN SERVICE		26065	3002	29067	6	196	50	8575	9
10 HOUSEKEEPING		21153	20769	41922	117	3593	297	6317	10
11 DIETARY		188684	50648	239332	35	1110	446	7255	11
12 CAFETERIA		8853		8853	66	2090	174		12
14 NURSING ADMINISTRATION		40435	23767	64202	77	1176	347	8513	14
15 CENTRAL SERVICES & SUPPLY		40391		40391			273	617	15
16 PHARMACY		48000	223063	271063	86	1110	719	566	16
17 MEDICAL RECORDS & LIBRARY		57822	22838	80660	74	1829	570	1703	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		701771	159897	861668	657	14695	2999	5064	25
26 INTENSIVE CARE UNIT		64704	112515	177219	134	1960	446	2101	26
31 SUBPROVIDER I		128726	8315	137041	89	1568	868	1567	31
31.01 SUBPROVIDER II		171803	60357	232160	109	2156	868	1699	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		360410	597707	958117	219	3593	1314	10439	37
38 RECOVERY ROOM		15053	16802	31855	23	327	124	33	38
39 DELIVERY ROOM & LABOR ROOM		29335		29335	46				39
40 ANESTHESIOLOGY		5583	141181	146764		457	149	325	40
41 RADIOLOGY-DIAGNOSTIC		186262	727029	913291	97	1960	991	1015	41
41.01 ULTRASOUND		8105	78396	86501	26	327	99	206	41.01
43 RADIOISOTOPE		28102	116001	144103	24	261	223	62	43
44 LABORATORY		171132	164555	335687	157	3135	1884	2255	44
46 WHOLE BLOOD & PACKED RED BLOOD		14139	12277	26416	11	196	174	226	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.01 CARDIAC REHAB		78238	9112	87350	28	457	446	259	47.01
47.02 NON INVASIVE LAB		15901	132460	148361	46	849	471	416	47.02
49 RESPIRATORY THERAPY		27188	48564	75752	84	1437	397	256	49
50 PHYSICAL THERAPY		88412	12490	100902	52	915	1016	266	50
51 OCCUPATIONAL THERAPY		3116	51	3167	28	588	768	127	51
52 SPEECH PATHOLOGY		4955	4161	9116	6	65	25	15	52
54 ELECTROENCEPHALOGRAPHY		56357	24813	81170	12	261	446	196	54
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
56.01 CAT SCAN			191736	191736	22	392	223	134	56.01
56.02 CARDIAC CATHETERIZATION LAB		74989	472487	547476	55	784	917	1019	56.02
57 RENAL DIALYSIS		6100		6100					57
58.01 ONCOLOGY		10769	655	11424	8	131	322	97	58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		49673	20912	70585	86	1698	372	1280	60
61 EMERGENCY		114521	266602	381123	176	2744	174	2483	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY		34356	15927	50283	79	980	372	642	71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		4723096	4702821	9425917	3178	62448	30810	88464	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			47637	47637	211	2352	198	2958	98
100 OTHER NON REIMB COST CENTER		413927	1405	415332			1512	144	100
100.03ADVERTISING EXPENSE		9745	5209	14954			248	882	100.03
100.04REGENCY HOSPITAL		174501		174501					100.04
100.05UNUSED SPACE		75154		75154					100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		5396423	4757072	10153495	3389	64800	32768	92448	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.03	CASHIERING ACCOUNTS RECEIVABLE 6.04	OTHER ADMIN GENERAL 6.05	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 MAINTENANCE OF PERSONNEL									5.01
6.01 NONPATIENT TELEPHONES									6.01
6.02 PURCHASING RECEIVING & STORES									6.02
6.03 ADMITTING	46131								6.03
6.04 CASHIERING ACCOUNTS RECEIVABLE		9355							6.04
6.05 OTHER ADMIN AND GENERAL			1661366						6.05
7 MAINTENANCE & REPAIRS			120233	670213					7
8 OPERATION OF PLANT			33091	40667	463679				8
9 LAUNDRY & LINEN SERVICE			14189	4629	3400	60112			9
10 HOUSEKEEPING			42218	3757	2759		100980		10
11 DIETARY			14636	33511	24614		5433	326372	11
12 CAFETERIA			34761	1572	1155		255		12
14 NURSING ADMINISTRATION			30171	7181	5275		1164		14
15 CENTRAL SERVICES & SUPPLY			1104	7173	5269		1163		15
16 PHARMACY			38947	8525	6262		1382		16
17 MEDICAL RECORDS & LIBRARY			31143	10269	7543		1665		17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3648	737	219558	124638	91548	23190	20203	254275	25
26 INTENSIVE CARE UNIT	516	104	46926	11492	8441	2298	1863	5525	26
31 SUBPROVIDER I	603	122	26336	22862	16792	3235	3706	19066	31
31.01 SUBPROVIDER II	1296	262	76472	30513	22412	6559	4947	26500	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5318	1075	160818	64010	47016	6755	10377	1	37
38 RECOVERY ROOM	638	129	8106	2673	1964	1350	433		38
39 DELIVERY ROOM & LABOR ROOM	186	38	16420	5210	3827		845		39
40 ANESTHESIOLOGY	681	138	6030	992	728		161		40
41 RADIOLOGY-DIAGNOSTIC	2829	572	49222	33081	24298	1513	5363	27	41
41.01 ULTRASOUND	617	125	10049	1439	1057		233		41.01
43 RADIOISOTOPE	670	135	10295	4991	3666	294	809	97	43
44 LABORATORY	6272	1297	69442	30393	22324		4927		44
46 WHOLE BLOOD & PACKED RED BLOOD	413	84	17255	2511	1844		407		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.01 CARDIAC REHAB	57	12	10248	13895	10206	658	2253		47.01
47.02 NON INVASIVE LAB	1350	273	18051	2824	2074	244	458		47.02
49 RESPIRATORY THERAPY	782	158	28234	4829	3547		783		49
50 PHYSICAL THERAPY	676	137	17785	15702	11533	456	2546		50
51 OCCUPATIONAL THERAPY	280	56	10262	553	407	183	90		51
52 SPEECH PATHOLOGY	35	7	2071	880	646		143		52
54 ELECTROENCEPHALOGRAPHY	626	127	5591	10009	7352		1623		54
55 MEDICAL SUPPLIES CHARGED TO PAT	3847	778	117168						55
56 DRUGS CHARGED TO PATIENTS	4897	990	70398						56
56.01 CAT SCAN	3393	686	12463						56.01
56.02 CARDIAC CATHETERIZATION LAB	1799	364	46588	13318	9782	929	2159		56.02
57 RENAL DIALYSIS	209	42	10104	1083	796		176		57
58.01 ONCOLOGY	30	6	2852	1913	1405		310	607	58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	328	66	27869	8822	6480	433	1430		60
61 EMERGENCY	3524	712	64535	20339	14939	5524	3297	2603	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY	611	123	35095	6102	4482		989		71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	46131	9355	1556736	552358	375843	53621	81593	308701	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			85134						98
100 OTHER NON REIMB COST CENTER			9854	73515	53997		11918		100
100.03 ADVERTISING EXPENSE			5480	30992	1271		281		100.03
100.04 REGENCY HOSPITAL			2909	13348	22764	6491	5024	17671	100.04
100.05 UNUSED SPACE			1253		9804		2164		100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	46131	9355	1661366	670213	463679	60112	100980	326372	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 MAINTENANCE OF PERSONNEL								5.01
6.01 NONPATIENT TELEPHONES								6.01
6.02 PURCHASING RECEIVING & STORES								6.02
6.03 ADMITTING								6.03
6.04 CASHIERING ACCOUNTS RECEIVABLE								6.04
6.05 OTHER ADMIN AND GENERAL								6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	48926							12
14 NURSING ADMINISTRATION	1188	119294						14
15 CENTRAL SERVICES & SUPPLY			55990					15
16 PHARMACY	1122			329885				16
17 MEDICAL RECORDS & LIBRARY	1849		309		137614			17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	14859	56563	918	154	10866	1706240		1706240 25
26 INTENSIVE CARE UNIT	1981	7539	381	27	1538	270491		270491 26
31 SUBPROVIDER I	1585	6106	284	30	1795	243655		243655 31
31.01 SUBPROVIDER II	2179	8328	308	23	3860	420651		420651 31.01
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3631	13890	1892	102	15842	1304409		1304409 37
38 RECOVERY ROOM	330	1244	6	16	1900	51151		51151 38
39 DELIVERY ROOM & LABOR ROOM					555	56462		56462 39
40 ANESTHESIOLOGY	462		59	4430	2028	163404		163404 40
41 RADIOLOGY-DIAGNOSTIC	1981		184		8427	1044851		1044851 41
41.01 ULTRASOUND	330		37	21	1839	102906		102906 41.01
43 RADIOISOTOPE	264		11	19529	1996	187430		187430 43
44 LABORATORY	3169		409		18880	500231		500231 44
46 WHOLE BLOOD & PACKED RED BLOOD	198		41		1231	51007		51007 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47.01 CARDIAC REHAB	462	1683	47		170	128231		128231 47.01
47.02 NON INVASIVE LAB	858		75		4020	180370		180370 47.02
49 RESPIRATORY THERAPY	1453		46	2270	2331	122359		122359 49
50 PHYSICAL THERAPY	924		48	2	2013	154973		154973 50
51 OCCUPATIONAL THERAPY	594		23		833	17959		17959 51
52 SPEECH PATHOLOGY	66		3		106	13184		13184 52
54 ELECTROENCEPHALOGRAPHY	264		36		1864	109577		109577 54
55 MEDICAL SUPPLIES CHARGED TO PAT			49023		11460	182276		182276 55
56 DRUGS CHARGED TO PATIENTS				293348	14587	384220		384220 56
56.01 CAT SCAN	396	3018	24		10107	222594		222594 56.01
56.02 CARDIAC CATHETERIZATION LAB	792		185	220	5360	631747		631747 56.02
57 RENAL DIALYSIS					622	19132		19132 57
58.01 ONCOLOGY	132		18		90	19345		19345 58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1717	6567	232	4082	977	133024		133024 60
61 EMERGENCY	2773	10558	450	373	10497	526824		526824 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY	990	3798	116		1820	106482		106482 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	46549	119294	55268	324627	137614	9055185		9055185 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	2377		536	5258		146661		146661 98
100 OTHER NON REIMB COST CENTER			26			566298		566298 100
100.03 ADVERTISING EXPENSE			160			54268		54268 100.03
100.04 REGENCY HOSPITAL						242708		242708 100.04
100.05 UNUSED SPACE						88375		88375 100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	48926	119294	55990	329885	137614	10153495		10153495 103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	MAINT OF	NONPATIENT	PURCHASING	ADMITTING
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DEPRECIAT EXPENSE	BENEFITS GROSS SALARIES	PERSONNEL FTES	TELEPHONES NUMBER OF TELEPHONES	RECEIVING & STORES COSTED REQ	GROSS REVENUE
	3	4	5	5.01	6.01	6.02	6.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	5396423	4757072	12522903	727028	535344	566045	1235368 103
104 UNIT COST MULT-WS B PT I		1.382871		732.891129		.238180	104
104 UNIT COST MULT-WS B PT I	11.011625		.252837		404.950076		.005027 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			3389	64800	32768	92448	46131 107
108 UNIT COST MULT-WS B PT III				65.322581		.038900	108
108 UNIT COST MULT-WS B PT III			.000068		24.786687		.000188 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 6.04	RECON- CILIAATION 6A.05	OTHER ADMIN GENERAL ACCUM COST 6.05	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 MAINTENANCE OF PERSONNEL								5.01
6.01 NONPATIENT TELEPHONES								6.01
6.02 PURCHASING RECEIVING & STORES								6.02
6.03 ADMITTING								6.03
6.04 CASHIERING ACCOUNTS RECEIVABL	245723835							6.04
6.05 OTHER ADMIN AND GENERAL		-15149328	99664877					6.05
7 MAINTENANCE & REPAIRS			7212552	342698				7
8 OPERATION OF PLANT			1985085	20794	322789			8
9 LAUNDRY & LINEN SERVICE			851157	2367	2367	1070258		9
10 HOUSEKEEPING			2532561	1921	1921		318501	10
11 DIETARY			877989	17135	17135		17135	243001 11
12 CAFETERIA			2085235	804	804		804	12
14 NURSING ADMINISTRATION			1809907	3672	3672		3672	14
15 CENTRAL SERVICES & SUPPLY			66245	3668	3668		3668	15
16 PHARMACY			2336376	4359	4359		4359	16
17 MEDICAL RECORDS & LIBRARY			1868216	5251	5251		5251	17
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	19402925		13173652	63730	63730	412881	63730	189320 25
26 INTENSIVE CARE UNIT	2745879		2815020	5876	5876	40919	5876	4114 26
31 SUBPROVIDER I	3205857		1579815	11690	11690	57599	11690	14196 31
31.01 SUBPROVIDER II	6893106		4587414	15602	15602	116773	15602	19731 31.01
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	28288942		9647123	32730	32730	120260	32730	1 37
38 RECOVERY ROOM	3392808		486271	1367	1367	24043	1367	38
39 DELIVERY ROOM & LABOR ROOM	990531		984983	2664	2664		2664	39
40 ANESTHESIOLOGY	3622213		361738	507	507		507	40
41 RADIOLOGY-DIAGNOSTIC	15047829		2952729	16915	16915	26942	16915	20 41
41.01 ULTRASOUND	3283792		602832	736	736		736	41.01
43 RADIOISOTOPE	3563915		617602	2552	2552	5231	2552	72 43
44 LABORATORY	33702807		4165691	15541	15541		15541	44
46 WHOLE BLOOD & PACKED RED BLOO	2198313		1035105	1284	1284		1284	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHAB	304265		614759	7105	7105	11708	7105	47.01
47.02 NON INVASIVE LAB	7178271		1082864	1444	1444	4345	1444	47.02
49 RESPIRATORY THERAPY	4161763		1693710	2469	2469		2469	49
50 PHYSICAL THERAPY	3594519		1066873	8029	8029	8126	8029	50
51 OCCUPATIONAL THERAPY	1486815		615605	283	283	3261	283	51
52 SPEECH PATHOLOGY	188689		124228	450	450		450	52
54 ELECTROENCEPHALOGRAPHY	3329181		335380	5118	5118		5118	54
55 MEDICAL SUPPLIES CHARGED TO P	20464374		7028693					55
56 DRUGS CHARGED TO PATIENTS	26047978		4223025					56
56.01 CAT SCAN	18047648		747631					56.01
56.02 CARDIAC CATHETERIZATION LAB	9570638		2794726	6810	6810	16534	6810	56.02
57 RENAL DIALYSIS	1110356		606127	554	554		554	57
58.01 ONCOLOGY	161315		171062	978	978		978	452 58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1745211		1671817	4511	4511	7715	4511	60
61 EMERGENCY	18744086		3871330	10400	10400	98357	10400	1938 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY	3249809		2105278	3120	3120		3120	71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	245723835	-15149328	93388406	282436	261642	954694	257354	229844 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES			5107009					98
100 OTHER NON REIMB COST CENTER			591097	37590	37590		37590	100
100.03 ADVERTISING EXPENSE			328710	15847	885		885	100.03
100.04 REGENCY HOSPITAL			174501	6825	15847	115564	15847	13157 100.04
100.05 UNUSED SPACE			75154		6825		6825	100.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILATION	OTHER ADMIN GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION & OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED
	6.04	6A.05	6.05	7	8	9	10	11
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	44127		15149328	8308882	2790985	1058390	2980704	1735409 103
104 UNIT COST MULT-WS B PT I	.000180		.152003		8.646469		9.358539	104
104 UNIT COST MULT-WS B PT I				24.245493		.988911		7.141571 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	9355		1661366	670213	463679	60112	100980	326372 107
108 UNIT COST MULT-WS B PT III	.000038		.016670		1.436477		.317048	108
108 UNIT COST MULT-WS B PT III				1.955696		.056166		1.343089 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQ	COSTED	RECORDS + LIBRARY GROSS REVENUE	
	12	14	15	16	17	
GENERAL SERVICE COST CENTERS						
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
5.01 MAINTENANCE OF PERSONNEL						5.01
6.01 NONPATIENT TELEPHONES						6.01
6.02 PURCHASING RECEIVING & STORES						6.02
6.03 ADMITTING						6.03
6.04 CASHIERING ACCOUNTS RECEIVABL						6.04
6.05 OTHER ADMIN AND GENERAL						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA	741					12
14 NURSING ADMINISTRATION	18	985323				14
15 CENTRAL SERVICES & SUPPLY			7939458			15
16 PHARMACY	17		14546	4596485		16
17 MEDICAL RECORDS & LIBRARY	28		43771		245723835	17
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	225	467201	130169	2144	19402925	25
26 INTENSIVE CARE UNIT	30	62268	54009	371	2745879	26
31 SUBPROVIDER I	24	50430	40292	412	3205857	31
31.01 SUBPROVIDER II	33	68784	43677	319	6893106	31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	55	114727	268356	1427	28288942	37
38 RECOVERY ROOM	5	10271	842	216	3392808	38
39 DELIVERY ROOM & LABOR ROOM					990531	39
40 ANESTHESIOLOGY	7		8355	61726	3622213	40
41 RADIOLOGY-DIAGNOSTIC	30		26103	3	15047829	41
41.01 ULTRASOUND	5		5290	287	3283792	41.01
43 RADIOISOTOPE	4		1597	272116	3563915	43
44 LABORATORY	48		57972		33702807	44
46 WHOLE BLOOD & PACKED RED BLOO	3		5822		2198313	46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47.01 CARDIAC REHAB	7	13901	6665		304265	47.01
47.02 NON INVASIVE LAB	13		10686		7178271	47.02
49 RESPIRATORY THERAPY	22		6577	31631	4161763	49
50 PHYSICAL THERAPY	14		6846	27	3594519	50
51 OCCUPATIONAL THERAPY	9		3277		1486815	51
52 SPEECH PATHOLOGY	1		398		188689	52
54 ELECTROENCEPHALOGRAPHY	4		5044		3329181	54
55 MEDICAL SUPPLIES CHARGED TO P			6951391		20464374	55
56 DRUGS CHARGED TO PATIENTS				4087393	26047978	56
56.01 CAT SCAN	6	24929	3450		18047648	56.01
56.02 CARDIAC CATHETERIZATION LAB	12		26192	3072	9570638	56.02
57 RENAL DIALYSIS					1110356	57
58.01 ONCOLOGY	2		2505		161315	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	26	54241	32907	56882	1745211	60
61 EMERGENCY	42	87205	63822	5203	18744086	61
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
71 HOME HEALTH AGENCY	15	31366	16500		3249809	71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	705	985323	7837061	4523229	245723835	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES	36		76042	73256		98
100 OTHER NON REIMB COST CENTER			3691			100
100.03 ADVERTISING EXPENSE			22664			100.03
100.04 REGENCY HOSPITAL						100.04
100.05 UNUSED SPACE						100.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTEs 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQ 15	PHARMACY COSTED REQUIS. 16	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	2436166	2299340	231288	2931996	2467378	103
104 UNIT COST MULT-WS B PT I	3287.673414		.029131		.010041	104
104 UNIT COST MULT-WS B PT I		2.333590		.637878		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	48926	119294	55990	329885	137614	107
108 UNIT COST MULT-WS B PT III	66.026991		.007052		.000560	108
108 UNIT COST MULT-WS B PT III		.121071		.071769		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	21658996		21658996	2010	21661006	25
26 INTENSIVE CARE UNIT	3834340		3834340	7411	3841751	26
31 SUBPROVIDER I	2702416		2702416		2702416	31
31.01 SUBPROVIDER II	6539991		6539991		6539991	31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	13356631		13356631	26689	13383320	37
38 RECOVERY ROOM	716355		716355		716355	38
39 DELIVERY ROOM & LABOR ROOM	1257204		1257204		1257204	39
40 ANESTHESIOLOGY	537146		537146		537146	40
41 RADIOLOGY-DIAGNOSTIC	4393494		4393494	9481	4402975	41
41.01 ULTRASOUND	775309		775309		775309	41.01
43 RADIOISOTOPE	1047549		1047549		1047549	43
44 LABORATORY	5953476		5953476	12457	5965933	44
46 WHOLE BLOOD & PACKED RED BL	1278799		1278799		1278799	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.01 CARDIAC REHAB	1078673		1078673	19515	1098188	47.01
47.02 NON INVASIVE LAB	1427898		1427898	15686	1443584	47.02
49 RESPIRATORY THERAPY	2189961		2189961	1511	2191472	49
50 PHYSICAL THERAPY	1658642		1658642	28597	1687239	50
51 OCCUPATIONAL THERAPY	768973		768973		768973	51
52 SPEECH PATHOLOGY	167318		167318		167318	52
54 ELECTROENCEPHALOGRAPHY	649323		649323		649323	54
55 MEDICAL SUPPLIES CHARGED TO	8505062		8505062		8505062	55
56 DRUGS CHARGED TO PATIENTS	7733741		7733741		7733741	56
56.01 CAT SCAN	1120490		1120490		1120490	56.01
56.02 CARDIAC CATHETERIZATION LAB	3661884		3661884	56054	3717938	56.02
57 RENAL DIALYSIS	732816		732816		732816	57
58.01 ONCOLOGY	249881		249881	3545	253426	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2390981		2390981		2390981	60
61 EMERGENCY	5545265		5545265		5545265	61
62 OBSERVATION BEDS (NON-DISTI	1918548		1918548		1918548	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	103851162		103851162	182956	104034118	101
102 LESS OBSERVATION BEDS	1918548		1918548		1918548	102
103 TOTAL	101932614		101932614	182956	102115570	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	17359017		17359017			25
26 INTENSIVE CARE UNIT	2745879		2745879			26
31 SUBPROVIDER I	3205857		3205857			31
31.01 SUBPROVIDER II	6893106		6893106			31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9564679	18724263	28288942	.472150	.472150	.473094 37
38 RECOVERY ROOM	1025480	2367328	3392808	.211139	.211139	.211139 38
39 DELIVERY ROOM & LABOR ROOM	614975	375556	990531	1.269222	1.269222	1.269222 39
40 ANESTHESIOLOGY	1981032	1641181	3622213	.148292	.148292	.148292 40
41 RADIOLOGY-DIAGNOSTIC	5784113	9263716	15047829	.291969	.291969	.292599 41
41.01 ULTRASOUND	773980	2509812	3283792	.236102	.236102	.236102 41.01
43 RADIOISOTOPE	1824480	1739435	3563915	.293932	.293932	.293932 43
44 LABORATORY	18340015	15362792	33702807	.176646	.176646	.177016 44
46 WHOLE BLOOD & PACKED RED BL	1819159	379154	2198313	.581718	.581718	.581718 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.01 CARDIAC REHAB	109145	195120	304265	3.545176	3.545176	3.609314 47.01
47.02 NON INVASIVE LAB	4567921	2610350	7178271	.198919	.198919	.201105 47.02
49 RESPIRATORY THERAPY	3441736	720027	4161763	.526210	.526210	.526573 49
50 PHYSICAL THERAPY	1597694	1996825	3594519	.461436	.461436	.469392 50
51 OCCUPATIONAL THERAPY	702765	784050	1486815	.517195	.517195	.517195 51
52 SPEECH PATHOLOGY	142576	46113	188689	.886740	.886740	.886740 52
54 ELECTROENCEPHALOGRAPHY	1513127	1816054	3329181	.195040	.195040	.195040 54
55 MEDICAL SUPPLIES CHARGED TO	13155155	2630646	15785801	.538779	.538779	.538779 55
56 DRUGS CHARGED TO PATIENTS	20425849	5622129	26047978	.296904	.296904	.296904 56
56.01 CAT SCAN	8201509	9846139	18047648	.062085	.062085	.062085 56.01
56.02 CARDIAC CATHETERIZATION LAB	7018117	2552521	9570638	.382616	.382616	.388473 56.02
57 RENAL DIALYSIS	1096664	13692	1110356	.659983	.659983	.659983 57
58.01 ONCOLOGY		556878	556878	.448718	.448718	.455084 58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	64731	1690069	1754800	1.362538	1.362538	1.362538 60
61 EMERGENCY	6777610	15890563	22668173	.244628	.244628	.244628 61
62 OBSERVATION BEDS (NON-DISTI	305329	2056952	2362281	.812159	.812159	.812159 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	141051700	101391365	242443065			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	141051700	101391365	242443065			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1706240		1706240
26 INTENSIVE CARE UNIT				270491		270491
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				243655		243655
31.01 SUBPROVIDER II				420651		420651
33 NURSERY						
101 TOTAL				2641037		2641037

COST CENTER DESCRIPTION	TOTAL		OLD CAPITAL		NEW CAPITAL	
	PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	30800	14309			55.40	792719
26 INTENSIVE CARE UNIT	2644	1388			102.30	141992
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5148	1532			47.33	72510
31.01 SUBPROVIDER II	7605	6268			55.31	346683
33 NURSERY	1550					
101 TOTAL	47747	23497				1353904

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL			
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1304409	28288942	4696034			.046110	216534	37
38 RECOVERY ROOM		51151	3392808	398995			.015076	6015	38
39 DELIVERY ROOM & LABOR ROOM		56462	990531	2158			.057002	123	39
40 ANESTHESIOLOGY		163404	3622213	804623			.045112	36298	40
41 RADIOLOGY-DIAGNOSTIC		1044851	15047829	3272734			.069435	227242	41
41.01 ULTRASOUND		102906	3283792	291402			.031338	9132	41.01
43 RADIOISOTOPE		187430	3563915	912134			.052591	47970	43
44 LABORATORY		500231	33702807	9501757			.014842	141025	44
46 WHOLE BLOOD & PACKED RED BLOO		51007	2198313	845418			.023203	19616	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHAB		128231	304265	66760			.421445	28136	47.01
47.02 NON INVASIVE LAB		180370	7178271	1248264			.025127	31365	47.02
49 RESPIRATORY THERAPY		122359	4161763	1504795			.029401	44242	49
50 PHYSICAL THERAPY		154973	3594519	959566			.043114	41371	50
51 OCCUPATIONAL THERAPY		17959	1486815	479454			.012079	5791	51
52 SPEECH PATHOLOGY		13184	188689	111407			.069872	7784	52
54 ELECTROENCEPHALOGRAPHY		109577	3329181	661134			.032914	21761	54
55 MEDICAL SUPPLIES CHARGED TO P		182276	15785801	6752432			.011547	77970	55
56 DRUGS CHARGED TO PATIENTS		384220	26047978	9942248			.014750	146648	56
56.01 CAT SCAN		222594	18047648	3528578			.012334	43521	56.01
56.02 CARDIAC CATHETERIZATION LAB		631747	9570638	4242090			.066009	280016	56.02
57 RENAL DIALYSIS		19132	1110356	681800			.017231	11748	57
58.01 ONCOLOGY		19345	556878				.034738		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		133024	1754800	28558			.075806	2165	60
61 EMERGENCY		526824	22668173	2697678			.023241	62697	61
62 OBSERVATION BEDS (NON-DISTINC		151124	2362281	124725			.063974	7979	62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6458790	212239206	53754744				1517149	101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/23/2009 16:44

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					30800		14309	25
26 INTENSIVE CARE UNIT					2644		1388	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5148		1532	31
31.01 SUBPROVIDER II					7605		6268	31.01
33 NURSERY					1550			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47747		23497	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28288942			4696034		10288841 37
38 RECOVERY ROOM		3392808			398995		729541 38
39 DELIVERY ROOM & LABOR ROOM		990531			2158		39
40 ANESTHESIOLOGY		3622213			804623		398628 40
41 RADIOLOGY-DIAGNOSTIC		15047829			3272734		2453933 41
41.01 ULTRASOUND		3283792			291402		195178 41.01
43 RADIOISOTOPE		3563915			912134		691062 43
44 LABORATORY		33702807			9501757		350903 44
46 WHOLE BLOOD & PACKED RED BLOO		2198313			845418		110150 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		304265			66760		102091 47.01
47.02 NON INVASIVE LAB		7178271			1248264		665736 47.02
49 RESPIRATORY THERAPY		4161763			1504795		132906 49
50 PHYSICAL THERAPY		3594519			959566		13692 50
51 OCCUPATIONAL THERAPY		1486815			479454		51
52 SPEECH PATHOLOGY		188689			111407		1264 52
54 ELECTROENCEPHALOGRAPHY		3329181			661134		409764 54
55 MEDICAL SUPPLIES CHARGED TO P		15785801			6752432		947311 55
56 DRUGS CHARGED TO PATIENTS		26047978			9942248		1926647 56
56.01 CAT SCAN		18047648			3528578		2251637 56.01
56.02 CARDIAC CATHETERIZATION LAB		9570638			4242090		1267460 56.02
57 RENAL DIALYSIS		1110356			681800		13500 57
58.01 ONCOLOGY		556878					50995 58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1754800			28558		129235 60
61 EMERGENCY		22668173			2697678		1945851 61
62 OBSERVATION BEDS (NON-DISTINC		2362281			124725		404668 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		212239206			53754744		25480993 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
			9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.472150	.472150	.472150			37
38 RECOVERY ROOM	.211139	.211139	.211139			38
39 DELIVERY ROOM & LABOR ROOM	1.269222	1.269222	1.269222			39
40 ANESTHESIOLOGY	.148292	.148292	.148292			40
41 RADIOLOGY-DIAGNOSTIC	.291969	.291969	.291969			41
41.01 ULTRASOUND	.236102	.236102	.236102			41.01
43 RADIOISOTOPE	.293932	.293932	.293932			43
44 LABORATORY	.176646	.176646	.176646			44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718	.581718	.581718			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHAB	3.545176	3.545176	3.545176			47.01
47.02 NON INVASIVE LAB	.198919	.198919	.198919			47.02
49 RESPIRATORY THERAPY	.526210	.526210	.526210			49
50 PHYSICAL THERAPY	.461436	.461436	.461436			50
51 OCCUPATIONAL THERAPY	.517195	.517195	.517195			51
52 SPEECH PATHOLOGY	.886740	.886740	.886740			52
54 ELECTROENCEPHALOGRAPHY	.195040	.195040	.195040			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	.538779	.538779			55
56 DRUGS CHARGED TO PATIENTS	.296904	.296904	.296904			56
56.01 CAT SCAN	.062085	.062085	.062085			56.01
56.02 CARDIAC CATHETERIZATION LAB	.382616	.382616	.382616			56.02
57 RENAL DIALYSIS	.659983	.659983	.659983			57
58.01 ONCOLOGY	.448718	.448718	.448718			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.362538	1.362538	1.362538			60
61 EMERGENCY	.244628	.244628	.244628			61
62 OBSERVATION BEDS (NON-DISTINCT	.812159	.812159	.812159			62
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	.296904	1
2 PROGRAM VACCINE CHARGES	2	2412	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	716	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] 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	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER		
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		10288841						37
38 RECOVERY ROOM		729541						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		398628						40
41 RADIOLOGY-DIAGNOSTIC		2453933						41
41.01 ULTRASOUND		195178						41.01
43 RADIOISOTOPE		691062						43
44 LABORATORY		350903						44
46 WHOLE BLOOD & PACKED RED BLOOD		110150						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHAB		102091						47.01
47.02 NON INVASIVE LAB		665736						47.02
49 RESPIRATORY THERAPY		132906						49
50 PHYSICAL THERAPY		13692						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1264						52
54 ELECTROENCEPHALOGRAPHY		409764						54
55 MEDICAL SUPPLIES CHARGED TO PA		947311						55
56 DRUGS CHARGED TO PATIENTS		1926647						56
56.01 CAT SCAN		2251637						56.01
56.02 CARDIAC CATHETERIZATION LAB		1267460						56.02
57 RENAL DIALYSIS		13500						57
58.01 ONCOLOGY		50995						58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		129235						60
61 EMERGENCY		1945851						61
62 OBSERVATION BEDS (NON-DISTINCT)		404668						62
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		25480993						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		25480993						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		4857876				37
38 RECOVERY ROOM		154035				38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY		59113				40
41 RADIOLOGY-DIAGNOSTIC		716472				41
41.01 ULTRASOUND		46082				41.01
43 RADIOISOTOPE		203125				43
44 LABORATORY		61986				44
46 WHOLE BLOOD & PACKED RED BLOOD		64076				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHAB		361931				47.01
47.02 NON INVASIVE LAB		132428				47.02
49 RESPIRATORY THERAPY		69936				49
50 PHYSICAL THERAPY		6318				50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY		1121				52
54 ELECTROENCEPHALOGRAPHY		79920				54
55 MEDICAL SUPPLIES CHARGED TO PAT		510391				55
56 DRUGS CHARGED TO PATIENTS		572029				56
56.01 CAT SCAN		139793				56.01
56.02 CARDIAC CATHETERIZATION LAB		484950				56.02
57 RENAL DIALYSIS		8910				57
58.01 ONCOLOGY		22882				58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		176088				60
61 EMERGENCY		476010				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		328655				62
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		9534127				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		9534127				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1304409	28288942	4270			.046110	197 37
38 RECOVERY ROOM		51151	3392808	1028			.015076	15 38
39 DELIVERY ROOM & LABOR ROOM		56462	990531				.057002	39
40 ANESTHESIOLOGY		163404	3622213				.045112	40
41 RADIOLOGY-DIAGNOSTIC		1044851	15047829	30505			.069435	2118 41
41.01 ULTRASOUND		102906	3283792	2102			.031338	66 41.01
43 RADIOISOTOPE		187430	3563915	2666			.052591	140 43
44 LABORATORY		500231	33702807	196161			.014842	2911 44
46 WHOLE BLOOD & PACKED RED BLOO		51007	2198313				.023203	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHAB		128231	304265				.421445	47.01
47.02 NON INVASIVE LAB		180370	7178271	16215			.025127	407 47.02
49 RESPIRATORY THERAPY		122359	4161763	2225			.029401	65 49
50 PHYSICAL THERAPY		154973	3594519	4319			.043114	186 50
51 OCCUPATIONAL THERAPY		17959	1486815	1134			.012079	14 51
52 SPEECH PATHOLOGY		13184	188689	1187			.069872	83 52
54 ELECTROENCEPHALOGRAPHY		109577	3329181	9671			.032914	318 54
55 MEDICAL SUPPLIES CHARGED TO P		182276	15785801	1996			.011547	23 55
56 DRUGS CHARGED TO PATIENTS		384220	26047978	224382			.014750	3310 56
56.01 CAT SCAN		222594	18047648	18448			.012334	228 56.01
56.02 CARDIAC CATHETERIZATION LAB		631747	9570638	3505			.066009	231 56.02
57 RENAL DIALYSIS		19132	1110356				.017231	57
58.01 ONCOLOGY		19345	556878				.034738	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		133024	1754800				.075806	60
61 EMERGENCY		526824	22668173	92477			.023241	2149 61
62 OBSERVATION BEDS (NON-DISTINC		151124	2362281				.063974	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6458790	212239206	612291				12461 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28288942			4270		37
38 RECOVERY ROOM		3392808			1028		38
39 DELIVERY ROOM & LABOR ROOM		990531					39
40 ANESTHESIOLOGY		3622213					40
41 RADIOLOGY-DIAGNOSTIC		15047829			30505		41
41.01 ULTRASOUND		3283792			2102		41.01
43 RADIOISOTOPE		3563915			2666		43
44 LABORATORY		33702807			196161		44
46 WHOLE BLOOD & PACKED RED BLOO		2198313					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		304265					47.01
47.02 NON INVASIVE LAB		7178271			16215		47.02
49 RESPIRATORY THERAPY		4161763			2225		49
50 PHYSICAL THERAPY		3594519			4319		50
51 OCCUPATIONAL THERAPY		1486815			1134		51
52 SPEECH PATHOLOGY		188689			1187		52
54 ELECTROENCEPHALOGRAPHY		3329181			9671		54
55 MEDICAL SUPPLIES CHARGED TO P		15785801			1996		55
56 DRUGS CHARGED TO PATIENTS		26047978			224382		56
56.01 CAT SCAN		18047648			18448		56.01
56.02 CARDIAC CATHETERIZATION LAB		9570638			3505		56.02
57 RENAL DIALYSIS		1110356					57
58.01 ONCOLOGY		556878					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1754800					60
61 EMERGENCY		22668173			92477		61
62 OBSERVATION BEDS (NON-DISTINC		2362281					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		212239206			612291		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			CHARGES 3	PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1304409	28288942	193911			.046110	8941	37
38 RECOVERY ROOM		51151	3392808	15126			.015076	228	38
39 DELIVERY ROOM & LABOR ROOM		56462	990531				.057002		39
40 ANESTHESIOLOGY		163404	3622213	26769			.045112	1208	40
41 RADIOLOGY-DIAGNOSTIC		1044851	15047829	279040			.069435	19375	41
41.01 ULTRASOUND		102906	3283792	17381			.031338	545	41.01
43 RADIOISOTOPE		187430	3563915	39127			.052591	2058	43
44 LABORATORY		500231	33702807	855628			.014842	12699	44
46 WHOLE BLOOD & PACKED RED BLOO		51007	2198313	69829			.023203	1620	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHAB		128231	304265	70			.421445	30	47.01
47.02 NON INVASIVE LAB		180370	7178271	40688			.025127	1022	47.02
49 RESPIRATORY THERAPY		122359	4161763	248222			.029401	7298	49
50 PHYSICAL THERAPY		154973	3594519				.043114		50
51 OCCUPATIONAL THERAPY		17959	1486815				.012079		51
52 SPEECH PATHOLOGY		13184	188689				.069872		52
54 ELECTROENCEPHALOGRAPHY		109577	3329181	332242			.032914	10935	54
55 MEDICAL SUPPLIES CHARGED TO P		182276	15785801	455453			.011547	5259	55
56 DRUGS CHARGED TO PATIENTS		384220	26047978	1824142			.014750	26906	56
56.01 CAT SCAN		222594	18047648	190962			.012334	2355	56.01
56.02 CARDIAC CATHETERIZATION LAB		631747	9570638	20306			.066009	1340	56.02
57 RENAL DIALYSIS		19132	1110356	166912			.017231	2876	57
58.01 ONCOLOGY		19345	556878				.034738		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		133024	1754800	270			.075806	20	60
61 EMERGENCY		526824	22668173				.023241		61
62 OBSERVATION BEDS (NON-DISTINC		151124	2362281				.063974		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6458790	212239206	4776078				104715	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008) [ ] NF [ ] ICF/MR  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28288942			193911		37
38 RECOVERY ROOM		3392808			15126		38
39 DELIVERY ROOM & LABOR ROOM		990531					39
40 ANESTHESIOLOGY		3622213			26769		40
41 RADIOLOGY-DIAGNOSTIC		15047829			279040		2336 41
41.01 ULTRASOUND		3283792			17381		41.01
43 RADIOISOTOPE		3563915			39127		43
44 LABORATORY		33702807			855628		44
46 WHOLE BLOOD & PACKED RED BLOO		2198313			69829		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		304265			70		47.01
47.02 NON INVASIVE LAB		7178271			40688		47.02
49 RESPIRATORY THERAPY		4161763			248222		518 49
50 PHYSICAL THERAPY		3594519					50
51 OCCUPATIONAL THERAPY		1486815					51
52 SPEECH PATHOLOGY		188689					52
54 ELECTROENCEPHALOGRAPHY		3329181			332242		54
55 MEDICAL SUPPLIES CHARGED TO P		15785801			455453		55
56 DRUGS CHARGED TO PATIENTS		26047978			1824142		56
56.01 CAT SCAN		18047648			190962		56.01
56.02 CARDIAC CATHETERIZATION LAB		9570638			20306		56.02
57 RENAL DIALYSIS		1110356			166912		57
58.01 ONCOLOGY		556878					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1754800			270		60
61 EMERGENCY		22668173					61
62 OBSERVATION BEDS (NON-DISTINC		2362281					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		212239206			4776078		2854 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (15-T008) [ ] 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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.472150	.472150	.472150			37
38 RECOVERY ROOM	.211139	.211139	.211139			38
39 DELIVERY ROOM & LABOR ROOM	1.269222	1.269222	1.269222			39
40 ANESTHESIOLOGY	.148292	.148292	.148292			40
41 RADIOLOGY-DIAGNOSTIC	.291969	.291969	.291969			41
41.01 ULTRASOUND	.236102	.236102	.236102			41.01
43 RADIOISOTOPE	.293932	.293932	.293932			43
44 LABORATORY	.176646	.176646	.176646			44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718	.581718	.581718			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHAB	3.545176	3.545176	3.545176			47.01
47.02 NON INVASIVE LAB	.198919	.198919	.198919			47.02
49 RESPIRATORY THERAPY	.526210	.526210	.526210			49
50 PHYSICAL THERAPY	.461436	.461436	.461436			50
51 OCCUPATIONAL THERAPY	.517195	.517195	.517195			51
52 SPEECH PATHOLOGY	.886740	.886740	.886740			52
54 ELECTROENCEPHALOGRAPHY	.195040	.195040	.195040			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	.538779	.538779			55
56 DRUGS CHARGED TO PATIENTS	.296904	.296904	.296904			56
56.01 CAT SCAN	.062085	.062085	.062085			56.01
56.02 CARDIAC CATHETERIZATION LAB	.382616	.382616	.382616			56.02
57 RENAL DIALYSIS	.659983	.659983	.659983			57
58.01 ONCOLOGY	.448718	.448718	.448718			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.362538	1.362538	1.362538			60
61 EMERGENCY	.244628	.244628	.244628			61
62 OBSERVATION BEDS (NON-DISTINCT	.812159	.812159	.812159			62
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	.296904	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (15-T008) [ ] 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	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		2336						41
41.01 ULTRASOUND								41.01
43 RADIOISOTOPE								43
44 LABORATORY								44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHAB								47.01
47.02 NON INVASIVE LAB								47.02
49 RESPIRATORY THERAPY		518						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
56.01 CAT SCAN								56.01
56.02 CARDIAC CATHETERIZATION LAB								56.02
57 RENAL DIALYSIS								57
58.01 ONCOLOGY								58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
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		2854						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		2854						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [XX] SUB II (15-T008) [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)	COST
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			682				41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY			273				49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
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			955				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			955				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1706240		1706240
26 INTENSIVE CARE UNIT				270491		270491
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				243655		243655
31.01 SUBPROVIDER II				420651		420651
33 NURSERY						
101 TOTAL				2641037		2641037

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	30800	3204			55.40	177502
26 INTENSIVE CARE UNIT	2644	339			102.30	34680
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5148	1816			47.33	85951
31.01 SUBPROVIDER II	7605	659			55.31	36449
33 NURSERY	1550	1421				
101 TOTAL	47747	7439				334582

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1304409	28288942	3064278			.046110	141294	37
38 RECOVERY ROOM		51151	3392808	283492			.015076	4274	38
39 DELIVERY ROOM & LABOR ROOM		56462	990531				.057002		39
40 ANESTHESIOLOGY		163404	3622213				.045112		40
41 RADIOLOGY-DIAGNOSTIC		1044851	15047829	934087			.069435	64858	41
41.01 ULTRASOUND		102906	3283792	205506			.031338	6440	41.01
43 RADIOISOTOPE		187430	3563915	309226			.052591	16263	43
44 LABORATORY		500231	33702807	3556553			.014842	52786	44
46 WHOLE BLOOD & PACKED RED BLOO		51007	2198313	446567			.023203	10362	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHAB		128231	304265	18580			.421445	7830	47.01
47.02 NON INVASIVE LAB		180370	7178271	630812			.025127	15850	47.02
49 RESPIRATORY THERAPY		122359	4161763	975245			.029401	28673	49
50 PHYSICAL THERAPY		154973	3594519	232282			.043114	10015	50
51 OCCUPATIONAL THERAPY		17959	1486815	90268			.012079	1090	51
52 SPEECH PATHOLOGY		13184	188689	14344			.069872	1002	52
54 ELECTROENCEPHALOGRAPHY		109577	3329181	189434			.032914	6235	54
55 MEDICAL SUPPLIES CHARGED TO P		182276	15785801	53287			.011547	615	55
56 DRUGS CHARGED TO PATIENTS		384220	26047978	3754991			.014750	55386	56
56.01 CAT SCAN		222594	18047648	1423799			.012334	17561	56.01
56.02 CARDIAC CATHETERIZATION LAB		631747	9570638	1095404			.066009	72307	56.02
57 RENAL DIALYSIS		19132	1110356	105624			.017231	1820	57
58.01 ONCOLOGY		19345	556878				.034738		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		133024	1754800	5274			.075806	400	60
61 EMERGENCY		526824	22668173	1233906			.023241	28677	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		151124	2362281				.063974		62
101 TOTAL		6458790	212239206	18622959				543738	101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/23/2009 16:44

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					30800		3204	25
26 INTENSIVE CARE UNIT					2644		339	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5148		1816	31
31.01 SUBPROVIDER II					7605		659	31.01
33 NURSERY					1550		1421	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47747		7439	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PASS THROUGH	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	COSTS	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28288942			3064278		37
38 RECOVERY ROOM		3392808			283492		38
39 DELIVERY ROOM & LABOR ROOM		990531					39
40 ANESTHESIOLOGY		3622213					40
41 RADIOLOGY-DIAGNOSTIC		15047829			934087		41
41.01 ULTRASOUND		3283792			205506		41.01
43 RADIOISOTOPE		3563915			309226		43
44 LABORATORY		33702807			3556553		44
46 WHOLE BLOOD & PACKED RED BLOO		2198313			446567		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		304265			18580		47.01
47.02 NON INVASIVE LAB		7178271			630812		47.02
49 RESPIRATORY THERAPY		4161763			975245		49
50 PHYSICAL THERAPY		3594519			232282		50
51 OCCUPATIONAL THERAPY		1486815			90268		51
52 SPEECH PATHOLOGY		188689			14344		52
54 ELECTROENCEPHALOGRAPHY		3329181			189434		54
55 MEDICAL SUPPLIES CHARGED TO P		15785801			53287		55
56 DRUGS CHARGED TO PATIENTS		26047978			3754991		56
56.01 CAT SCAN		18047648			1423799		56.01
56.02 CARDIAC CATHETERIZATION LAB		9570638			1095404		56.02
57 RENAL DIALYSIS		1110356			105624		57
58.01 ONCOLOGY		556878					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1754800			5274		60
61 EMERGENCY		22668173			1233906		61
62 OBSERVATION BEDS (NON-DISTINC		2362281					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		212239206			18622959		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.472150	.472150	.472150			37
38 RECOVERY ROOM	.211139	.211139	.211139			38
39 DELIVERY ROOM & LABOR ROOM	1.269222	1.269222	1.269222			39
40 ANESTHESIOLOGY	.148292	.148292	.148292			40
41 RADIOLOGY-DIAGNOSTIC	.291969	.291969	.291969			41
41.01 ULTRASOUND	.236102	.236102	.236102			41.01
43 RADIOISOTOPE	.293932	.293932	.293932			43
44 LABORATORY	.176646	.176646	.176646			44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718	.581718	.581718			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHAB	3.545176	3.545176	3.545176			47.01
47.02 NON INVASIVE LAB	.198919	.198919	.198919			47.02
49 RESPIRATORY THERAPY	.526210	.526210	.526210			49
50 PHYSICAL THERAPY	.461436	.461436	.461436			50
51 OCCUPATIONAL THERAPY	.517195	.517195	.517195			51
52 SPEECH PATHOLOGY	.886740	.886740	.886740			52
54 ELECTROENCEPHALOGRAPHY	.195040	.195040	.195040			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	.538779	.538779			55
56 DRUGS CHARGED TO PATIENTS	.296904	.296904	.296904			56
56.01 CAT SCAN	.062085	.062085	.062085			56.01
56.02 CARDIAC CATHETERIZATION LAB	.382616	.382616	.382616			56.02
57 RENAL DIALYSIS	.659983	.659983	.659983			57
58.01 ONCOLOGY	.448718	.448718	.448718			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.362538	1.362538	1.362538			60
61 EMERGENCY	.244628	.244628	.244628			61
62 OBSERVATION BEDS (NON-DISTINCT	.812159	.812159	.812159			62
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	.296904	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] 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	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER		
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3563963							37
38 RECOVERY ROOM	282792							38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY	489063							40
41 RADIOLOGY-DIAGNOSTIC	2751240							41
41.01 ULTRASOUND	1342068							41.01
43 RADIOISOTOPE	409898							43
44 LABORATORY	5468743							44
46 WHOLE BLOOD & PACKED RED BLOOD	174971							46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHAB	7577							47.01
47.02 NON INVASIVE LAB	626140							47.02
49 RESPIRATORY THERAPY	422788							49
50 PHYSICAL THERAPY	366834							50
51 OCCUPATIONAL THERAPY	44382							51
52 SPEECH PATHOLOGY	2775							52
54 ELECTROENCEPHALOGRAPHY	755168							54
55 MEDICAL SUPPLIES CHARGED TO PA	14132							55
56 DRUGS CHARGED TO PATIENTS	1785308							56
56.01 CAT SCAN	2985746							56.01
56.02 CARDIAC CATHETERIZATION LAB	442502							56.02
57 RENAL DIALYSIS								57
58.01 ONCOLOGY	139093							58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	80893							60
61 EMERGENCY	6936734							61
62 OBSERVATION BEDS (NON-DISTINCT)	1373748							62
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	30466558							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	30466558							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1682725					37
38 RECOVERY ROOM	59708					38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY	72524					40
41 RADIOLOGY-DIAGNOSTIC	803277					41
41.01 ULTRASOUND	316865					41.01
43 RADIOISOTOPE	120482					43
44 LABORATORY	966032					44
46 WHOLE BLOOD & PACKED RED BLOOD	101784					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHAB	26862					47.01
47.02 NON INVASIVE LAB	124551					47.02
49 RESPIRATORY THERAPY	222475					49
50 PHYSICAL THERAPY	169270					50
51 OCCUPATIONAL THERAPY	22954					51
52 SPEECH PATHOLOGY	2461					52
54 ELECTROENCEPHALOGRAPHY	147288					54
55 MEDICAL SUPPLIES CHARGED TO PAT	7614					55
56 DRUGS CHARGED TO PATIENTS	530065					56
56.01 CAT SCAN	185370					56.01
56.02 CARDIAC CATHETERIZATION LAB	169308					56.02
57 RENAL DIALYSIS						57
58.01 ONCOLOGY	62414					58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	110220					60
61 EMERGENCY	1696919					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1115702					62
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	8716870					101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES	8716870					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL			
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1304409	28288942	-78			.046110	-4	37
38 RECOVERY ROOM		51151	3392808	550			.015076	8	38
39 DELIVERY ROOM & LABOR ROOM		56462	990531				.057002		39
40 ANESTHESIOLOGY		163404	3622213				.045112		40
41 RADIOLOGY-DIAGNOSTIC		1044851	15047829	33961			.069435	2358	41
41.01 ULTRASOUND		102906	3283792	6445			.031338	202	41.01
43 RADIOISOTOPE		187430	3563915	8498			.052591	447	43
44 LABORATORY		500231	33702807	206166			.014842	3060	44
46 WHOLE BLOOD & PACKED RED BLOO		51007	2198313	735			.023203	17	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHAB		128231	304265				.421445		47.01
47.02 NON INVASIVE LAB		180370	7178271	26592			.025127	668	47.02
49 RESPIRATORY THERAPY		122359	4161763	1699			.029401	50	49
50 PHYSICAL THERAPY		154973	3594519	918			.043114	40	50
51 OCCUPATIONAL THERAPY		17959	1486815	492			.012079	6	51
52 SPEECH PATHOLOGY		13184	188689				.069872		52
54 ELECTROENCEPHALOGRAPHY		109577	3329181	14322			.032914	471	54
55 MEDICAL SUPPLIES CHARGED TO P		182276	15785801	26			.011547		55
56 DRUGS CHARGED TO PATIENTS		384220	26047978	211377			.014750	3118	56
56.01 CAT SCAN		222594	18047648	28573			.012334	352	56.01
56.02 CARDIAC CATHETERIZATION LAB		631747	9570638				.066009		56.02
57 RENAL DIALYSIS		19132	1110356				.017231		57
58.01 ONCOLOGY		19345	556878				.034738		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		133024	1754800				.075806		60
61 EMERGENCY		526824	22668173	116739			.023241	2713	61
62 OBSERVATION BEDS (NON-DISTINC		151124	2362281				.063974		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6458790	212239206	657015				13506	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28288942			-78		37
38 RECOVERY ROOM		3392808			550		38
39 DELIVERY ROOM & LABOR ROOM		990531					39
40 ANESTHESIOLOGY		3622213					40
41 RADIOLOGY-DIAGNOSTIC		15047829			33961		41
41.01 ULTRASOUND		3283792			6445		41.01
43 RADIOISOTOPE		3563915			8498		43
44 LABORATORY		33702807			206166		44
46 WHOLE BLOOD & PACKED RED BLOO		2198313			735		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		304265					47.01
47.02 NON INVASIVE LAB		7178271			26592		47.02
49 RESPIRATORY THERAPY		4161763			1699		49
50 PHYSICAL THERAPY		3594519			918		50
51 OCCUPATIONAL THERAPY		1486815			492		51
52 SPEECH PATHOLOGY		188689					52
54 ELECTROENCEPHALOGRAPHY		3329181			14322		54
55 MEDICAL SUPPLIES CHARGED TO P		15785801			26		55
56 DRUGS CHARGED TO PATIENTS		26047978			211377		56
56.01 CAT SCAN		18047648			28573		56.01
56.02 CARDIAC CATHETERIZATION LAB		9570638					56.02
57 RENAL DIALYSIS		1110356					57
58.01 ONCOLOGY		556878					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1754800					60
61 EMERGENCY		22668173			116739		61
62 OBSERVATION BEDS (NON-DISTINC		2362281					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		212239206			657015		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
			9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1304409	28288942	30628			.046110	1412	37
38 RECOVERY ROOM		51151	3392808	4190			.015076	63	38
39 DELIVERY ROOM & LABOR ROOM		56462	990531				.057002		39
40 ANESTHESIOLOGY		163404	3622213	7223			.045112	326	40
41 RADIOLOGY-DIAGNOSTIC		1044851	15047829	23021			.069435	1598	41
41.01 ULTRASOUND		102906	3283792	2287			.031338	72	41.01
43 RADIOISOTOPE		187430	3563915	3922			.052591	206	43
44 LABORATORY		500231	33702807	77787			.014842	1155	44
46 WHOLE BLOOD & PACKED RED BLOO		51007	2198313	3809			.023203	88	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHAB		128231	304265	36			.421445	15	47.01
47.02 NON INVASIVE LAB		180370	7178271	6585			.025127	165	47.02
49 RESPIRATORY THERAPY		122359	4161763	35540			.029401	1045	49
50 PHYSICAL THERAPY		154973	3594519	13965			.043114	602	50
51 OCCUPATIONAL THERAPY		17959	1486815				.012079		51
52 SPEECH PATHOLOGY		13184	188689				.069872		52
54 ELECTROENCEPHALOGRAPHY		109577	3329181	21766			.032914	716	54
55 MEDICAL SUPPLIES CHARGED TO P		182276	15785801	757			.011547	9	55
56 DRUGS CHARGED TO PATIENTS		384220	26047978	204891			.014750	3022	56
56.01 CAT SCAN		222594	18047648	30283			.012334	374	56.01
56.02 CARDIAC CATHETERIZATION LAB		631747	9570638	7866			.066009	519	56.02
57 RENAL DIALYSIS		19132	1110356	5868			.017231	101	57
58.01 ONCOLOGY		19345	556878				.034738		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		133024	1754800				.075806		60
61 EMERGENCY		526824	22668173				.023241		61
62 OBSERVATION BEDS (NON-DISTINC		151124	2362281				.063974		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6458790	212239206	480424				11488	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28288942			30628		37
38 RECOVERY ROOM		3392808			4190		38
39 DELIVERY ROOM & LABOR ROOM		990531					39
40 ANESTHESIOLOGY		3622213			7223		40
41 RADIOLOGY-DIAGNOSTIC		15047829			23021		41
41.01 ULTRASOUND		3283792			2287		41.01
43 RADIOISOTOPE		3563915			3922		43
44 LABORATORY		33702807			77787		44
46 WHOLE BLOOD & PACKED RED BLOO		2198313			3809		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		304265			36		47.01
47.02 NON INVASIVE LAB		7178271			6585		47.02
49 RESPIRATORY THERAPY		4161763			35540		49
50 PHYSICAL THERAPY		3594519			13965		50
51 OCCUPATIONAL THERAPY		1486815					51
52 SPEECH PATHOLOGY		188689					52
54 ELECTROENCEPHALOGRAPHY		3329181			21766		54
55 MEDICAL SUPPLIES CHARGED TO P		15785801			757		55
56 DRUGS CHARGED TO PATIENTS		26047978			204891		56
56.01 CAT SCAN		18047648			30283		56.01
56.02 CARDIAC CATHETERIZATION LAB		9570638			7866		56.02
57 RENAL DIALYSIS		1110356			5868		57
58.01 ONCOLOGY		556878					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1754800					60
61 EMERGENCY		22668173					61
62 OBSERVATION BEDS (NON-DISTINC		2362281					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		212239206			480424		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
			9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	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)	30800	5148	7605			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	30800	5148	7605			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30800	5148	7605			4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	14309	1532	6268			9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21661006	2702416	6539991				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	21661006	2702416	6539991				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17040644	3205857	6893106				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17040644	3205857	6893106				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.271138	.842962	.948773				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	553.27	622.74	906.39				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21661006	2702416	6539991				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	703.28	524.94	859.96			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10063234	804208	5390229			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10063234	804208	5390229			41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3841751	2644	1453.01	1388	2016778	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	17813808	149976	1509433			48
49 TOTAL PROGRAM INPATIENT COSTS	29893820	954184	6899662			49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	934711	72510	346683			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1517149	12461	104715			51
52 TOTAL PROGRAM EXCLUDABLE COST	2451860	84971	451398			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	27441960	869213	6448264			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54						54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS) (PPS)  
 (15-0008)(15-S008)(15-T008)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2728	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	703.28	84
85 OBSERVATION BED COST	1918548	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		21661006		1918548		86
87 NEW CAPITAL-RELATED COST	1706240	21661006	.078770	1918548	151124	87
88 NON PHYSICIAN ANESTHETIST		21661006		1918548		88
89 MEDICAL EDUCATION		21661006		1918548		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	30800	5148	7605			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	30800	5148	7605			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30800	5148	7605			4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3204	1816	659			9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	1550					15
16 TITLE V OR XIX NURSERY DAYS	1421					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21661006	2702416	6539991				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	21661006	2702416	6539991				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17040644	3205857	6893106				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17040644	3205857	6893106				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.271138	.842962	.948773				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	553.27	622.74	906.39				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21661006	2702416	6539991				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	703.28	524.94	859.96		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2253309	953291	566714		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2253309	953291	566714		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)		1550		1421	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3841751	2644	1453.01	339	43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	5760714	153785	141879		48
49	TOTAL PROGRAM INPATIENT COSTS	8506593	1107076	708593		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	212182	85951	36449		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	543738	13506	11488		51
52	TOTAL PROGRAM EXCLUDABLE COST	755920	99457	47937		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	7750673	1007619	660656		53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES		271	52			54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/23/2009 16:44

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS) (PPS)  
 (15-0008)(15-S008)(15-T008)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2728	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	703.28	84
85 OBSERVATION BED COST	1918548	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		21661006		1918548		86
87 NEW CAPITAL-RELATED COST	1706240	21661006	.078770	1918548	151124	87
88 NON PHYSICIAN ANESTHETIST		21661006		1918548		88
89 MEDICAL EDUCATION		21661006		1918548		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-0008)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		7734067		25
26 INTENSIVE CARE UNIT		1412020		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.473094	4696034	2221666	37
38 RECOVERY ROOM	.211139	398995	84243	38
39 DELIVERY ROOM & LABOR ROOM	1.269222	2158	2739	39
40 ANESTHESIOLOGY	.148292	804623	119319	40
41 RADIOLOGY-DIAGNOSTIC	.292599	3272734	957599	41
41.01 ULTRASOUND	.236102	291402	68801	41.01
43 RADIOISOTOPE	.293932	912134	268105	43
44 LABORATORY	.177016	9501757	1681963	44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718	845418	491795	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.609314	66760	240958	47.01
47.02 NON INVASIVE LAB	.201105	1248264	251032	47.02
49 RESPIRATORY THERAPY	.526573	1504795	792384	49
50 PHYSICAL THERAPY	.469392	959566	450413	50
51 OCCUPATIONAL THERAPY	.517195	479454	247971	51
52 SPEECH PATHOLOGY	.886740	111407	98789	52
54 ELECTROENCEPHALOGRAPHY	.195040	661134	128948	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	6752432	3638069	55
56 DRUGS CHARGED TO PATIENTS	.296904	9942248	2951893	56
56.01 CAT SCAN	.062085	3528578	219072	56.01
56.02 CARDIAC CATHETERIZATION LAB	.388473	4242090	1647937	56.02
57 RENAL DIALYSIS	.659983	681800	449976	57
58.01 ONCOLOGY	.455084			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.362538	28558	38911	60
61 EMERGENCY	.244628	2697678	659928	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.812159	124725	101297	62
101 TOTAL		53754744	17813808	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		53754744		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-S008)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		957150		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.473094	4270	2020	37
38 RECOVERY ROOM	.211139	1028	217	38
39 DELIVERY ROOM & LABOR ROOM	1.269222			39
40 ANESTHESIOLOGY	.148292			40
41 RADIOLOGY-DIAGNOSTIC	.292599	30505	8926	41
41.01 ULTRASOUND	.236102	2102	496	41.01
43 RADIOISOTOPE	.293932	2666	784	43
44 LABORATORY	.177016	196161	34724	44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.609314			47.01
47.02 NON INVASIVE LAB	.201105	16215	3261	47.02
49 RESPIRATORY THERAPY	.526573	2225	1172	49
50 PHYSICAL THERAPY	.469392	4319	2027	50
51 OCCUPATIONAL THERAPY	.517195	1134	586	51
52 SPEECH PATHOLOGY	.886740	1187	1053	52
54 ELECTROENCEPHALOGRAPHY	.195040	9671	1886	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	1996	1075	55
56 DRUGS CHARGED TO PATIENTS	.296904	224382	66620	56
56.01 CAT SCAN	.062085	18448	1145	56.01
56.02 CARDIAC CATHETERIZATION LAB	.388473	3505	1362	56.02
57 RENAL DIALYSIS	.659983			57
58.01 ONCOLOGY	.455084			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.362538			60
61 EMERGENCY	.244628	92477	22622	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.812159			62
101 TOTAL		612291	149976	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		612291		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (15-T008)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		5651485		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.473094	193911	91738	37
38 RECOVERY ROOM	.211139	15126	3194	38
39 DELIVERY ROOM & LABOR ROOM	1.269222			39
40 ANESTHESIOLOGY	.148292	26769	3970	40
41 RADIOLOGY-DIAGNOSTIC	.292599	279040	81647	41
41.01 ULTRASOUND	.236102	17381	4104	41.01
43 RADIOISOTOPE	.293932	39127	11501	43
44 LABORATORY	.177016	855628	151460	44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718	69829	40621	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.609314	70	253	47.01
47.02 NON INVASIVE LAB	.201105	40688	8183	47.02
49 RESPIRATORY THERAPY	.526573	248222	130707	49
50 PHYSICAL THERAPY	.469392			50
51 OCCUPATIONAL THERAPY	.517195			51
52 SPEECH PATHOLOGY	.886740			52
54 ELECTROENCEPHALOGRAPHY	.195040	332242	64800	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	455453	245389	55
56 DRUGS CHARGED TO PATIENTS	.296904	1824142	541595	56
56.01 CAT SCAN	.062085	190962	11856	56.01
56.02 CARDIAC CATHETERIZATION LAB	.388473	20306	7888	56.02
57 RENAL DIALYSIS	.659983	166912	110159	57
58.01 ONCOLOGY	.455084			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.362538	270	368	60
61 EMERGENCY	.244628			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.812159			62
101 TOTAL		4776078	1509433	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4776078		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (15-0008)	[ ] SNF	[XX] PPS
[ ] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[XX] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		5373712		25
26 INTENSIVE CARE UNIT		375485		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.473094	3064278	1449692	37
38 RECOVERY ROOM	.211139	283492	59856	38
39 DELIVERY ROOM & LABOR ROOM	1.269222			39
40 ANESTHESIOLOGY	.148292			40
41 RADIOLOGY-DIAGNOSTIC	.292599	934087	273313	41
41.01 ULTRASOUND	.236102	205506	48520	41.01
43 RADIOISOTOPE	.293932	309226	90891	43
44 LABORATORY	.177016	3556553	629567	44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718	446567	259776	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.609314	18580	67061	47.01
47.02 NON INVASIVE LAB	.201105	630812	126859	47.02
49 RESPIRATORY THERAPY	.526573	975245	513538	49
50 PHYSICAL THERAPY	.469392	232282	109031	50
51 OCCUPATIONAL THERAPY	.517195	90268	46686	51
52 SPEECH PATHOLOGY	.886740	14344	12719	52
54 ELECTROENCEPHALOGRAPHY	.195040	189434	36947	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	53287	28710	55
56 DRUGS CHARGED TO PATIENTS	.296904	3754991	1114872	56
56.01 CAT SCAN	.062085	1423799	88397	56.01
56.02 CARDIAC CATHETERIZATION LAB	.388473	1095404	425535	56.02
57 RENAL DIALYSIS	.659983	105624	69710	57
58.01 ONCOLOGY	.455084			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.362538	5274	7186	60
61 EMERGENCY	.244628	1233906	301848	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.812159			62
101 TOTAL		18622959	5760714	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		18622959		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-S008)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		953750		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.473094	-78	-37	37
38 RECOVERY ROOM	.211139	550	116	38
39 DELIVERY ROOM & LABOR ROOM	1.269222			39
40 ANESTHESIOLOGY	.148292			40
41 RADIOLOGY-DIAGNOSTIC	.292599	33961	9937	41
41.01 ULTRASOUND	.236102	6445	1522	41.01
43 RADIOISOTOPE	.293932	8498	2498	43
44 LABORATORY	.177016	206166	36495	44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718	735	428	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.609314			47.01
47.02 NON INVASIVE LAB	.201105	26592	5348	47.02
49 RESPIRATORY THERAPY	.526573	1699	895	49
50 PHYSICAL THERAPY	.469392	918	431	50
51 OCCUPATIONAL THERAPY	.517195	492	254	51
52 SPEECH PATHOLOGY	.886740			52
54 ELECTROENCEPHALOGRAPHY	.195040	14322	2793	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	26	14	55
56 DRUGS CHARGED TO PATIENTS	.296904	211377	62759	56
56.01 CAT SCAN	.062085	28573	1774	56.01
56.02 CARDIAC CATHETERIZATION LAB	.388473			56.02
57 RENAL DIALYSIS	.659983			57
58.01 ONCOLOGY	.455084			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.362538			60
61 EMERGENCY	.244628	116739	28558	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.812159			62
101 TOTAL		657015	153785	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		657015		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
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<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (15-T008)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		565776		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.473094	30628	14490	37
38 RECOVERY ROOM	.211139	4190	885	38
39 DELIVERY ROOM & LABOR ROOM	1.269222			39
40 ANESTHESIOLOGY	.148292	7223	1071	40
41 RADIOLOGY-DIAGNOSTIC	.292599	23021	6736	41
41.01 ULTRASOUND	.236102	2287	540	41.01
43 RADIOISOTOPE	.293932	3922	1153	43
44 LABORATORY	.177016	77787	13770	44
46 WHOLE BLOOD & PACKED RED BLOOD	.581718	3809	2216	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.609314	36	130	47.01
47.02 NON INVASIVE LAB	.201105	6585	1324	47.02
49 RESPIRATORY THERAPY	.526573	35540	18714	49
50 PHYSICAL THERAPY	.469392	13965	6555	50
51 OCCUPATIONAL THERAPY	.517195			51
52 SPEECH PATHOLOGY	.886740			52
54 ELECTROENCEPHALOGRAPHY	.195040	21766	4245	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538779	757	408	55
56 DRUGS CHARGED TO PATIENTS	.296904	204891	60833	56
56.01 CAT SCAN	.062085	30283	1880	56.01
56.02 CARDIAC CATHETERIZATION LAB	.388473	7866	3056	56.02
57 RENAL DIALYSIS	.659983	5868	3873	57
58.01 ONCOLOGY	.455084			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.362538			60
61 EMERGENCY	.244628			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.812159			62
101 TOTAL		480424	141879	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		480424		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5741296					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5533536					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11379602					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	313525					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	125.53					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO			0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0997					4
4.01	0.2825					4.01
4.02	0.3822					4.02
4.03	0.2075					4.03
4.04	4700795					4.04
5	3167					5
5.01	318					5.01
5.02	10.04					5.02
5.03	1884					5.03
5.04	0.846361					5.04
5.05	335.00					5.05
5.06	90163					5.06
6	27758917					6
7						7
7.01						7.01
8	27758917					8
9	2084392					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	29843309					16
17	58802					17
18	29784507					18
19	2040796					19
20	205812					20
21	946852					21
21.01	662796					21.01
21.02	584155					21.02
22	28200695					22



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0008) 1	HOSPITAL (15-0008) 1.01	HOSPITAL (15-0008) 1.02	
1 MEDICAL AND OTHER SERVICES	716			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9534127			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6598840			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	716			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2412			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	2412			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	2412			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1696			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	716			17
17.01 TOTAL PPS PAYMENTS	6598840			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0008) 1	HOSPITAL (15-0008) 1.01	HOSPITAL (15-0008) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36
50			50
51			51
52			52
53			53
54			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-S008) 1	SUB I (15-S008) 1.01	SUB I (15-S008) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-S008) 1	SUB I (15-S008) 1.01	SUB I (15-S008) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (15-T008) 1	SUB II (15-T008) 1.01	SUB II (15-T008) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	955			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	530			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	530			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (15-T008) 1	SUB II (15-T008) 1.01	SUB II (15-T008) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19	353		19
20			20
21			21
22			22
23	353		23
24			24
25	353		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27			27
27.01			27.01
27.02			27.02
28	353		28
29			29
30			30
30.99			30.99
31			31
32	353		32
33			33
34	353		34
34.01			34.01
35			35
36			36
TO BE COMPLETED BY CONTRACTOR			
50			50
51			51
52			52
53			53
54			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(15-0008)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL  
(15-0008)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL  
(15-0008)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (15-0008)

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		27015684		4930559	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.		574375		320685	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	03/12/2009     01/29/2009 243626 5429 136534	03/12/2009     01/29/2009	25706     60898	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-335988		-35192	3.99
4 TOTAL INTERIM PAYMENTS		27254071		5216052	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (15-S008)

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		880950		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 .01				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		880950		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01				5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02				5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03				5.03
				5.50
				5.51
				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO				
(BALANCE DUE) BASED ON THE COST PROVIDER .01				6.01
REPORT. PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER II (15-T008)

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		8413587		353
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			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
	.50	01/29/2009		94816
	PROVIDER .51			3.50
	TO .52			3.51
	PROGRAM .53			NONE
	.54			3.52
				3.53
				3.54
SUBTOTAL	.99	-94816		3.99
4 TOTAL INTERIM PAYMENTS		8318771		353
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			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: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03			7766424			1.03
1.04			0.0443			1.04
1.05			618751			1.05
1.06			111134			1.06
1.07			8496309			1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15 OTHER ADJUSTMENTS					15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		947102	8407921		17
18 SEQUESTRATION ADJUSTMENT					18
19 INTERIM PAYMENTS		880950	8318771		19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20 BALANCE DUE PROVIDER/PROGRAM		66152	89150		20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY					
50 ORIGINAL OUTLIER AMOUNT					50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V			[ ] TITLE XVIII			[XX] TITLE XIX		NF I
	HOSPITAL (15-0008) (PPS)	SUB I (15-S008) (PPS)	SUB II (15-T008) (PPS)	SUB III	SUB IV				
1	1	1	1	1	1			1	
2	8716870							2	
3								3	
4								4	
5								5	
6	8716870							6	
7								7	
8								8	
9	8716870							9	
COMPUTATION OF LESSER OF COST OR CHARGES									
10	5749197	953750	565776					10	
11	49089517	657015	480424					11	
12								12	
13								13	
14								14	
15								15	
16	54838714	1610765	1046200					16	
CUSTOMARY CHARGES									
17								17	
18								18	
19								19	
20	54838714	1610765	1046200					20	
21	46121844	1610765	1046200					21	
22								22	
23	8716870							23	
PROSPECTIVE PAYMENT AMOUNT									
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30	8716870							30	
31								31	
32								32	
33								33	

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	NF I
	HOSPITAL (15-0008) (PPS)	SUB I (15-S008) (PPS)	SUB II (15-T008) (PPS)	SUB III SUB IV
	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS			
38.01	REDUCED REIMBURSABLE BAD DEBTS			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			
45	RATIO OF LINE 43 TO LINE 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION			
50	TO ZERO OUT SETTLEMENT, SINCE NO ADD			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)			

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	9553774			1
2	TEMPORARY INVESTMENTS	893912			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	14236955			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3718343			7
8	PREPAID EXPENSES	1955360			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	6539109			10
11	TOTAL CURRENT ASSETS	36897453			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1498747			13
13.01	ACCUMULATED DEPRECIATION	-390672			13.01
14	BUILDINGS	25009514			14
14.01	ACCUMULATED DEPRECIATION	-11183465			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	25642316			16
16.01	ACCUMULATED DEPRECIATION	-15770739			16.01
17	AUTOMOBILES AND TRUCKS	86439			17
17.01	ACCUMULATED DEPRECIATION	-42046			17.01
18	MAJOR MOVABLE EQUIPMENT	1505797			18
18.01	ACCUMULATED DEPRECIATION	-818840			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	25537051			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	535598			25
26	TOTAL OTHER ASSETS	535598			26
27	TOTAL ASSETS	62970102			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2949358			28
29	SALARIES, WAGES & FEES PAYABLE	13535985			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	160110			31
32	DEFERRED INCOME	49975			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	3917102			34
35	OTHER CURRENT LIABILITIES	311536			35
36	TOTAL CURRENT LIABILITIES	20924066			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	23317			38
39	UNSECURED LOANS	535598			39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	513321			41
42	TOTAL LONG TERM LIABILITIES	1072236			42
43	TOTAL LIABILITIES	21996302			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	40973800			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	40973800			51
52	TOTAL LIABILITIES AND FUND BALANCES	62970102			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	38721505			1
2 NET INCOME (LOSS)	1313261			2
3 TOTAL	40034766			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	1			4
5 NET ASSETS RELEASED FROM RESTRICTIO	117355			5
6 CFNI SCH CYBERKNIFE	821678			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	939034			10
11 SUBTOTAL	40973800			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	40973800			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	17578158		17578158	1
2 SUBPROVIDER I	3204400		3204400	2
2.01 SUBPROVIDER II	2839255		2839255	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	23621813		23621813	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	23621813		23621813	16
17 ANCILLARY SERVICES	112949338	117128664	230078002	17
18 OUTPATIENT SERVICES				18
19 HOME HEALTH AGENCY		3249809	3249809	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	136571151	120378473	256949624	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		156309859	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		156309859	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	256949624	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	138215046	2
3	NET PATIENT REVENUES	118734578	3
4	LESS - TOTAL OPERATING EXPENSES	156309859	4
5	NET INCOME FROM SERVICE TO PATIENTS	-37575281	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	92966	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	608	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	433386	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	12411	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	29513	21
22	RENTAL OF HOSPITAL SPACE	1418373	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	CAPITATION REVENUE	35131867	24.01
24.02	CYBERKNIFE JV INCOME	897419	24.02
24.03	EC CLINIC MGMT AGREEMENT	235000	24.03
24.04	EMPLOYEE WELLNESS	4613	24.04
24.05	OCCUPATIONAL HEALTH CONTRACTS	265822	24.05
24.06	OTHER INCOME	69258	24.06
24.07	PCO REVENUE	38350	24.07
24.08	PSYCH MGMT AGREEMENT	335000	24.08
24.09	RELEASE TEMP RESTRICTED FUNDS	23559	24.09
25	TOTAL OTHER INCOME	38988145	25
26	TOTAL	1412864	26
27	LOSS ON SALE OF EQUIPMENT	99603	27
28			28
29			29
30	TOTAL OTHER EXPENSES	99603	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1313261	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7453

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	243891				131009	374900 5
6 SKILLED NURSING CARE	744228		36910			781138 6
7 PHYSICAL THERAPY				288330		288330 7
8 OCCUPATIONAL THERAPY				140700		140700 8
9 SPEECH PATHOLOGY						1950 9
10 MEDICAL SOCIAL SERVICES				1950		1950 10
11 HOME HEALTH AIDE	177060		35375			212435 11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1165179		72285	430980	131009	1799453 24



COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7453

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	297922					297922	297922	5
6 SKILLED NURSING CARE	781138					781138	163362	944500 6
7 PHYSICAL THERAPY	288330					288330	60300	348630 7
8 OCCUPATIONAL THERAPY	140700					140700	29425	170125 8
9 SPEECH PATHOLOGY								9
10 MEDICAL SOCIAL SERVICES	1950					1950	408	2358 10
11 HOME HEALTH AIDE	212435					212435	44427	256862 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	1722475					1722475		1722475 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-297922	1424553	5
6 SKILLED NURSING CARE						781138	6
7 PHYSICAL THERAPY						288330	7
8 OCCUPATIONAL THERAPY						140700	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						1950	10
11 HOME HEALTH AIDE						212435	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-297922	1424553	24
25 COST TO BE ALLOC (PER W/S H)						297922	25
26 UNIT COST MULTIPLIER						.209134	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART I

HHA COST CENTER	ALLOCATED		
	HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE	370210	1484944	2
3 PHYSICAL THERAPY	136420	547192	3
4 OCCUPATIONAL THERAPY	66635	267278	4
5 SPEECH PATHOLOGY			5
6 MEDICAL SOCIAL SERVICES	915	3669	6
7 HOME HEALTH AIDE	101122	405609	7
8 SUPPLIES	1007	4039	8
9 DRUGS			9
9.20 COST OF ADMINISTERING VACC			9.20
10 DME			10
11 HOME DIALYSIS AIDE SERVICE			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING			13
14 CLINIC			14
15 HEALTH PROMOTION ACTIVITIE			15
16 DAY CARE PROGRAM			16
17 HOME DELIVERED MEALS PROGR			17
18 HOMEMAKER SERVICE			18
19 ALL OTHERS			19
19.50 TELEMEDICINE			19.50
20 TOTALS	676309	2712731	20
21 UNIT COST MULTIPLIER	.332107		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DEPRECIAT EXPENSE	EMPLOYEE BENEFITS GROSS SALARIES	MAINT OF PERSONNEL FTES	NONPATIENT TELEPHONES NUMBER OF TELEPHONES	PURCHASING RECEIVING & STORES COSTED REQ	ADMITTING GROSS REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	
	3	4	5	5.01	6.01	6.02	6.03	6.04	
1 ADMINISTRATIVE AND GENERAL	3120	11517	1165180	15	15	16500			1
2 SKILLED NURSING CARE							1662514	1662514	2
3 PHYSICAL THERAPY							570413	570413	3
4 OCCUPATIONAL THERAPY							290507	290507	4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES							2345	2345	6
7 HOME HEALTH AIDE							535023	535023	7
8 SUPPLIES							189007	189007	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	3120	11517	1165180	15	15	16500	3249809	3249809	20
21 TOTAL COST TO BE ALLOCATED	34356	15927	294601	10993	6074	3930	16337	585	21
22 UNIT COST MULTIPLIER	11.011538		.252837		404.933333		.005027		22
22 UNIT COST MULTIPLIER		1.382912		732.866667		.238182		.000180	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	RECON- CILIATION	OTHER ADMIN GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES
	6A.05	6.05	7	8	9	10	11	12
1 ADMINISTRATIVE AND GENERAL		365881	3120	3120		3120		15
2 SKILLED NURSING CARE		953158						2
3 PHYSICAL THERAPY		351600						3
4 OCCUPATIONAL THERAPY		171637						4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES		2370						6
7 HOME HEALTH AIDE		259648						7
8 SUPPLIES		984						8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS		2105278	3120	3120		3120		15
21 TOTAL COST TO BE ALLOCATED		320009	75646	26977		29199		49315
22 UNIT COST MULTIPLIER			24.245513					22
22 UNIT COST MULTIPLIER		.152003		8.646474		9.358654		3287.666667

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQ	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
	14	15	16	17	
1 ADMINISTRATIVE AND GENERAL	31366	16500			1
2 SKILLED NURSING CARE				1662514	2
3 PHYSICAL THERAPY				570413	3
4 OCCUPATIONAL THERAPY				290507	4
5 SPEECH PATHOLOGY					5
6 MEDICAL SOCIAL SERVICES				2345	6
7 HOME HEALTH AIDE				535023	7
8 SUPPLIES				189007	8
9 DRUGS					9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS	31366	16500		3249809	20
21 TOTAL COST TO BE ALLOCATED	73195	481		32631	21
22 UNIT COST MULTIPLIER	2.333578				22
22 UNIT COST MULTIPLIER		.029152		.010041	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-6  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [  ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1	2	3	4	5		
1	SKILLED NURSING CARE	2	1484944		1484944	15939	93.16	1
2	PHYSICAL THERAPY	3	547192		547192	4666	117.27	2
3	OCCUPATIONAL THERAPY	4	267278		267278	2362	113.16	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6	3669		3669	17	215.82	5
6	HOME HEALTH AIDE SERV	7	405609		405609	6805	59.60	6
7	TOTAL		2708692		2708692	29789		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1	2	3	4	5		
15	COST OF MEDICAL SUPPLIES	8	4039	101833	105872	189007	.560149	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-6  
 PARTS II & III

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I		
		1	2	3	4		
1	PHYSICAL THERAPY	50	.461436		COL 2, LINE 2	1	
2	OCCUPATIONAL THERAPY	51	.517195		COL 2, LINE 3	2	
3	SPEECH PATHOLOGY	52	.886740		COL 2, LINE 4	3	
4	MEDICAL SUPPLIES CHARGED TO PA	55	.538779	189007	101833	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.296904		COL 2, LINE 16	5	
5.01	CAT SCAN	56.01	.062085		COL 2, LINE 16	5.01	
5.02	CARDIAC CATHETERIZATION LAB	56.02	.382616		COL 2, LINE 16	5.02	

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY	2	117.27	2.01	3	3.01	4	5
2	OCCUPATIONAL THERAPY	3	113.16					
3	SPEECH PATHOLOGY	4						
4	TOTAL							

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 15-7453

WORKSHEET H-7  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1232333	1333646	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	5236	31325	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	5648	4455	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	5626	4619	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	1248843	1374045	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1248843	1374045	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1248843	1374045	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1248843	1374045	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	1248843	1374045	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1248843	1374045	24
25 TOTAL INTERIM PAYMENTS	1248843	1374045	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 15-7453

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1248843		1374045	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 .01					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02					3.02
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		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
.50					3.50
PROVIDER .51					3.51
TO .52		NONE		NONE	3.52
PROGRAM .53					3.53
.54					3.54
SUBTOTAL .99					3.99
4 TOTAL INTERIM PAYMENTS		1248843		1374045	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01					5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02					5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. 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 PROGRAM TO					
(BALANCE DUE) BASED ON THE COST PROVIDER .01					6.01
REPORT. PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0008)	HOSPITAL (15-0008)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	1888495				2
3					3
3.01	43873				3.01
4					4
4.01	0.00	0.00			4.01
4.02					4.02
4.03					4.03
5		0.0997			5
5.01		0.2825			5.01
5.02		0.3822			5.02
5.03		0.0805			5.03
5.04		152024			5.04
6	2084392				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0008)	HOSPITAL (15-0008)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
5.01 MAINTENANCE OF PERSONNEL					5.01
6.01 NONPATIENT TELEPHONES					6.01
6.02 PURCHASING RECEIVING & STORES					6.02
6.03 ADMITTING					6.03
6.04 CASHIERING ACCOUNTS RECEIVABLE					6.04
6.05 OTHER ADMIN AND GENERAL					6.05
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
00 OTHER NON REIMB COST CENTER					00
00.03 ADVERTISING EXPENSE					00.03
00.04 REGENCY HOSPITAL					00.04
00.05 UNUSED SPACE					00.05
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	46.46		10.40				56.86 25
26 INTENSIVE CARE UNIT	52.50		12.82				65.32 26
33 NURSERY			91.68				91.68 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	16.60	36.37	10.83	12.60			76.40 37
38 RECOVERY ROOM	11.76	21.50	8.36	8.34			49.96 38
39 DELIVERY ROOM & LABOR ROOM	0.22						0.22 39
40 ANESTHESIOLOGY	22.21	11.01		13.50			46.72 40
41 RADIOLOGY-DIAGNOSTIC	21.75	16.31	6.21	18.28			62.55 41
41.01 ULTRASOUND	8.87	5.94	6.26	40.87			61.94 41.01
43 RADIOISOTOPE	25.59	19.39	8.68	11.50			65.16 43
44 LABORATORY	28.19	1.04	10.55	16.23			56.01 44
46 WHOLE BLOOD & PACKED RED BLOOD	38.46	5.01	20.31	7.96			71.74 46
47.01 CARDIAC REHAB	21.94	33.55	6.11	2.49			64.09 47.01
47.02 NON INVASIVE LAB	17.39	9.27	8.79	8.72			44.17 47.02
49 RESPIRATORY THERAPY	36.16	3.19	23.43	10.16			72.94 49
50 PHYSICAL THERAPY	26.70	0.38	6.46	10.21			43.75 50
51 OCCUPATIONAL THERAPY	32.25		6.07	2.99			41.31 51
52 SPEECH PATHOLOGY	59.04	0.67	7.60	1.47			68.78 52
54 ELECTROENCEPHALOGRAPHY	19.86	12.31	5.69	22.68			60.54 54
55 MEDICAL SUPPLIES CHARGED TO PAT	42.78	6.00	0.34	0.09			49.21 55
56 DRUGS CHARGED TO PATIENTS	38.17	7.40	14.42	6.85			66.84 56
56.01 CAT SCAN	19.55	12.48	7.89	16.54			56.46 56.01
56.02 CARDIAC CATHETERIZATION LAB	44.32	13.24	11.45	4.62			73.63 56.02
57 RENAL DIALYSIS	61.40	1.22	9.51				72.13 57
58.01 ONCOLOGY		9.16		24.98			34.14 58.01
60 CLINIC	1.63	7.36	0.30	4.61			13.90 60
61 EMERGENCY	11.90	8.58	5.44	30.60			56.52 61
62 OBSERVATION BEDS (NON-DISTINCT	5.28	17.13		58.15			80.56 62
101 TOTAL CHARGES	22.17	10.51	7.68	12.57			52.93 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	29.76		35.28				65.04 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
38 RECOVERY ROOM	0.03		0.02				0.05 38
41 RADIOLOGY-DIAGNOSTIC	0.20		0.23				0.43 41
41.01 ULTRASOUND	0.06		0.20				0.26 41.01
43 RADIOISOTOPE	0.07		0.24				0.31 43
44 LABORATORY	0.58		0.61				1.19 44
46 WHOLE BLOOD & PACKED RED BLOOD			0.03				0.03 46
47.02 NON INVASIVE LAB	0.23		0.37				0.60 47.02
49 RESPIRATORY THERAPY	0.05		0.04				0.09 49
50 PHYSICAL THERAPY	0.12		0.03				0.15 50
51 OCCUPATIONAL THERAPY	0.08		0.03				0.11 51
52 SPEECH PATHOLOGY	0.63						0.63 52
54 ELECTROENCEPHALOGRAPHY	0.29		0.43				0.72 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.86		0.81				1.67 56
56.01 CAT SCAN	0.10		0.16				0.26 56.01
56.02 CARDIAC CATHETERIZATION LAB	0.04						0.04 56.02
61 EMERGENCY	0.41		0.51				0.92 61
101 TOTAL CHARGES	0.25		0.27				0.52 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	82.42		8.67				91.09 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.69		0.11				0.80 37
38 RECOVERY ROOM	0.45		0.12				0.57 38
40 ANESTHESIOLOGY	0.74		0.20				0.94 40
41 RADIOLOGY-DIAGNOSTIC	1.85	0.02	0.15				2.02 41
41.01 ULTRASOUND	0.53		0.07				0.60 41.01
43 RADIOISOTOPE	1.10		0.11				1.21 43
44 LABORATORY	2.54		0.23				2.77 44
46 WHOLE BLOOD & PACKED RED BLOOD	3.18		0.17				3.35 46
47.01 CARDIAC REHAB	0.02		0.01				0.03 47.01
47.02 NON INVASIVE LAB	0.57		0.09				0.66 47.02
49 RESPIRATORY THERAPY	5.96	0.01	0.85				6.82 49
50 PHYSICAL THERAPY			0.39				0.39 50
54 ELECTROENCEPHALOGRAPHY	9.98		0.65				10.63 54
55 MEDICAL SUPPLIES CHARGED TO PAT	2.89						2.89 55
56 DRUGS CHARGED TO PATIENTS	7.00		0.79				7.79 56
56.01 CAT SCAN	1.06		0.17				1.23 56.01
56.02 CARDIAC CATHETERIZATION LAB	0.21		0.08				0.29 56.02
57 RENAL DIALYSIS	15.03		0.53				15.56 57
60 CLINIC	0.02						0.02 60
101 TOTAL CHARGES	1.97		0.20				2.17 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT	5396423	4.70	-5396423	-9.85		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	4757072	4.14	-4757072	-8.68		4	
5	EMPLOYEE BENEFITS	12519514	10.90	-12519514	-22.85		5	
5.01	MAINTENANCE OF PERSONNEL	575752	.50	-575752	-1.05		5.01	
6.01	NONPATIENT TELEPHONES	431398	.38	-431398	-.79		6.01	
6.02	PURCHASING RECEIVING & STORES	390513	.34	-390513	-.71		6.02	
6.03	ADMITTING	935467	.81	-935467	-1.71		6.03	
6.04	CASHIERING ACCOUNTS RECEIVABLE	30970	.03	-30970	-.06		6.04	
6.05	OTHER ADMIN AND GENERAL	12412914	10.81	-12412914	-22.65		6.05	
7	MAINTENANCE & REPAIRS	6314842	5.50	-6314842	-11.52		7	
8	OPERATION OF PLANT	1471540	1.28	-1471540	-2.69		8	
9	LAUNDRY & LINEN SERVICE	744645	.65	-744645	-1.36		9	
10	HOUSEKEEPING	1972543	1.72	-1972543	-3.60		10	
11	DIETARY	443449	.39	-443449	-.81		11	
12	CAFETERIA	1803499	1.57	-1803499	-3.29		12	
14	NURSING ADMINISTRATION	1389734	1.21	-1389734	-2.54		14	
15	CENTRAL SERVICES & SUPPLY	17620	.02	-17620	-.03		15	
16	PHARMACY	1716481	1.50	-1716481	-3.13		16	
17	MEDICAL RECORDS & LIBRARY	1472629	1.28	-1472629	-2.69		17	
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	9607862	8.37	12051134	21.99	21658996	18.86	25
26	INTENSIVE CARE UNIT	2082791	1.81	1751549	3.20	3834340	3.34	26
31	SUBPROVIDER I	1055611	.92	1646805	3.01	2702416	2.35	31
31.01	SUBPROVIDER II	3866059	3.37	2673932	4.88	6539991	5.70	31.01
33	NURSERY							33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	7603590	6.62	5753041	10.50	13356631	11.63	37
38	RECOVERY ROOM	344559	.30	371796	.68	716355	.62	38
39	DELIVERY ROOM & LABOR ROOM	779795	.68	477409	.87	1257204	1.09	39
40	ANESTHESIOLOGY	186563	.16	350583	.64	537146	.47	40
41	RADIOLOGY-DIAGNOSTIC	1556879	1.36	2836615	5.18	4393494	3.83	41
41.01	ULTRASOUND	394445	.34	380864	.70	775309	.68	41.01
43	RADIOISOTOPE	356968	.31	690581	1.26	1047549	.91	43
44	LABORATORY	2990522	2.60	2962954	5.41	5953476	5.19	44
46	WHOLE BLOOD & PACKED RED BLOOD	949145	.83	329654	.60	1278799	1.11	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01	CARDIAC REHAB	407898	.36	670775	1.22	1078673	.94	47.01
47.02	NON INVASIVE LAB	705621	.61	722277	1.32	1427898	1.24	47.02
49	RESPIRATORY THERAPY	1258380	1.10	931581	1.70	2189961	1.91	49
50	PHYSICAL THERAPY	725768	.63	932874	1.70	1658642	1.44	50
51	OCCUPATIONAL THERAPY	480068	.42	288905	.53	768973	.67	51
52	SPEECH PATHOLOGY	90963	.08	76355	.14	167318	.15	52
54	ELECTROENCEPHALOGRAPHY	181255	.16	468068	.85	649323	.57	54
55	MEDICAL SUPPLIES CHARGED TO PAT	6922135	6.03	1582927	2.89	8505062	7.41	55
56	DRUGS CHARGED TO PATIENTS	4087393	3.56	3646348	6.65	7733741	6.74	56
56.01	CAT SCAN	372124	.32	748366	1.37	1120490	.98	56.01

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
56.02 CARDIAC CATHETERIZATION LAB	1961841	1.71	1700043	3.10	3661884	3.19	56.02
57 RENAL DIALYSIS	594245	.52	138571	.25	732816	.64	57
58.01 ONCOLOGY	122470	.11	127411	.23	249881	.22	58.01
60 CLINIC	1241111	1.08	1149870	2.10	2390981	2.08	60
61 EMERGENCY	2687950	2.34	2857315	5.21	5545265	4.83	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY	1722475	1.50	990256	1.81	2712731	2.36	71
SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	4226281	3.68	1824308	3.33	6050589	5.27	98
100 OTHER NON REIMB COST CENTER	150184	.13	2119066	3.87	2269250	1.98	100
100.03 ADVERTISING EXPENSE	304249	.26	475238	.87	779487	.68	100.03
100.04 REGENCY HOSPITAL			860072	1.57	860072	.75	100.04
100.05 UNUSED SPACE			209462	.38	209462	.18	100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	114814205	100.00	0	.00	114814205	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS 1	CHARGES 2	CAPITAL COST TO CHARGES 3	PROGRAM CHARGES 4	INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1304409	28288942	.046110	4696034	216534	37
38 RECOVERY ROOM	51151	3392808	.015076	398995	6015	38
39 DELIVERY ROOM & LABOR ROOM	56462	990531	.057002	2158	123	39
40 ANESTHESIOLOGY	163404	3622213	.045112	804623	36298	40
41 RADIOLOGY-DIAGNOSTIC	1044851	15047829	.069435	3272734	227242	41
41.01 ULTRASOUND	102906	3283792	.031338	291402	9132	41.01
43 RADIOISOTOPE	187430	3563915	.052591	912134	47970	43
44 LABORATORY	500231	33702807	.014842	9501757	141025	44
46 WHOLE BLOOD & PACKED RED BLOOD	51007	2198313	.023203	845418	19616	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHAB	128231	304265	.421445	66760	28136	47.01
47.02 NON INVASIVE LAB	180370	7178271	.025127	1248264	31365	47.02
49 RESPIRATORY THERAPY	122359	4161763	.029401	1504795	44242	49
50 PHYSICAL THERAPY	154973	3594519	.043114	959566	41371	50
51 OCCUPATIONAL THERAPY	17959	1486815	.012079	479454	5791	51
52 SPEECH PATHOLOGY	13184	188689	.069872	111407	7784	52
54 ELECTROENCEPHALOGRAPHY	109577	3329181	.032914	661134	21761	54
55 MEDICAL SUPPLIES CHARGED TO PAT	182276	15785801	.011547	6752432	77970	55
56 DRUGS CHARGED TO PATIENTS	384220	26047978	.014750	9942248	146648	56
56.01 CAT SCAN	222594	18047648	.012334	3528578	43521	56.01
56.02 CARDIAC CATHETERIZATION LAB	631747	9570638	.066009	4242090	280016	56.02
57 RENAL DIALYSIS	19132	1110356	.017231	681800	11748	57
58.01 ONCOLOGY	19345	556878	.034738			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	133024	1754800	.075806	28558	2165	60
61 EMERGENCY	526824	22668173	.023241	2697678	62697	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	151124	2362281	.063974	124725	7979	62
101 TOTAL	6458790	212239206		53754744	1517149	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	COSTS
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1706240		1706240	30800	55.40	14309	792719 25
26 INTENSIVE CARE UNIT	270491		270491	2644	102.30	1388	141992 26
101 TOTAL	1976731		1976731			15697	934711 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						934711	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						1517149	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						2451860	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						3167	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						15697	
PER DISCHARGE CAPITAL COSTS						774.19	
PER DIEM CAPITAL COSTS						156.20	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	27441960
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	62900831
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.436

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	6899662
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	10457341
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.660

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	954184
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1569441
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.608

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2451860
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.039

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	9517778
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	25452537

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

.374