

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 THE FINLEY HOSPITAL (16-0117) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, 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	449078	21748		1
2	SUBPROVIDER I	1252			2
2.01	SUBPROVIDER II	-7320			2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	886			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	443896	21748		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: 350 NORTH GRANDVIEW AVENUE P.O.BOX: 1
 1.01 CITY: DUBUQUE STATE: IA ZIP CODE: 52001 COUNTY: DUBUQUE 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	THE FINLEY HOSPITAL	16-0117	07/01/1966	N	P	P	2
3	SUBPROVIDER I	THE FINLEY HOSPITAL - MHU	16-S117	12/23/1998	N	P	P	3
3.01	SUBPROVIDER II	THE FINLEY HOSPITAL - REHAB	16-T117	01/01/2004	N	P	N	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	THE FINLEY HOSPITAL - SNF	16-5129	12/13/1984	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	FINLEY HOSPITAL HOME CARE	16-7002	07/01/1966	N	P	O	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: 01/01/2009 TO: 12/31/2009 17
 18 TYPE OF CONTROL 1 2 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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			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 20220	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
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08
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.	NO				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	100	0.8380	0.8869		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.	1	2200	20220		28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)						
28.03	STAFFING	0.00	NO			28.03
28.04	RECRUITMENT	0.00	NO			28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO			28.05
28.06	TRAINING	0.00	NO			28.06
28.07	OTHER (SPECIFY)		NO			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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		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	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	NO			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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	H55770		40
40.01	NAME: FINLEY TRI-STATES		FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET: 350 NORTH GRANDVIEW AVE		P.O.BOX:		40.02
40.03	CITY: DUBUQUE		STATE: IA ZIP CODE: 52001		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

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

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD: BEGINNING: ENDING:						53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1 PAID LOSSES: AND/OR SELF INSURANCE:						54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56	
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO			60.01	
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61	
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	04/16/2010		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		2151	496	4155	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		2151	496	4155	12
13	RPCH VISITS					13
14	SUBPROVIDER I		175	2	206	14
14.01	SUBPROVIDER - REHAB		148	3	184	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.	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
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	30485856	519359	31005215	1221534.00	25.38		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	105972		105972	447.00	237.07		4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	1943515		1943515	7722.00	251.69		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	796580		796580	37418.00	21.29		8
8.01 EXCLUDED AREA SALARIES	4460613	454747	4915360	191510.00	25.67		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2194682		2194682	59060.00	37.16		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	20007		20007	147.50	135.64		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	5493444		5493444	149599.00	36.72		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	5836590		5836590			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1221688		1221688			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A	3497		3497			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	64138		64138			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS							21
22 ADMINISTRATIVE & GENERAL		51705	51705	2291.00	22.57		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	311410		311410	1426.00	218.38		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	633277	2286	635563	32433.00	19.60		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	730386		730386	61410.00	11.89		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	935261	2012	937273	70886.00	13.22		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1539501		1539501	48323.00	31.86		30
31 CENTRAL SERVICES AND SUPPLY	260981		260981	18576.00	14.05		31
32 PHARMACY	960437		960437	29257.00	32.83		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	649316		649316	37490.00	17.32		33
34 SOCIAL SERVICE	163811		163811	7746.00	21.15		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	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
		A-6	3	4	5	
1 NET SALARIES	28853751	519359	29373110	1215238.00	24.17	1
2 EXCLUDED AREA SALARIES	5257193	454747	5711940	228928.00	24.95	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	23596558	64612	23661170	986310.00	23.99	3
4 SUBTOTAL OTHER WAGES & REL COSTS	7708133		7708133	208806.50	36.92	4
5 SUBTOTAL WAGE-RELATED COSTS	5840087		5840087		24.68%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	37144778	64612	37209390	1195116.50	31.13	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	6184380	56003	6240383	309838.00	20.14	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 16-7002

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUBUQUE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1428	4591	656	6675	1
2 UNDUPLICATED CENSUS COUNT		464.00	318.00	211.00	959.00	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	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL				5
6 DIRECT NURSING SERVICE				6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE				8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				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				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	4	1.01	4	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)		2200		20220	20
20.01		9914		99914	20.01
20.02		9916		99916	20.02
20.03		9952		99952	20.03

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 16-7002

WORKSHEET S-4
 (CONTINUED)

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

		FULL EPISODES		LUPA	PEP ONLY	SCIC	SCIC ONLY	TOTAL
		WITHOUT	WITH	EPISODES	EPISODES	WITHIN	EPISODES	
		1	2	3	4	A PEP	6	7
21	SKILLED NURSING VISITS	5055	230	119	91			5495 21
22	SKILLED NURSING VISIT CHARGES	664761	30290	15652	12012			722715 22
23	PHYSICAL THERAPY VISITS	1957	15	16	36			2024 23
24	PHYSICAL THERAPY VISIT CHARGES	356961	2745	2919	6588			369213 24
25	OCCUPATIONAL THERAPY VISITS	501		3	2			506 25
26	OCCUPATIONAL THERAPY VISIT CHARGES	91107		549	366			92022 26
27	SPEECH PATHOLOGY VISITS	38		2	1			41 27
28	SPEECH PATHOLOGY VISIT CHARGES	6882		366	183			7431 28
29	MEDICAL SOCIAL SERVICE VISITS	55	2	2	1			60 29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	11847	432	432	216			12927 30
31	HOME HEALTH AIDE VISITS	1167	165	2	10			1344 31
32	HOME HEALTH AIDE VISIT CHARGES	61689	8625	106	530			70950 32
33	TOTAL VISITS	8773	412	144	141			9470 33
34	OTHER CHARGES							34
35	TOTAL CHARGES	1193247	42092	20024	19895			1275258 35
36	TOTAL NUMBER OF EPISODES	503		51	12			566 36
37	TOTAL NUMBER OF OUTLIER EPISODES		7					7 37
38	TOTAL MEDICAL SUPPLY CHARGES	22181	5123	998	182			28484 38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB		17						5
6	RVA								6
6.01	RVX								6.01
6.02	RVL		9						6.02
7	RHC		281						7
8	RHB		134						8
9	RHA		104						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		106						10
11	RMB		122						11
12	RMA		118						12
12.01	RMX		1088						12.01
12.02	RML		495						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		368						15
16	SE2		81						16
17	SE1								17
18	SSC		2						18
19	SSB		14						19
20	SSA		191						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1		7						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		5						45
46	TOTAL		3142						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	3365848 17
17.01	GROSS MEDICAID REVENUES	12624189 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	15990037 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.386627 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	12624189 28
29	TOTAL GROSS MEDICAID COST	4880852 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	3365848 30
31	UNCOMPENSATED CARE COST	1301328 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	4880852 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	
100	7950 NON-REIMBURSABLE COST CENTERS								100
100.01	7951 CASCADE CLINIC	233566	218439	452005	-35953	416052	-8031	408021	100.01
100.02	7952 JCPH CONTRACT NURSING								100.02
100.03	7953 PHYS OFFICE COMPUTER EMPLOYEE								100.03
100.04	7954 GUEST MEALS / MOW'S								100.04
100.05	7955 RESPITE								100.05
100.07	7957 CONTRACT CLEANING	6051	20026	26077	11060	37137	114998	152135	100.07
100.09	7959 RSVP	47490	38189	85679	-17882	67797	-1069	66728	100.09
100.10	7960 PHYSICIAN BILLING								100.10
100.11	7961 FOUNDATION		31622	31622		31622		31622	100.11
100.12	7962 HEALTHCARE AFFILIATES OF THE TR		-18321	-18321		-18321	244392	226071	100.12
100.13	7963 NON REIMBURSABLE								100.13
100.14	7964 LIFESTYLES	98892	93492	192384	-36786	155598	-1295	154303	100.14
100.15	7965 SALARIED PT B ER PHYS								100.15
100.16	7966 BUSINESS HEALTH	526561	361506	888067	-114135	773932	-16382	757550	100.16
100.17	7967 RENTAL PROPERTIES		1458	1458	46011	47469		47469	100.17
100.18	7968 CONVENIENT CARE	233467	55049	288516	-8967	279549	-4422	275127	100.18
100.19	7969 NEUROSURGEON								100.19
100.20	7970 OFFSITE OCC HEALTH								100.20
100.21	7971 DIM MAINTENANCE	-23084	9695	-13389		-13389	61851	48462	100.21
100.22	7972 DUBUQUE OTO MAINTENANCE								100.22
100.23	7973 MARKETING	210676	436025	646701	-44706	601995	-5619	596376	100.23
100.24	7974 NORTH GRANDVIEW OFFICE								100.24
100.25	7975 GRANDVIEW MEDICAL CENTER								100.25
100.26	7976 GALENA CLINIC								100.26
100.27	7977 GALENA PHARMACY								100.27
100.28	7978 VITACARE	512129	313586	825715	-17888	807827	-190	807637	100.28
100.29	7979 WEIGHT MGMT								100.29
100.30	7980 OCCUPATIONAL HEALTH	78923	404182	483105		483105	-4199	478906	100.30
101	TOTAL	30485856	44210274	74696130		74696130	397883	75094013	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----							
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23	CHAPLAIN SALARY	F	ADMINISTRATIVE & GENERAL	6	51705				
24	NON-ICU FUNCTIONS IN ICU	G	RESPIRATORY THERAPY	49	13479		4842		24
25	NON-ICU FUNCTIONS IN ICU	G	DIETARY	11	2012		723		25
26	PROP FOR FUTURE USE	H	RENTAL PROPERTIES	100.17			46011		26
27	PHYSICIAN BILLING	I	PHYSICIAN BILLING	100.10		98142			27
28	TRANSFUSION RECLASS	J	LABORATORY	44		2920		1105	28
29	CONTRA ACCOUNTS	K	OPERATION OF PLANT	8		2286			29
30		K	ADULTS & PEDIATRICS	25		8089			30
31		K	PHYSICAL THERAPY	50		1367			31
32		K	EMERGENCY	61		1165			32
33		K	HOME HEALTH AGENCY	71		89			33
34		K	CONTRACT CLEANING	100.07		92581			34
35		K	HEALTHCARE AFFILIATES OF THE	100.12		199952			35
36	SUBTOTAL					516639		2621189	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 SAME DAY PTS IN ICU	B	INTENSIVE CARE UNIT	26	42852	15396	1
2 DRUGS CHARGES TO PATIENTS	C	PHARMACY	16		2189064	2
3 CONTRACT CLEANING SUPPLIES	D	HOUSEKEEPING	10		11060	3
4 LAUNDRY	E	CENTRAL SERVICES & SUPPLY	15		16344	4
5	E	ADULTS & PEDIATRICS	25		102676	5
6	E	INTENSIVE CARE UNIT	26		13419	6
7	E	SUBPROVIDER I	31		4852	7
8	E	SUBPROVIDER - REHAB	31.01		18822	8
9	E	NURSERY	33		4542	9
10	E	SKILLED NURSING FACILITY	34		10701	10
11	E	OPERATING ROOM	37		40981	11
12	E	RECOVERY ROOM	38		26770	12
13	E	DELIVERY ROOM & LABOR ROOM	39		13419	13
14	E	RADIOLOGY-DIAGNOSTIC	41		26495	14
15	E	RADIOLOGY-THERAPEUTIC	42		10667	15
16	E	RESPIRATORY THERAPY	49		138	16
17	E	PHYSICAL THERAPY	50		21781	17
18	E	ELECTROENCEPHALOGRAPHY	54		275	18
19	E	CARDIOLOGY	59.01		275	19
20	E	CLINIC	60		4335	20
21	E	EMERGENCY	61		35475	21
22	E	LIFESTYLES	100.14		1021	22
23 CHAPLAIN SALARY	F	ADMINISTRATIVE & GENERAL	6		51705	23
24 NON-ICU FUNCTIONS IN ICU	G	INTENSIVE CARE UNIT	26	15491	5565	24
25 NON-ICU FUNCTIONS IN ICU	G					25
26 PROP FOR FUTURE USE	H	NEW CAP REL COSTS-BLDG & FIXT	3		46011	9 26
27 PHYSICIAN BILLING	I	PHYSICIAN BILLING	100.10		98142	27
28 TRANSFUSION RECLASS	J	ADULTS & PEDIATRICS	25	2920	1105	28
29 CONTRA ACCOUNTS	K	OPERATION OF PLANT	8		2286	29
30	K	ADULTS & PEDIATRICS	25		8089	30
31	K	PHYSICAL THERAPY	50		1367	31
32	K	EMERGENCY	61		1165	32
33	K	HOME HEALTH AGENCY	71		89	33
34	K	CONTRACT CLEANING	100.07		92581	34
35	K	HEALTHCARE AFFILIATES OF THE	100.12		199952	35
36 SUBTOTAL				61263	3076565	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	K	DIM MAINTENANCE	100.21	63017	1
2	K	MARKETING	100.23	966	2
3 MEDICAL SUPPLIES	L	MEDICAL SUPPLIES CHARGED TO P	55		4501976 3
4	L				4
5	L				5
6	L				6
7	L				7
8	L				8
9	L				9
10	L				10
11	L				11
12	L				12
13	L				13
14	L				14
15	L				15
16	L				16
17	L				17
18	L				18
19	L				19
20	L				20
21	L				21
22	L				22
23	L				23
24	L				24
25	L				25
26	L				26
27	L	IMPLANTABLE SUPPLIES CHGD TO	55.01		1881677 27
28 IT CHARGES	M	ADMINISTRATIVE & GENERAL	6		3119765 28
29	M				29
30	M				30
31	M				31
32	M				32
33	M				33
34	M				34
35	M				35
36 SUBTOTAL				580622	12124607 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	K	DIM MAINTENANCE	100.21		63017	1
2	K	MARKETING	100.23		966	2
3	L	NURSING ADMINISTRATION	14		27	3
4	L	CENTRAL SERVICES & SUPPLY	15		1457	4
5	L	PHARMACY	16		118	5
6	L	ADULTS & PEDIATRICS	25		54081	6
7	L	INTENSIVE CARE UNIT	26		15116	7
8	L	SUBPROVIDER I	31		326	8
9	L	SUBPROVIDER - REHAB	31.01		3484	9
10	L	NURSERY	33		665	10
11	L	SKILLED NURSING FACILITY	34		11759	11
12	L	OPERATING ROOM	37		4037063	12
13	L	RECOVERY ROOM	38		25889	13
14	L	DELIVERY ROOM & LABOR ROOM	39		3680	14
15	L	ANESTHESIOLOGY	40		532	15
16	L	RADIOLOGY-DIAGNOSTIC	41		259630	16
17	L	RADIOLOGY-THERAPEUTIC	42		19186	17
18	L	RESPIRATORY THERAPY	49		1384	18
19	L	PHYSICAL THERAPY	50		1480	19
20	L	CARDIOLOGY	59.01		13209	20
21	L	CLINIC	60		7150	21
22	L	EMERGENCY	61		16124	22
23	L	HOME HEALTH AGENCY	71		4679	23
24	L	CASCADE CLINIC	100.01		188	24
25	L	BUSINESS HEALTH	100.16		24723	25
26	L	CONVENIENT CARE	100.18		26	26
27	L	OPERATING ROOM	37		1881677	27
28	M	OPERATION OF PLANT	8		53647	28
29	M	HOUSEKEEPING	10		26824	29
30	M	DIETARY	11		62588	30
31	M	NURSING ADMINISTRATION	14		214589	31
32	M	CENTRAL SERVICES & SUPPLY	15		8941	32
33	M	PHARMACY	16		61868	33
34	M	MEDICAL RECORDS & LIBRARY	17		232471	34
35	M	SOCIAL SERVICE	18		35765	35
36		SUBTOTAL		61263	10220894	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	M				1
2	M				2
3	M				3
4	M				4
5	M				5
6	M				6
7	M				7
8	M				8
9	M				9
10	M				10
11	M				11
12	M				12
13	M				13
14	M				14
15	M				15
16	M				16
17	M				17
18	M				18
19	M				19
20	M				20
21	M				21
22	M				22
23	M				23
24 OR RECLASS	N	OPERATING ROOM	37	10506	7908 24
25 RADIOLOGY RECLASS	O	RADIOLOGY-DIAGNOSTIC	41	75476	154205 25
26	O				26
27 RECOVERY ROOM RECLASS	P	RECOVERY ROOM	38	72125	23382 27
28 PULMONARY AND CLINIC RECLASS	Q	PULMONARY	59.02	78530	52424 28
29 BLOOD RECLASS	R	BLOOD STORING, PROCESSING & T	47		386233 29
30 IV THERAPY RECLASS	S	INTRAVENOUS THERAPY	48	194593	64028 30
31 CLINIC RECLASS	T	CLINIC	60	52281	27744 31
32 CONTRAST MEDIA RECLASS	U	DRUGS CHARGED TO PATIENTS	56		156310 32
33	U				33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1064133	12996841 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	M	ADULTS & PEDIATRICS	25		527531	1
2	M	INTENSIVE CARE UNIT	26		89412	2
3	M	SUBPROVIDER I	31		44706	3
4	M	SUBPROVIDER - REHAB	31.01		17882	4
5	M	SKILLED NURSING FACILITY	34		98353	5
6	M	OPERATING ROOM	37		169883	6
7	M	RECOVERY ROOM	38		89412	7
8	M	RADIOLOGY-DIAGNOSTIC	41		196706	8
9	M	RADIOLOGY-THERAPEUTIC	42		187765	9
10	M	LABORATORY	44		26824	10
11	M	RESPIRATORY THERAPY	49		71530	11
12	M	PHYSICAL THERAPY	50		160942	12
13	M	CLINIC	60		80471	13
14	M	DIABETES EDUCATION	60.01		44706	14
15	M	EMERGENCY	61		116236	15
16	M	HOME HEALTH AGENCY	71		250354	16
17	M	CASCADE CLINIC	100.01		35765	17
18	M	RSVP	100.09		17882	18
19	M	LIFESTYLES	100.14		35765	19
20	M	BUSINESS HEALTH	100.16		89412	20
21	M	CONVENIENT CARE	100.18		8941	21
22	M	MARKETING	100.23		44706	22
23	M	VITACARE	100.28		17888	23
24	OR RECLASS	CLINIC	60	10506	7908	24
25	RADIOLOGY RECLASS	OPERATING ROOM	37	17422	42481	25
26		RADIOLOGY-THERAPEUTIC	42	58054	111724	26
27	RECOVERY ROOM RECLASS	ADULTS & PEDIATRICS	25	72125	23382	27
28	PULMONARY AND CLINIC RECLASS	RESPIRATORY THERAPY	49	78530	52424	28
29	BLOOD RECLASS	LABORATORY	44		386233	29
30	IV THERAPY RECLASS	EMERGENCY	61	194593	64028	30
31	CLINIC RECLASS	RADIOLOGY-DIAGNOSTIC	41	52281	27744	31
32	CONTRAST MEDIA RECLASS	RADIOLOGY-DIAGNOSTIC	41		155028	32
33		CLINIC	60		1282	33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			544774	13516200	36

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2260880		1851	95261			2357992 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	2260880		1851	95261			2357992 5

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

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2306891						2306891 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	2306891						2306891 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	B	-628800	INTEREST EXPENSE	88	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2020463			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	5206964			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-517445	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	B	-756933	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-706	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-73752	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			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
38 PLANT OPERATION REVENUE	B	-775	OPERATION OF PLANT	8	38
38.01 NURSING ADMIN REVENUE	B	-4492	NURSING ADMINISTRATION	14	38.01
38.02 GEROPSYCH REVENUE	B	-9240	SUBPROVIDER I	31	38.02
38.03 NEWBORN PHOTO REVENUE	B	-1839	NURSERY	33	38.03
38.04 OPERATING ROOM REVENUE	B	-12255	OPERATING ROOM	37	38.04
38.05 LAMAZE REVENUE	B	-3440	DELIVERY ROOM & LABOR ROOM	39	38.05
38.06 RADIOLOGY REVENUE	B	-8724	RADIOLOGY-THERAPEUTIC	42	38.06
38.07 PT REVENUE	B	-263915	PHYSICAL THERAPY	50	38.07
38.10 DIABETES EDUCATION REVENUE	B	-40974	DIABETES EDUCATION	60.01	38.10
39 SELF INSURANCE ADJUSTMENT	A	-26706	OPERATION OF PLANT	8	39
39.01 SELF INSURANCE ADJUSTMENT	A	-47407	HOUSEKEEPING	10	39.01
39.02 SELF INSURANCE ADJUSTMENT	A	-41351	DIETARY	11	39.02
39.03 SELF INSURANCE ADJUSTMENT	A	-38645	NURSING ADMINISTRATION	14	39.03
39.04 SELF INSURANCE ADJUSTMENT	A	-16083	CENTRAL SERVICES & SUPPLY	15	39.04
39.05 SELF INSURANCE ADJUSTMENT	A	-21882	PHARMACY	16	39.05
39.06 SELF INSURANCE ADJUSTMENT	A	-21444	MEDICAL RECORDS & LIBRARY	17	39.06
39.07 SELF INSURANCE ADJUSTMENT	A	-4433	SOCIAL SERVICE	18	39.07
39.08 SELF INSURANCE ADJUSTMENT	A	-135134	ADULTS & PEDIATRICS	25	39.08
39.09 SELF INSURANCE ADJUSTMENT	A	-29415	INTENSIVE CARE UNIT	26	39.09
39.10 SELF INSURANCE ADJUSTMENT	A	-13303	SUBPROVIDER I	31	39.10
39.11 SELF INSURANCE ADJUSTMENT	A	-22441	SUBPROVIDER - REHAB	31.01	39.11
39.12 SELF INSURANCE ADJUSTMENT	A	-9876	NURSERY	33	39.12
39.13 SELF INSURANCE ADJUSTMENT	A	-24606	SKILLED NURSING FACILITY	34	39.13
39.14 SELF INSURANCE ADJUSTMENT	A	-78316	OPERATING ROOM	37	39.14
39.15 SELF INSURANCE ADJUSTMENT	A	-36248	RECOVERY ROOM	38	39.15
39.16 SELF INSURANCE ADJUSTMENT	A	-24870	DELIVERY ROOM & LABOR ROOM	39	39.16
39.17 SELF INSURANCE ADJUSTMENT	A	-54289	RADIOLOGY-DIAGNOSTIC	41	39.17
39.18 SELF INSURANCE ADJUSTMENT	A	-25427	RADIOLOGY-THERAPEUTIC	42	39.18
39.19 SELF INSURANCE ADJUSTMENT	A	-16749	RESPIRATORY THERAPY	49	39.19

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	
39.20 SELF INSURANCE ADJUSTMENT	A	-50674	PHYSICAL THERAPY	50	39.20
39.21 SELF INSURANCE ADJUSTMENT	A	-3062	OCCUPATIONAL THERAPY	51	39.21
39.22 SELF INSURANCE ADJUSTMENT	A	-3221	SPEECH PATHOLOGY	52	39.22
39.23 SELF INSURANCE ADJUSTMENT	A	-3015	ELECTROENCEPHALOGRAPHY	54	39.23
39.24 SELF INSURANCE ADJUSTMENT	A	-2416	CARDIOLOGY	59.01	39.24
39.25 SELF INSURANCE ADJUSTMENT	A	-10136	CLINIC	60	39.25
39.26 SELF INSURANCE ADJUSTMENT	A	-4160	DIABETES EDUCATION	60.01	39.26
39.27 SELF INSURANCE ADJUSTMENT	A	-63754	EMERGENCY	61	39.27
39.28 SELF INSURANCE ADJUSTMENT	A	-51800	HOME HEALTH AGENCY	71	39.28
39.29 SELF INSURANCE ADJUSTMENT	A	-8031	CASCADE CLINIC	100.01	39.29
39.30 SELF INSURANCE ADJUSTMENT	A	-6821	CONTRACT CLEANING	100.07	39.30
39.31 SELF INSURANCE ADJUSTMENT	A	-1069	RSVP	100.09	39.31
39.32 SELF INSURANCE ADJUSTMENT	A	-2285	HEALTHCARE AFFILIATES OF THE TR	100.12	39.32
39.33 SELF INSURANCE ADJUSTMENT	A	-1295	LIFESTYLES	100.14	39.33
39.34 SELF INSURANCE ADJUSTMENT	A	-16382	BUSINESS HEALTH	100.16	39.34
39.35 SELF INSURANCE ADJUSTMENT	A	-4422	CONVENIENT CARE	100.18	39.35
39.36 SELF INSURANCE ADJUSTMENT	A	-1368	DIM MAINTENANCE	100.21	39.36
39.37 SELF INSURANCE ADJUSTMENT	A	-6585	MARKETING	100.23	39.37
39.38 SELF INSURANCE ADJUSTMENT	A	-190	VITACARE	100.28	39.38
39.39 SELF INSURANCE ADJUSTMENT	A	-4199	OCCUPATIONAL HEALTH	100.30	39.39
40 CRNA STANDBY COST	A	-242500	ANESTHESIOLOGY	40	40
41 CAPITALIZED BOND ISSUE COST	A	1851	NEW CAP REL COSTS-BLDG & FIXT	3	11 41
42 DISALLOWED INTEREST EXPENSE	A	-216351	INTEREST EXPENSE	88	42
43 NON-ALLOW AMORT EXPENSE	A	-538009	INTEREST EXPENSE	88	43
44 REMOVE CONTRA EXPENSE ACCOUNTS	A	6114	OPERATION OF PLANT	8	44
44.01 REMOVE CONTRA EXPENSE ACCOUNTS	A	9835	ADULTS & PEDIATRICS	25	44.01
44.02 REMOVE CONTRA EXPENSE ACCOUNTS	A	730822	LABORATORY	44	44.02
44.03 REMOVE CONTRA EXPENSE ACCOUNTS	A	1709	PHYSICAL THERAPY	50	44.03
44.04 REMOVE CONTRA EXPENSE ACCOUNTS	A	1925	EMERGENCY	61	44.04
44.05 REMOVE CONTRA EXPENSE ACCOUNTS	A	111	HOME HEALTH AGENCY	71	44.05
44.06 REMOVE CONTRA EXPENSE ACCOUNTS	A	121819	CONTRACT CLEANING	100.07	44.06
44.08 REMOVE CONTRA EXPENSE ACCOUNTS	A	246677	HEALTHCARE AFFILIATES OF THE TR	100.12	44.08
44.09 REMOVE CONTRA EXPENSE ACCOUNTS	A	63219	DIM MAINTENANCE	100.21	44.09
44.10 REMOVE CONTRA EXPENSE ACCOUNTS	A	966	MARKETING	100.23	44.10
45 INSURANCE EXPENSE	A	95261	NEW CAP REL COSTS-BLDG & FIXT	3	12 45
46 PHYSICIAN BILLING	A	133028	PHYSICIAN BILLING	100.10	46
47 CHAPLAIN SALARY	A	51705	ADMINISTRATIVE & GENERAL	6	47
48					48
49					49
50 TOTAL		397883			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	5	EMPLOYEE BENEFITS	955997		955997	1
2	6	ADMINISTRATIVE & GENERAL	8365373	3119765	5245608	2
3	88	INTEREST EXPENSE	766202	376140	390062	3
4						4
4.01	44	LABORATORY	3039611	4434248	-1394637	4.01
4.02	71	HOME HEALTH AGENCY	69734	59800	9934	4.02
5		TOTALS	13196917	7989953	5206964	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B IOWA HEALTH SYSTEM				HEALTHCARE	1
2	C		UNITED CLINICAL LAB		LAB SERVICE	2
3	G HEALTH ENTERPRISES					3
4	B FINLEY TRI-STATES				HEALTHCARE	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:

PROVIDER NO. 16-0117 THE FINLEY HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/19/2010 09:04

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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
	1	2		3	4	5	6	7	8	9
	1	61 EMERGENCY	AGGREGATE	2049487	1943515	105972	171400	447	36835	1842
	2	60.01 DIABETES EDUCATION	AGGREGATE	20007		20007	171400	148	12196	610
101		TOTAL		2069494	1943515	125979		595	49031	2452

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VERSION: 2010.02
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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
				12	13	14	15	16	17	18
	1	61 EMERGENCY	AGGREGATE					36835	69137	2012652
	2	60.01 DIABETES EDUCATION	AGGREGATE					12196	7811	7811
	101	TOTAL						49031	76948	2020463

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	2357992	2357992							3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	955997	22747	978744						5
6 ADMINISTRATIVE & GENERAL	8417078	300308	1632	8719018	8719018				6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	2035270	38053	20063	2093386	274987	2368373			8
9 LAUNDRY & LINEN SERVICE	352988			352988	46369		399357		9
10 HOUSEKEEPING	1248812	33163	23056	1305031	171429	39333		1515793	10
11 DIETARY	1561098	83503	29587	1674188	219921	99038		64456	11
12 CAFETERIA									12
12.01 EMPLOYEE CAFETERIA									12.01
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2362200	29124	48597	2439921	320508	34542		22481	14
15 CENTRAL SERVICES & SUPPLY	561933	36458	8238	606629	79687	43241	23410	28142	15
16 PHARMACY	1270934	21631	30318	1322883	173774	25655		16697	16
17 MEDICAL RECORDS & LIBRARY	1016602	38350	20497	1075449	141271	45485		29603	17
18 SOCIAL SERVICE	195884		5171	201055	26411				18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	5760594	360180	134995	6255769	821758	427188	129738	278022	25
26 INTENSIVE CARE UNIT	1258547	60959	29911	1349417	177259	72299	15681	47054	26
31 SUBPROVIDER I	1126127	59205	14933	1200265	157667	70219	8407	45700	31
31.01 SUBPROVIDER - REHAB	1291286	69568	18443	1379297	181184	82511	13980	53700	31.01
33 NURSERY	641631	12755	15321	669707	87973	15128		9846	33
34 SKILLED NURSING FACILITY	1067989	55059	25146	1148194	150827	65302	22248	42500	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6294561	136915	69967	6501443	854024	162386	43817	105685	37
38 RECOVERY ROOM	1480866	95695	22142	1598703	210006	113498	25792	73867	38
39 DELIVERY ROOM & LABOR ROOM	771839	21322	17678	810839	106512	25289		16459	39
40 ANESTHESIOLOGY	593829			593829	78005				40
41 RADIOLOGY-DIAGNOSTIC	3730006	153752	51357	3935115	516917	182355	30657	118681	41
42 RADIOLOGY-THERAPEUTIC	1896353	126010	22671	2045034	268636	149452	11227	97267	42
44 LABORATORY	3189139	15997	92	3205228	421039	18973	65	12348	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	386233	31197		417430	54834	37001	127	24081	47
48 INTRAVENOUS THERAPY	258621	30389	18523	307533	40398	36042	12710	23457	48
49 RESPIRATORY THERAPY	700156	21227	13759	735142	96568	25175	398	16385	49
50 PHYSICAL THERAPY	2474013	69260	66084	2609357	342765	82145	15262	53462	50
51 OCCUPATIONAL THERAPY	423842	35417	7730	466989	61344	42005		27338	51
52 SPEECH PATHOLOGY	153735		3997	157732	20720				52
54 ELECTROENCEPHALOGRAPHY	182634		3145	185779	24404				54
55 MEDICAL SUPPLIES CHARGED TO PAT	4501976			4501976	591380				55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	1881677			1881677	247177				55.01
56 DRUGS CHARGED TO PATIENTS	2345374			2345374	308088		287		56
57 RENAL DIALYSIS	279925	10789		290714	38188	12796		8328	57
59 RENAL DIALYSIS									59
59.01 CARDIOLOGY	436253	17591	3380	457224	60061	20864		13579	59.01
59.02 PULMONARY	130954	5028	2479	138461	18188	5963	94	3881	59.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	584919	41720	10949	637588	83754	49481	4907	32203	60
60.01 DIABETES EDUCATION	214721	35077	5783	255581	33573	41602		27075	60.01
60.02 GEROPSYCH OUTPATIENT									60.02
61 EMERGENCY	2456739	80432	111312	2648483	347905	95394	39577	62085	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	2059251	29964	46679	2135894	280571	35538		23129	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	70910578	2178845	903635	70656322	8136082	2155900	398384	1377511	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8185		8185	1075	9707		6318	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	LAUNDRY	HOUSE-
	FOR COST	BLDGS &	BENEFITS		TRATIVE &	OF PLANT	& LINEN	KEEPING
	ALLOCATION	FIXTURES			GENERAL		SERVICE	
	0	3	5	5A	6	8	9	10
100 NON-REIMBURSABLE COST CENTERS								100
100.01CASCADE CLINIC	408021	26573	7373	441967	58057	31517		20512 100.01
100.02JCPH CONTRACT NURSING								100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE								100.03
100.04GUEST MEALS / MOW'S								100.04
100.05RESPITE								100.05
100.07CONTRACT CLEANING	152135		3114	155249	20394			100.07
100.09RSVP	66728	2413	1499	70640	9279	2862		1862 100.09
100.10PHYSICIAN BILLING	133028		3098	136126	17882			100.10
100.11FOUNDATION	31622			31622	4154			100.11
100.12HEALTHCARE AFFILIATES OF THE TR	226071		6312	232383	30526			100.12
100.13NON REIMBURSABLE		16582		16582	2178	19666		12799 100.13
100.14LIFESTYLES	154303		3122	157425	20679		973	100.14
100.15SALARIED PT B ER PHYS								100.15
100.16BUSINESS HEALTH	757550	59673	16622	833845	109534	70774		46061 100.16
100.17RENTAL PROPERTIES	47469			47469	6236			100.17
100.18CONVENIENT CARE	275127	7908	7370	290405	38148	9379		6104 100.18
100.19NEUROSURGEON								100.19
100.20OFFSITE OCC HEALTH								100.20
100.21DIM MAINTENANCE	48462		1261	49723	6532			100.21
100.22DUBUQUE OTO MAINTENANCE								100.22
100.23MARKETING	596376	21482	6681	624539	82039	25478		16582 100.23
100.24NORTH GRANDVIEW OFFICE								100.24
100.25GRANDVIEW MEDICAL CENTER								100.25
100.26GALENA CLINIC								100.26
100.27GALENA PHARMACY								100.27
100.28VITACARE	807637	36331	16166	860134	112987	43090		28044 100.28
100.29WEIGHT MGMT			2491	2491	327			100.29
100.30OCCUPATIONAL HEALTH	478906			478906	62909			100.30
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	75094013	2357992	978744	75094013	8719018	2368373	399357	1515793 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE
	11	12	12.01	14	15	16	17	18
100 NON-REIMBURSABLE COST CENTERS								100
100.01CASCADE CLINIC			8079		405		3618	100.01
100.02JCPH CONTRACT NURSING								100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE								100.03
100.04GUEST MEALS / MOW'S	260087	59204						100.04
100.05RESPITE								100.05
100.07CONTRACT CLEANING			8680		1984			100.07
100.09RSVP			3289		33			100.09
100.10PHYSICIAN BILLING			7231					100.10
100.11FOUNDATION			6287		87			100.11
100.12HEALTHCARE AFFILIATES OF THE TR			5447					100.12
100.13NON REIMBURSABLE								100.13
100.14LIFESTYLES			4849		106			100.14
100.15SALARIED PT B ER PHYS								100.15
100.16BUSINESS HEALTH			17986		567		3172	100.16
100.17RENTAL PROPERTIES								100.17
100.18CONVENIENT CARE			7656		180		3589	100.18
100.19NEUROSURGEON								100.19
100.20OFFSITE OCC HEALTH								100.20
100.21DIM MAINTENANCE			2479					100.21
100.22DUBUQUE OTO MAINTENANCE								100.22
100.23MARKETING			10054		135			100.23
100.24NORTH GRANDVIEW OFFICE								100.24
100.25GRANDVIEW MEDICAL CENTER								100.25
100.26GALENA CLINIC								100.26
100.27GALENA PHARMACY								100.27
100.28VITACARE			3109				8676	100.28
100.29WEIGHT MGMT								100.29
100.30OCCUPATIONAL HEALTH			4563		67		7097	100.30
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2057603	1252274	1193070	2872124	802126	1604459	1335013	236358 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
12.01 EMPLOYEE CAFETERIA				12.01
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	9462899		9462899	25
26 INTENSIVE CARE UNIT	1926280		1926280	26
31 SUBPROVIDER I	1681218		1681218	31
31.01 SUBPROVIDER - REHAB	1925464		1925464	31.01
33 NURSERY	901804		901804	33
34 SKILLED NURSING FACILITY	1742918		1742918	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	8721640		8721640	37
38 RECOVERY ROOM	2282415		2282415	38
39 DELIVERY ROOM & LABOR ROOM	1088283		1088283	39
40 ANESTHESIOLOGY	748659		748659	40
41 RADIOLOGY-DIAGNOSTIC	5311849		5311849	41
42 RADIOLOGY-THERAPEUTIC	2791511		2791511	42
44 LABORATORY	3734190		3734190	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	541219		541219	47
48 INTRAVENOUS THERAPY	461351		461351	48
49 RESPIRATORY THERAPY	987633		987633	49
50 PHYSICAL THERAPY	3536347		3536347	50
51 OCCUPATIONAL THERAPY	652984		652984	51
52 SPEECH PATHOLOGY	202541		202541	52
54 ELECTROENCEPHALOGRAPHY	238762		238762	54
55 MEDICAL SUPPLIES CHARGED TO PAT	5339838		5339838	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	2262109		2262109	55.01
56 DRUGS CHARGED TO PATIENTS	4387571		4387571	56
57 RENAL DIALYSIS	352197		352197	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	589260		589260	59.01
59.02 PULMONARY	193279		193279	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	919493		919493	60
60.01 DIABETES EDUCATION	394951		394951	60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	3332312		3332312	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	2571965		2571965	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	69282942		69282942	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	25285		25285	96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100 NON-REIMBURSABLE COST CENTERS				100
100.01CASCADE CLINIC	564155		564155	100.01
100.02JCPH CONTRACT NURSING				100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE				100.03
100.04GUEST MEALS / MOW'S	319291		319291	100.04
100.05RESPITE				100.05
100.07CONTRACT CLEANING	186307		186307	100.07
100.09RSVP	87965		87965	100.09
100.10PHYSICIAN BILLING	161239		161239	100.10
100.11FOUNDATION	42150		42150	100.11
100.12HEALTHCARE AFFILIATES OF THE TR	268356		268356	100.12
100.13NON REIMBURSABLE	51225		51225	100.13
100.14LIFESTYLES	184032		184032	100.14
100.15SALARIED PT B ER PHYS				100.15
100.16BUSINESS HEALTH	1081939		1081939	100.16
100.17RENTAL PROPERTIES	53705		53705	100.17
100.18CONVENIENT CARE	355461		355461	100.18
100.19NEUROSURGEON				100.19
100.20OFFSITE OCC HEALTH				100.20
100.21DIM MAINTENANCE	58734		58734	100.21
100.22DUBUQUE OTO MAINTENANCE				100.22
100.23MARKETING	758827		758827	100.23
100.24NORTH GRANDVIEW OFFICE				100.24
100.25GRANDVIEW MEDICAL CENTER				100.25
100.26GALENA CLINIC				100.26
100.27GALENA PHARMACY				100.27
100.28VITACARE	1056040		1056040	100.28
100.29WEIGHT MGMT	2818		2818	100.29
100.30OCCUPATIONAL HEALTH	553542		553542	100.30
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	75094013		75094013	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	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		22747	22747	22747					5
6 ADMINISTRATIVE & GENERAL		300308	300308	38	300346				6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	29466	38053	67519	467	9473	77459			8
9 LAUNDRY & LINEN SERVICE					1597		1597		9
10 HOUSEKEEPING	4932	33163	38095	536	5905	1286		45822	10
11 DIETARY	32389	83503	115892	688	7576	3239		1948	11
12 CAFETERIA									12
12.01 EMPLOYEE CAFETERIA									12.01
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	8696	29124	37820	1130	11041	1130		680	14
15 CENTRAL SERVICES & SUPPLY	48291	36458	84749	192	2745	1414	94	851	15
16 PHARMACY	6804	21631	28435	705	5986	839		505	16
17 MEDICAL RECORDS & LIBRARY	50369	38350	88719	477	4866	1488		895	17
18 SOCIAL SERVICE	67		67	120	910				18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	119283	360180	479463	3128	28307	13970	517	8405	25
26 INTENSIVE CARE UNIT	47791	60959	108750	695	6106	2365	63	1422	26
31 SUBPROVIDER I	7107	59205	66312	347	5431	2297	34	1382	31
31.01 SUBPROVIDER - REHAB	9599	69568	79167	429	6241	2699	56	1623	31.01
33 NURSERY	13536	12755	26291	356	3030	495		298	33
34 SKILLED NURSING FACILITY	12851	55059	67910	585	5196	2136	89	1285	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	448069	136915	584984	1627	29417	5311	175	3195	37
38 RECOVERY ROOM	12239	95695	107934	515	7234	3712	103	2233	38
39 DELIVERY ROOM & LABOR ROOM	26267	21322	47589	411	3669	827		498	39
40 ANESTHESIOLOGY	116200		116200		2687				40
41 RADIOLOGY-DIAGNOSTIC	899285	153752	1053037	1194	17806	5964	123	3588	41
42 RADIOLOGY-THERAPEUTIC	580960	126010	706970	527	9254	4888	45	2940	42
44 LABORATORY	1103	15997	17100	2	14504	621		373	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	102	31197	31299		1889	1210	1	728	47
48 INTRAVENOUS THERAPY	21660	30389	52049	431	1392	1179	51	709	48
49 RESPIRATORY THERAPY	33551	21227	54778	320	3327	823	2	495	49
50 PHYSICAL THERAPY	24530	69260	93790	1537	11807	2687	61	1616	50
51 OCCUPATIONAL THERAPY		35417	35417	180	2113	1374		826	51
52 SPEECH PATHOLOGY	863		863	93	714				52
54 ELECTROENCEPHALOGRAPHY	13183		13183	73	841				54
55 MEDICAL SUPPLIES CHARGED TO PAT					20371				55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA					8515				55.01
56 DRUGS CHARGED TO PATIENTS					10613		1		56
57 RENAL DIALYSIS		10789	10789		1315	418		252	57
59 RENAL DIALYSIS									59
59.01 CARDIOLOGY	16740	17591	34331	79	2069	682		410	59.01
59.02 PULMONARY	5656	5028	10684	58	627	195		117	59.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	19403	41720	61123	255	2885	1618	20	974	60
60.01 DIABETES EDUCATION	5928	35077	41005	134	1157	1361		818	60.01
60.02 GEROPSYCH OUTPATIENT									60.02
61 EMERGENCY	39501	80432	119933	2588	11984	3120	158	1877	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	6071	29964	36035	1085	9665	1162		699	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	2662492	2178845	4841337	21002	280265	70510	1593	41642	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8185	8185		37	317		191	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	LAUNDRY	HOUSE-
	CAP-REL	BLDGS &	COST TO	BENEFITS	TRATIVE &	OF PLANT	& LINEN	KEEPING
	COSTS	FIXTURES	BE ALLOC		GENERAL		SERVICE	
	0	3	4A	5	6	8	9	10
100 NON-REIMBURSABLE COST CENTERS								100
100.01CASCADE CLINIC	311	26573	26884	171	2000	1031		620 100.01
100.02JCPH CONTRACT NURSING								100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE								100.03
100.04GUEST MEALS / MOW'S								100.04
100.05RESPITE								100.05
100.07CONTRACT CLEANING				72	703			100.07
100.09RSVP	44	2413	2457	35	320	94		56 100.09
100.10PHYSICIAN BILLING				72	616			100.10
100.11FOUNDATION					143			100.11
100.12HEALTHCARE AFFILIATES OF THE TR				147	1052			100.12
100.13NON REIMBURSABLE		16582	16582		75	643		387 100.13
100.14LIFESTYLES	6995		6995	73	712		4	100.14
100.15SALARIED PT B ER PHYS								100.15
100.16BUSINESS HEALTH	5653	59673	65326	386	3773	2315		1392 100.16
100.17RENTAL PROPERTIES					215			100.17
100.18CONVENIENT CARE		7908	7908	171	1314	307		185 100.18
100.19NEUROSURGEON								100.19
100.20OFFSITE OCC HEALTH								100.20
100.21DIM MAINTENANCE				29	225			100.21
100.22DUBUQUE OTO MAINTENANCE								100.22
100.23MARKETING	273	21482	21755	155	2826	833		501 100.23
100.24NORTH GRANDVIEW OFFICE								100.24
100.25GRANDVIEW MEDICAL CENTER								100.25
100.26GALENA CLINIC								100.26
100.27GALENA PHARMACY								100.27
100.28VITACARE		36331	36331	376	3892	1409		848 100.28
100.29WEIGHT MGMT				58	11			100.29
100.30OCCUPATIONAL HEALTH	15000		15000		2167			100.30
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2690768	2357992	5048760	22747	300346	77459	1597	45822 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE
	11	12	12.01	14	15	16	17	18
100 NON-REIMBURSABLE COST CENTERS								100
100.01CASCADE CLINIC			508		46		269	100.01
100.02JCPH CONTRACT NURSING								100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE								100.03
100.04GUEST MEALS / MOW'S	16349	3722						100.04
100.05RESPITE								100.05
100.07CONTRACT CLEANING			546		226			100.07
100.09RSVP			207		4			100.09
100.10PHYSICIAN BILLING			455					100.10
100.11FOUNDATION			395		10			100.11
100.12HEALTHCARE AFFILIATES OF THE TR			342					100.12
100.13NON REIMBURSABLE								100.13
100.14LIFESTYLES			305		12			100.14
100.15SALARIED PT B ER PHYS								100.15
100.16BUSINESS HEALTH			1131		65		236	100.16
100.17RENTAL PROPERTIES								100.17
100.18CONVENIENT CARE			481		20		267	100.18
100.19NEUROSURGEON								100.19
100.20OFFSITE OCC HEALTH								100.20
100.21DIM MAINTENANCE			156					100.21
100.22DUBUQUE OTO MAINTENANCE								100.22
100.23MARKETING			632		15			100.23
100.24NORTH GRANDVIEW OFFICE								100.24
100.25GRANDVIEW MEDICAL CENTER								100.25
100.26GALENA CLINIC								100.26
100.27GALENA PHARMACY								100.27
100.28VITACARE			195				645	100.28
100.29WEIGHT MGMT								100.29
100.30OCCUPATIONAL HEALTH			287		8		528	100.30
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	129343	78720	74998	55238	91366	42236	99201	1663 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
12.01 EMPLOYEE CAFETERIA				12.01
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	593966		593966	25
26 INTENSIVE CARE UNIT	129224		129224	26
31 SUBPROVIDER I	83320		83320	31
31.01 SUBPROVIDER - REHAB	98366		98366	31.01
33 NURSERY	34272		34272	33
34 SKILLED NURSING FACILITY	88985		88985	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	693715		693715	37
38 RECOVERY ROOM	131468		131468	38
39 DELIVERY ROOM & LABOR ROOM	58151		58151	39
40 ANESTHESIOLOGY	125644		125644	40
41 RADIOLOGY-DIAGNOSTIC	1107321		1107321	41
42 RADIOLOGY-THERAPEUTIC	735071		735071	42
44 LABORATORY	38261		38261	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	35703		35703	47
48 INTRAVENOUS THERAPY	57703		57703	48
49 RESPIRATORY THERAPY	64095		64095	49
50 PHYSICAL THERAPY	126153		126153	50
51 OCCUPATIONAL THERAPY	42019		42019	51
52 SPEECH PATHOLOGY	2518		2518	52
54 ELECTROENCEPHALOGRAPHY	15228		15228	54
55 MEDICAL SUPPLIES CHARGED TO PAT	44760		44760	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	22944		22944	55.01
56 DRUGS CHARGED TO PATIENTS	63347		63347	56
57 RENAL DIALYSIS	12935		12935	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	39568		39568	59.01
59.02 PULMONARY	12908		12908	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	72181		72181	60
60.01 DIABETES EDUCATION	45625		45625	60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	149658		149658	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	55207		55207	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	4780316		4780316	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	8730		8730	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100 NON-REIMBURSABLE COST CENTERS				100
100.01CASCADE CLINIC	31529		31529	100.01
100.02JCPH CONTRACT NURSING				100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE				100.03
100.04GUEST MEALS / MOW'S	20071		20071	100.04
100.05RESPITE				100.05
100.07CONTRACT CLEANING	1547		1547	100.07
100.09RSVP	3173		3173	100.09
100.10PHYSICIAN BILLING	1143		1143	100.10
100.11FOUNDATION	548		548	100.11
100.12HEALTHCARE AFFILIATES OF THE TR	1541		1541	100.12
100.13NON REIMBURSABLE	17687		17687	100.13
100.14LIFESTYLES	8101		8101	100.14
100.15SALARIED PT B ER PHYS				100.15
100.16BUSINESS HEALTH	74624		74624	100.16
100.17RENTAL PROPERTIES	215		215	100.17
100.18CONVENIENT CARE	10653		10653	100.18
100.19NEUROSURGEON				100.19
100.20OFFSITE OCC HEALTH				100.20
100.21DIM MAINTENANCE	410		410	100.21
100.22DUBUQUE OTO MAINTENANCE				100.22
100.23MARKETING	26717		26717	100.23
100.24NORTH GRANDVIEW OFFICE				100.24
100.25GRANDVIEW MEDICAL CENTER				100.25
100.26GALENA CLINIC				100.26
100.27GALENA PHARMACY				100.27
100.28VITACARE	43696		43696	100.28
100.29WEIGHT MGMT	69		69	100.29
100.30OCCUPATIONAL HEALTH	17990		17990	100.30
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	5048760		5048760	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	LAUNDRY	HOUSE-	
	BLDGS & FIXTURES	BENEFITS		CILATION	TRATIVE & GENERAL	OF PLANT	& LINEN SERVICE	
	SQUARE FEET	GROSS SALARIES	6A	ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	
	3	5		6	8	9	10	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	221840							3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS	2140	31005215						5
6 ADMINISTRATIVE & GENERAL	28253	51705	-8719018	66374995				6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	3580	635563		2093386	187867			8
9 LAUNDRY & LINEN SERVICE				352988		712830		9
10 HOUSEKEEPING	3120	730386		1305031	3120		184747	10
11 DIETARY	7856	937273		1674188	7856		7856	11
12 CAFETERIA								12
12.01 EMPLOYEE CAFETERIA								12.01
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2740	1539501		2439921	2740		2740	14
15 CENTRAL SERVICES & SUPPLY	3430	260981		606629	3430	41786	3430	15
16 PHARMACY	2035	960437		1322883	2035		2035	16
17 MEDICAL RECORDS & LIBRARY	3608	649316		1075449	3608		3608	17
18 SOCIAL SERVICE		163811		201055				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	33886	4276415		6255769	33886	231576	33886	25
26 INTENSIVE CARE UNIT	5735	947529		1349417	5735	27990	5735	26
31 SUBPROVIDER I	5570	473054		1200265	5570	15006	5570	31
31.01 SUBPROVIDER - REHAB	6545	584247		1379297	6545	24953	6545	31.01
33 NURSERY	1200	485363		669707	1200		1200	33
34 SKILLED NURSING FACILITY	5180	796580		1148194	5180	39712	5180	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	12881	2216468		6501443	12881	78211	12881	37
38 RECOVERY ROOM	9003	701426		1598703	9003	46038	9003	38
39 DELIVERY ROOM & LABOR ROOM	2006	560024		810839	2006		2006	39
40 ANESTHESIOLOGY				593829				40
41 RADIOLOGY-DIAGNOSTIC	14465	1626920		3935115	14465	54721	14465	41
42 RADIOLOGY-THERAPEUTIC	11855	718176		2045034	11855	20039	11855	42
44 LABORATORY	1505	2920		3205228	1505	116	1505	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	2935			417430	2935	227	2935	47
48 INTRAVENOUS THERAPY	2859	586777		307533	2859	22687	2859	48
49 RESPIRATORY THERAPY	1997	435874		735142	1997	710	1997	49
50 PHYSICAL THERAPY	6516	2093440		2609357	6516	27241	6516	50
51 OCCUPATIONAL THERAPY	3332	244886		466989	3332		3332	51
52 SPEECH PATHOLOGY		126616		157732				52
54 ELECTROENCEPHALOGRAPHY		99639		185779				54
55 MEDICAL SUPPLIES CHARGED TO P				4501976				55
55.01 IMPLANTABLE SUPPLIES CHGD TO				1881677				55.01
56 DRUGS CHARGED TO PATIENTS				2345374		512		56
57 RENAL DIALYSIS	1015			290714	1015		1015	57
59 RENAL DIALYSIS								59
59.01 CARDIOLOGY	1655	107063		457224	1655		1655	59.01
59.02 PULMONARY	473	78530		138461	473	168	473	59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3925	346842		637588	3925	8759	3925	60
60.01 DIABETES EDUCATION	3300	183192		255581	3300		3300	60.01
60.02 GEROPSYCH OUTPATIENT								60.02
61 EMERGENCY	7567	3526202		2648483	7567	70642	7567	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	2819	1478730		2135894	2819		2819	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	204986	28625886	-8719018	61937304	171013	711094	167893	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	770			8185	770		770	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	LAUNDRY	HOUSE-	
	BLDGS & FIXTURES SQUARE FEET	BENEFITS GROSS SALARIES	CILIAATION	TRATIVE & GENERAL ACCUM COST	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	
	3	5	6A	6	8	9	10	
100 NON-REIMBURSABLE COST CENTERS								100
100.01 CASCADE CLINIC	2500	233566		441967	2500		2500	100.01
100.02 JCPH CONTRACT NURSING								100.02
100.03 PHYS OFFICE COMPUTER EMPLOYEE								100.03
100.04 GUEST MEALS / MOW'S								100.04
100.05 RESPITE								100.05
100.07 CONTRACT CLEANING		98632		155249				100.07
100.09 RSVP	227	47490		70640	227		227	100.09
100.10 PHYSICIAN BILLING		98142		136126				100.10
100.11 FOUNDATION				31622				100.11
100.12 HEALTHCARE AFFILIATES OF THE		199952		232383				100.12
100.13 NON REIMBURSABLE	1560			16582	1560		1560	100.13
100.14 LIFESTYLES		98892		157425		1736		100.14
100.15 SALARIED PT B ER PHYS								100.15
100.16 BUSINESS HEALTH	5614	526561		833845	5614		5614	100.16
100.17 RENTAL PROPERTIES				47469				100.17
100.18 CONVENIENT CARE	744	233467		290405	744		744	100.18
100.19 NEUROSURGEON								100.19
100.20 OFFSITE OCC HEALTH								100.20
100.21 DIM MAINTENANCE		39933		49723				100.21
100.22 DUBUQUE OTO MAINTENANCE								100.22
100.23 MARKETING	2021	211642		624539	2021		2021	100.23
100.24 NORTH GRANDVIEW OFFICE								100.24
100.25 GRANDVIEW MEDICAL CENTER								100.25
100.26 GALENA CLINIC								100.26
100.27 GALENA PHARMACY								100.27
100.28 VITACARE	3418	512129		860134	3418		3418	100.28
100.29 WEIGHT MGMT		78923		2491				100.29
100.30 OCCUPATIONAL HEALTH				478906				100.30
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2357992	978744		8719018	2368373	399357	1515793	103
104 UNIT COST MULT-WS B PT I		.031567		.131360		.560242		104
104 UNIT COST MULT-WS B PT I	10.629246				12.606647		8.204696	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		22747		300346	77459	1597	45822	107
108 UNIT COST MULT-WS B PT III		.000734		.004525		.002240		108
108 UNIT COST MULT-WS B PT III					.412308		.248026	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE
	MEALS SERVED 11	MEALS SERVED 12	FTE'S 12.01	FTE'S 14	COSTED REQUIS. 15	COSTED REQUIS. 16	GROSS CHARGES 17	PATIENT DAYS 18
100 NON-REIMBURSABLE COST CENTERS								100
100.01 CASCADE CLINIC			7141		2835		481953	100.01
100.02 JCPH CONTRACT NURSING								100.02
100.03 PHYS OFFICE COMPUTER EMPLOYEE								100.03
100.04 GUEST MEALS / MOW'S	56016	12751						100.04
100.05 RESPITE								100.05
100.07 CONTRACT CLEANING			7672		13897			100.07
100.09 RSVP			2907		234			100.09
100.10 PHYSICIAN BILLING			6391					100.10
100.11 FOUNDATION			5557		606			100.11
100.12 HEALTHCARE AFFILIATES OF THE			4814					100.12
100.13 NON REIMBURSABLE								100.13
100.14 LIFESTYLES			4286		742			100.14
100.15 SALARIED PT B ER PHYS								100.15
100.16 BUSINESS HEALTH			15897		3971		422598	100.16
100.17 RENTAL PROPERTIES								100.17
100.18 CONVENIENT CARE			6767		1259		478194	100.18
100.19 NEUROSURGEON								100.19
100.20 OFFSITE OCC HEALTH								100.20
100.21 DIM MAINTENANCE			2191					100.21
100.22 DUBUQUE OTO MAINTENANCE								100.22
100.23 MARKETING			8886		949			100.23
100.24 NORTH GRANDVIEW OFFICE								100.24
100.25 GRANDVIEW MEDICAL CENTER								100.25
100.26 GALENA CLINIC								100.26
100.27 GALENA PHARMACY								100.27
100.28 VITACARE			2748				1155921	100.28
100.29 WEIGHT MGMT								100.29
100.30 OCCUPATIONAL HEALTH			4033		470		945525	100.30
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2057603	1252274	1193070	2872124	802126	1604459	1335013	236358 103
104 UNIT COST MULT-WS B PT I	4.643077		1.131393		.142740		.007506	104
104 UNIT COST MULT-WS B PT I		4.643056		4.042734		.660910		9.573413 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	129343	78720	74998	55238	91366	42236	99201	1663 107
108 UNIT COST MULT-WS B PT III	.291869		.071121		.016259		.000558	108
108 UNIT COST MULT-WS B PT III		.291870		.077752		.017398		.067358 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6	ADMINISTRATIVE & GENERAL	6
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
12.01	EMPLOYEE CAFETERIA	12.01
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
31	SUBPROVIDER I	31
31.01	SUBPROVIDER - REHAB	31.01
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
42	RADIOLOGY-THERAPEUTIC	42
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
47	BLOOD STORING, PROCESSING & T	47
48	INTRAVENOUS THERAPY	48
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
55.01	IMPLANTABLE SUPPLIES CHGD TO	55.01
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
59	RENAL DIALYSIS	59
59.01	CARDIOLOGY	59.01
59.02	PULMONARY	59.02
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
60.01	DIABETES EDUCATION	60.01
60.02	GEROPSYCH OUTPATIENT	60.02
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

100	NON-REIMBURSABLE COST CENTERS	100
100.01	CASCADE CLINIC	100.01
100.02	JCPH CONTRACT NURSING	100.02
100.03	PHYS OFFICE COMPUTER EMPLOYEE	100.03
100.04	GUEST MEALS / MOW'S	100.04
100.05	RESPIRE	100.05
100.07	CONTRACT CLEANING	100.07
100.09	RSVP	100.09
100.10	PHYSICIAN BILLING	100.10
100.11	FOUNDATION	100.11
100.12	HEALTHCARE AFFILIATES OF THE	100.12
100.13	NON REIMBURSABLE	100.13
100.14	LIFESTYLES	100.14
100.15	SALARIED PT B ER PHYS	100.15
100.16	BUSINESS HEALTH	100.16
100.17	RENTAL PROPERTIES	100.17
100.18	CONVENIENT CARE	100.18
100.19	NEUROSURGEON	100.19
100.20	OFFSITE OCC HEALTH	100.20
100.21	DIM MAINTENANCE	100.21
100.22	DUBUQUE OTO MAINTENANCE	100.22
100.23	MARKETING	100.23
100.24	NORTH GRANDVIEW OFFICE	100.24
100.25	GRANDVIEW MEDICAL CENTER	100.25
100.26	GALENA CLINIC	100.26
100.27	GALENA PHARMACY	100.27
100.28	VITACARE	100.28
100.29	WEIGHT MGMT	100.29
100.30	OCCUPATIONAL HEALTH	100.30
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	9462899		9462899		9462899	25
26 INTENSIVE CARE UNIT	1926280		1926280		1926280	26
31 SUBPROVIDER I	1681218		1681218		1681218	31
31.01 SUBPROVIDER - REHAB	1925464		1925464		1925464	31.01
33 NURSERY	901804		901804		901804	33
34 SKILLED NURSING FACILITY	1742918		1742918		1742918	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8721640		8721640		8721640	37
38 RECOVERY ROOM	2282415		2282415		2282415	38
39 DELIVERY ROOM & LABOR ROOM	1088283		1088283		1088283	39
40 ANESTHESIOLOGY	748659		748659		748659	40
41 RADIOLOGY-DIAGNOSTIC	5311849		5311849		5311849	41
42 RADIOLOGY-THERAPEUTIC	2791511		2791511		2791511	42
44 LABORATORY	3734190		3734190		3734190	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	541219		541219		541219	47
48 INTRAVENOUS THERAPY	461351		461351		461351	48
49 RESPIRATORY THERAPY	987633		987633		987633	49
50 PHYSICAL THERAPY	3536347		3536347		3536347	50
51 OCCUPATIONAL THERAPY	652984		652984		652984	51
52 SPEECH PATHOLOGY	202541		202541		202541	52
54 ELECTROENCEPHALOGRAPHY	238762		238762		238762	54
55 MEDICAL SUPPLIES CHARGED TO	5339838		5339838		5339838	55
55.01 IMPLANTABLE SUPPLIES CHGD T	2262109		2262109		2262109	55.01
56 DRUGS CHARGED TO PATIENTS	4387571		4387571		4387571	56
57 RENAL DIALYSIS	352197		352197		352197	57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	589260		589260		589260	59.01
59.02 PULMONARY	193279		193279		193279	59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	919493		919493		919493	60
60.01 DIABETES EDUCATION	394951		394951	7811	402762	60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	3332312		3332312	69137	3401449	61
62 OBSERVATION BEDS (NON-DISTI	768967		768967		768967	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	67479944		67479944	76948	67556892	101
102 LESS OBSERVATION BEDS	768967		768967		768967	102
103 TOTAL	66710977		66710977	76948	66787925	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	10585695		10585695			25
26 INTENSIVE CARE UNIT	2264008		2264008			26
31 SUBPROVIDER I	2562135		2562135			31
31.01 SUBPROVIDER - REHAB	1948465		1948465			31.01
33 NURSERY	1252697		1252697			33
34 SKILLED NURSING FACILITY	1626280		1626280			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9880594	22451769	32332363	.269750	.269750	.269750 37
38 RECOVERY ROOM	911890	4189380	5101270	.447421	.447421	.447421 38
39 DELIVERY ROOM & LABOR ROOM	1575050	514846	2089896	.520735	.520735	.520735 39
40 ANESTHESIOLOGY	1764541	4949103	6713644	.111513	.111513	.111513 40
41 RADIOLOGY-DIAGNOSTIC	3837261	20705271	24542532	.216434	.216434	.216434 41
42 RADIOLOGY-THERAPEUTIC	234719	11606135	11840854	.235753	.235753	.235753 42
44 LABORATORY	5693982	4415139	10109121	.369388	.369388	.369388 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	771866	258594	1030460	.525221	.525221	.525221 47
48 INTRAVENOUS THERAPY	14768	822743	837511	.550860	.550860	.550860 48
49 RESPIRATORY THERAPY	2168005	404389	2572394	.383935	.383935	.383935 49
50 PHYSICAL THERAPY	1830306	3863784	5694090	.621056	.621056	.621056 50
51 OCCUPATIONAL THERAPY	917391	585836	1503227	.434388	.434388	.434388 51
52 SPEECH PATHOLOGY	326081	124969	451050	.449043	.449043	.449043 52
54 ELECTROENCEPHALOGRAPHY	110282	782215	892497	.267521	.267521	.267521 54
55 MEDICAL SUPPLIES CHARGED TO	9374615	3040402	12415017	.430111	.430111	.430111 55
55.01 IMPLANTABLE SUPPLIES CHGD T	1188619	1336187	2524806	.895954	.895954	.895954 55.01
56 DRUGS CHARGED TO PATIENTS	9206401	5064911	14271312	.307440	.307440	.307440 56
57 RENAL DIALYSIS	287630	1610	289240	1.217664	1.217664	1.217664 57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	1571964	1012606	2584570	.227992	.227992	.227992 59.01
59.02 PULMONARY	1029776	188353	1218129	.158669	.158669	.158669 59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	424547	3853007	4277554	.214958	.214958	.214958 60
60.01 DIABETES EDUCATION		201644	201644	1.958655	1.958655	1.997391 60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	1546579	5999052	7545631	.441621	.441621	.450784 61
62 OBSERVATION BEDS (NON-DISTI	318595	949278	1267873	.606502	.606502	.606502 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	75224742	97321223	172545965			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	75224742	97321223	172545965			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				593966		593966	25
26 INTENSIVE CARE UNIT				129224		129224	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				83320		83320	31
31.01 SUBPROVIDER - REHAB				98366		98366	31.01
33 NURSERY				34272		34272	33
101 TOTAL				939148		939148	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	14755	8303			40.26	334279	25
26 INTENSIVE CARE UNIT	1663	1106			77.71	85947	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	1737	1594			47.97	76464	31
31.01 SUBPROVIDER - REHAB	2153	1687			45.69	77079	31.01
33 NURSERY	1658				20.67		33
101 TOTAL	21966	12690				573769	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (16-0117) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	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		693715	32332363	5470990			.021456	117386 37
38 RECOVERY ROOM		131468	5101270	473450			.025772	12202 38
39 DELIVERY ROOM & LABOR ROOM		58151	2089896	17741			.027825	494 39
40 ANESTHESIOLOGY		125644	6713644	896999			.018715	16787 40
41 RADIOLOGY-DIAGNOSTIC		1107321	24542532	2644527			.045118	119316 41
42 RADIOLOGY-THERAPEUTIC		735071	11840854	110731			.062079	6874 42
44 LABORATORY		38261	10109121	3342919			.003785	12653 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		35703	1030460	575298			.034648	19933 47
48 INTRAVENOUS THERAPY		57703	837511	13854			.068898	955 48
49 RESPIRATORY THERAPY		64095	2572394	1309716			.024916	32633 49
50 PHYSICAL THERAPY		126153	5694090	661785			.022155	14662 50
51 OCCUPATIONAL THERAPY		42019	1503227	185111			.027953	5174 51
52 SPEECH PATHOLOGY		2518	451050	87739			.005583	490 52
54 ELECTROENCEPHALOGRAPHY		15228	892497	52287			.017062	892 54
55 MEDICAL SUPPLIES CHARGED TO P		44760	12415017	5743599			.003605	20706 55
55.01 IMPLANTABLE SUPPLIES CHGD TO		22944	2524806	319492			.009087	2903 55.01
56 DRUGS CHARGED TO PATIENTS		63347	14271312	4607447			.004439	20452 56
57 RENAL DIALYSIS		12935	289240	182250			.044721	8150 57
59 RENAL DIALYSIS								59
59.01 CARDIOLOGY		39568	2584570	1048907			.015309	16058 59.01
59.02 PULMONARY		12908	1218129	548406			.010597	5811 59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		72181	4277554	232186			.016874	3918 60
60.01 DIABETES EDUCATION		45625	201644				.226265	60.01
60.02 GEROPSYCH OUTPATIENT								60.02
61 EMERGENCY		149658	7545631	1110798			.019834	22032 61
62 OBSERVATION BEDS (NON-DISTINC		48267	1267873	169515			.038069	6453 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3745243	152306685	29805747				466934 101

PROVIDER NO. 16-0117 THE FINLEY HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/19/2010 09:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					14755		8303	25
26 INTENSIVE CARE UNIT					1663		1106	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					1737		1594	31
31.01 SUBPROVIDER - REHAB					2153		1687	31.01
33 NURSERY					1658			33
34 SKILLED NURSING FACILITY					3630		3142	34
35 NURSING FACILITY								35
101 TOTAL					25596		15832	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0117) [] 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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	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
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
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
55.01 IMPLANTABLE SUPPLIES CHGD TO							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY							59.01
59.02 PULMONARY							59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0117) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		32332363			5470990		8990015 37
38 RECOVERY ROOM		5101270			473450		1030569 38
39 DELIVERY ROOM & LABOR ROOM		2089896			17741		2412 39
40 ANESTHESIOLOGY		6713644			896999		1299453 40
41 RADIOLOGY-DIAGNOSTIC		24542532			2644527		8471886 41
42 RADIOLOGY-THERAPEUTIC		11840854			110731		6870170 42
44 LABORATORY		10109121			3342919		166999 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1030460			575298		207796 47
48 INTRAVENOUS THERAPY		837511			13854		255028 48
49 RESPIRATORY THERAPY		2572394			1309716		81911 49
50 PHYSICAL THERAPY		5694090			661785		427 50
51 OCCUPATIONAL THERAPY		1503227			185111		51
52 SPEECH PATHOLOGY		451050			87739		52
54 ELECTROENCEPHALOGRAPHY		892497			52287		265044 54
55 MEDICAL SUPPLIES CHARGED TO P		12415017			5743599		1017772 55
55.01 IMPLANTABLE SUPPLIES CHGD TO		2524806			319492		919295 55.01
56 DRUGS CHARGED TO PATIENTS		14271312			4607447		1785872 56
57 RENAL DIALYSIS		289240			182250		57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		2584570			1048907		523698 59.01
59.02 PULMONARY		1218129			548406		86314 59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4277554			232186		594180 60
60.01 DIABETES EDUCATION		201644					60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		7545631			1110798		1461706 61
62 OBSERVATION BEDS (NON-DISTINC		1267873			169515		417475 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		152306685			29805747		34448022 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0117) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
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
55.01 IMPLANTABLE SUPPLIES CHGD TO					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0117) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.269750	.269750	.269750			37
38 RECOVERY ROOM	.447421	.447421	.447421			38
39 DELIVERY ROOM & LABOR ROOM	.520735	.520735	.520735			39
40 ANESTHESIOLOGY	.111513	.111513	.111513			40
41 RADIOLOGY-DIAGNOSTIC	.216434	.216434	.216434			41
42 RADIOLOGY-THERAPEUTIC	.235753	.235753	.235753			42
44 LABORATORY	.369388	.369388	.369388			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.525221	.525221	.525221			47
48 INTRAVENOUS THERAPY	.550860	.550860	.550860			48
49 RESPIRATORY THERAPY	.383935	.383935	.383935			49
50 PHYSICAL THERAPY	.621056	.621056	.621056			50
51 OCCUPATIONAL THERAPY	.434388	.434388	.434388			51
52 SPEECH PATHOLOGY	.449043	.449043	.449043			52
54 ELECTROENCEPHALOGRAPHY	.267521	.267521	.267521			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.430111	.430111	.430111			55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	.895954	.895954	.895954			55.01
56 DRUGS CHARGED TO PATIENTS	.307440	.307440	.307440			56
57 RENAL DIALYSIS	1.217664	1.217664	1.217664			57
59 RENAL DIALYSIS						59
59.01 RADIOLOGY	.227992	.227992	.227992			59.01
59.02 PULMONARY	.158669	.158669	.158669			59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.214958	.214958	.214958			60
60.01 DIABETES EDUCATION	1.958655	1.958655	1.958655			60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	.441621	.441621	.441621			61
62 OBSERVATION BEDS (NON-DISTINCT	.606502	.606502	.606502			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
65.04 AMBULANCE SERVICES (5TH PERIOD)						65.04
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	.307440	1
2 PROGRAM VACCINE CHARGES	897	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	276	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0117) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8990015						37
38 RECOVERY ROOM		1030569						38
39 DELIVERY ROOM & LABOR ROOM		2412						39
40 ANESTHESIOLOGY		1299453						40
41 RADIOLOGY-DIAGNOSTIC		8471886						41
42 RADIOLOGY-THERAPEUTIC		6870170						42
44 LABORATORY		166999						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		207796						47
48 INTRAVENOUS THERAPY		255028						48
49 RESPIRATORY THERAPY		81911						49
50 PHYSICAL THERAPY		427						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		265044						54
55 MEDICAL SUPPLIES CHARGED TO PA		1017772						55
55.01 IMPLANTABLE SUPPLIES CHGD TO P		919295						55.01
56 DRUGS CHARGED TO PATIENTS		1785872						56
57 RENAL DIALYSIS								57
59 RENAL DIALYSIS								59
59.01 CARDIOLOGY		523698						59.01
59.02 PULMONARY		86314						59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		594180						60
60.01 DIABETES EDUCATION								60.01
60.02 GEROPSYCH OUTPATIENT								60.02
61 EMERGENCY		1461706						61
62 OBSERVATION BEDS (NON-DISTINCT		417475						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
65.04 AMBULANCE SERVICES (5TH PERIOD								65.04
101 SUBTOTAL		34448022						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		34448022						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0117) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2425057					37
38 RECOVERY ROOM		461098					38
39 DELIVERY ROOM & LABOR ROOM		1256					39
40 ANESTHESIOLOGY		144906					40
41 RADIOLOGY-DIAGNOSTIC		1833604					41
42 RADIOLOGY-THERAPEUTIC		1619663					42
44 LABORATORY		61687					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		109139					47
48 INTRAVENOUS THERAPY		140485					48
49 RESPIRATORY THERAPY		31448					49
50 PHYSICAL THERAPY		265					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		70905					54
55 MEDICAL SUPPLIES CHARGED TO PAT		437755					55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA		823646					55.01
56 DRUGS CHARGED TO PATIENTS		549048					56
57 RENAL DIALYSIS							57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		119399					59.01
59.02 PULMONARY		13695					59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		127724					60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		645520					61
62 OBSERVATION BEDS (NON-DISTINCT		253199					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
65.04 AMBULANCE SERVICES (5TH PERIOD)							65.04
101 SUBTOTAL		9869499					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		9869499					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 (16-S117) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	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		693715	32332363	10930			.021456	235 37
38 RECOVERY ROOM		131468	5101270				.025772	38
39 DELIVERY ROOM & LABOR ROOM		58151	2089896				.027825	39
40 ANESTHESIOLOGY		125644	6713644	2388			.018715	45 40
41 RADIOLOGY-DIAGNOSTIC		1107321	24542532	94066			.045118	4244 41
42 RADIOLOGY-THERAPEUTIC		735071	11840854				.062079	42
44 LABORATORY		38261	10109121	160859			.003785	609 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		35703	1030460	2397			.034648	83 47
48 INTRAVENOUS THERAPY		57703	837511	297			.068898	20 48
49 RESPIRATORY THERAPY		64095	2572394	13853			.024916	345 49
50 PHYSICAL THERAPY		126153	5694090	60193			.022155	1334 50
51 OCCUPATIONAL THERAPY		42019	1503227	29437			.027953	823 51
52 SPEECH PATHOLOGY		2518	451050	11827			.005583	66 52
54 ELECTROENCEPHALOGRAPHY		15228	892497	4808			.017062	82 54
55 MEDICAL SUPPLIES CHARGED TO P		44760	12415017	41294			.003605	149 55
55.01 IMPLANTABLE SUPPLIES CHGD TO		22944	2524806				.009087	55.01
56 DRUGS CHARGED TO PATIENTS		63347	14271312	184043			.004439	817 56
57 RENAL DIALYSIS		12935	289240	9000			.044721	402 57
59 RENAL DIALYSIS								59
59.01 CARDIOLOGY		39568	2584570	12548			.015309	192 59.01
59.02 PULMONARY		12908	1218129	9776			.010597	104 59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		72181	4277554	1742			.016874	29 60
60.01 DIABETES EDUCATION		45625	201644				.226265	60.01
60.02 GEROPSYCH OUTPATIENT								60.02
61 EMERGENCY		149658	7545631	19657			.019834	390 61
62 OBSERVATION BEDS (NON-DISTINC		48267	1267873				.038069	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3745243	152306685	669115				9969 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 (16-S117) [] 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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				2.01	2.02	2.03	37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
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
55.01 IMPLANTABLE SUPPLIES CHGD TO							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY							59.01
59.02 PULMONARY							59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S117) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		32332363			10930		37
38 RECOVERY ROOM		5101270					38
39 DELIVERY ROOM & LABOR ROOM		2089896					39
40 ANESTHESIOLOGY		6713644			2388		40
41 RADIOLOGY-DIAGNOSTIC		24542532			94066		41
42 RADIOLOGY-THERAPEUTIC		11840854					42
44 LABORATORY		10109121			160859		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1030460			2397		47
48 INTRAVENOUS THERAPY		837511			297		48
49 RESPIRATORY THERAPY		2572394			13853		49
50 PHYSICAL THERAPY		5694090			60193		50
51 OCCUPATIONAL THERAPY		1503227			29437		51
52 SPEECH PATHOLOGY		451050			11827		52
54 ELECTROENCEPHALOGRAPHY		892497			4808		54
55 MEDICAL SUPPLIES CHARGED TO P		12415017			41294		55
55.01 IMPLANTABLE SUPPLIES CHGD TO		2524806					55.01
56 DRUGS CHARGED TO PATIENTS		14271312			184043		56
57 RENAL DIALYSIS		289240			9000		57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		2584570			12548		59.01
59.02 PULMONARY		1218129			9776		59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4277554			1742		60
60.01 DIABETES EDUCATION		201644					60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		7545631			19657		61
62 OBSERVATION BEDS (NON-DISTINC		1267873					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		152306685			669115		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 (16-S117) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
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
55.01 IMPLANTABLE SUPPLIES CHGD TO					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (16-T117)

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	RATIO OF COST TO CHARGES		RATIO OF COST TO CHARGES	
	RELATED COST	RELATED COST			OLD CAPITAL COSTS	NEW CAPITAL COSTS		
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		693715	32332363	21950			.021456	471 37
38 RECOVERY ROOM		131468	5101270	1376			.025772	35 38
39 DELIVERY ROOM & LABOR ROOM		58151	2089896				.027825	39
40 ANESTHESIOLOGY		125644	6713644	4227			.018715	79 40
41 RADIOLOGY-DIAGNOSTIC		1107321	24542532	162606			.045118	7336 41
42 RADIOLOGY-THERAPEUTIC		735071	11840854				.062079	42
44 LABORATORY		38261	10109121	157750			.003785	597 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		35703	1030460	12501			.034648	433 47
48 INTRAVENOUS THERAPY		57703	837511	617			.068898	43 48
49 RESPIRATORY THERAPY		64095	2572394	91754			.024916	2286 49
50 PHYSICAL THERAPY		126153	5694090	397857			.022155	8815 50
51 OCCUPATIONAL THERAPY		42019	1503227	395532			.027953	11056 51
52 SPEECH PATHOLOGY		2518	451050	122123			.005583	682 52
54 ELECTROENCEPHALOGRAPHY		15228	892497	12993			.017062	222 54
55 MEDICAL SUPPLIES CHARGED TO P		44760	12415017	103812			.003605	374 55
55.01 IMPLANTABLE SUPPLIES CHGD TO		22944	2524806				.009087	55.01
56 DRUGS CHARGED TO PATIENTS		63347	14271312	318532			.004439	1414 56
57 RENAL DIALYSIS		12935	289240	52375			.044721	2342 57
59 RENAL DIALYSIS								59
59.01 CARDIOLOGY		39568	2584570	30611			.015309	469 59.01
59.02 PULMONARY		12908	1218129	40412			.010597	428 59.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		72181	4277554	13944			.016874	235 60
60.01 DIABETES EDUCATION		45625	201644				.226265	60.01
60.02 GEROPSYCH OUTPATIENT								60.02
61 EMERGENCY		149658	7545631	9319			.019834	185 61
62 OBSERVATION BEDS (NON-DISTINC		48267	1267873				.038069	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3745243	152306685	1950291				37502 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 (16-T117) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				2.01	2.02	2.03	37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
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
55.01 IMPLANTABLE SUPPLIES CHGD TO							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY							59.01
59.02 PULMONARY							59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (16-T117) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		32332363			21950		37
38 RECOVERY ROOM		5101270			1376		38
39 DELIVERY ROOM & LABOR ROOM		2089896					39
40 ANESTHESIOLOGY		6713644			4227		40
41 RADIOLOGY-DIAGNOSTIC		24542532			162606		41
42 RADIOLOGY-THERAPEUTIC		11840854					42
44 LABORATORY		10109121			157750		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1030460			12501		47
48 INTRAVENOUS THERAPY		837511			617		48
49 RESPIRATORY THERAPY		2572394			91754		49
50 PHYSICAL THERAPY		5694090			397857		50
51 OCCUPATIONAL THERAPY		1503227			395532		51
52 SPEECH PATHOLOGY		451050			122123		52
54 ELECTROENCEPHALOGRAPHY		892497			12993		54
55 MEDICAL SUPPLIES CHARGED TO P		12415017			103812		55
55.01 IMPLANTABLE SUPPLIES CHGD TO		2524806					55.01
56 DRUGS CHARGED TO PATIENTS		14271312			318532		56
57 RENAL DIALYSIS		289240			52375		57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		2584570			30611		59.01
59.02 PULMONARY		1218129			40412		59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4277554			13944		60
60.01 DIABETES EDUCATION		201644					60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		7545631			9319		61
62 OBSERVATION BEDS (NON-DISTINC		1267873					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		152306685			1950291		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 (16-T117) [] NF [] ICF/MR
 [] SUB III

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
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
55.01 IMPLANTABLE SUPPLIES CHGD TO					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (16-5129) [] 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
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
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
55.01 IMPLANTABLE SUPPLIES CHGD TO							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY							59.01
59.02 PULMONARY							59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (16-5129) [] 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	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		32332363					37
38 RECOVERY ROOM		5101270					38
39 DELIVERY ROOM & LABOR ROOM		2089896					39
40 ANESTHESIOLOGY		6713644			752		40
41 RADIOLOGY-DIAGNOSTIC		24542532			57646		41
42 RADIOLOGY-THERAPEUTIC		11840854			9691		42
44 LABORATORY		10109121			277320		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1030460			33201		47
48 INTRAVENOUS THERAPY		837511					48
49 RESPIRATORY THERAPY		2572394			178481		49
50 PHYSICAL THERAPY		5694090			306382		50
51 OCCUPATIONAL THERAPY		1503227			126704		51
52 SPEECH PATHOLOGY		451050			42949		52
54 ELECTROENCEPHALOGRAPHY		892497			1803		54
55 MEDICAL SUPPLIES CHARGED TO P		12415017			330842		55
55.01 IMPLANTABLE SUPPLIES CHGD TO		2524806			869127		55.01
56 DRUGS CHARGED TO PATIENTS		14271312			1850		56
57 RENAL DIALYSIS		289240					57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		2584570			13821		59.01
59.02 PULMONARY		1218129			78047		59.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4277554			25766		60
60.01 DIABETES EDUCATION		201644					60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		7545631					61
62 OBSERVATION BEDS (NON-DISTINC		1267873					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		152306685			2354382		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input checked="" type="checkbox"/>	SNF (16-5129)	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
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
55.01 IMPLANTABLE SUPPLIES CHGD TO					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (16-0117) 1	(PPS) (16-S117) 1	(PPS) (16-T117) 1	1	1	(PPS) (16-5129) 1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	14755	1737	2153			3630	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	14755	1737	2153			3630	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14755	1737	2153			3630	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)	8303	1594	1687			3142	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) (16-0117)	SUB I (PPS) (16-S117)	SUB II (PPS) (16-T117)	SUB III	SUB IV	SNF (PPS) (16-5129)	
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	9462899	1681218	1925464			1742918	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	9462899	1681218	1925464			1742918	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10585695	2562135	1948465			1252697	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10585695	2562135	1948465			1252697	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.893933	.656179	.988195			1.391332	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	717.43	1475.03	905.00			345.10	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	9462899	1681218	1925464			1742918	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) (16-0117)	SUB I (PPS) (16-S117)	SUB II (PPS) (16-T117)	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	641.34	967.89	894.32		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5325046	1542817	1508718		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5325046	1542817	1508718		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	1926280	1663	1158.32	1106	1281102 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) (16-0117)	SUB I (PPS) (16-S117)	SUB II (PPS) (16-T117)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	10362317	245450	846769		48
49	TOTAL PROGRAM INPATIENT COSTS	16968465	1788267	2355487		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	420226	76464	77079		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	466934	9969	37502		51
52	TOTAL PROGRAM EXCLUDABLE COST	887160	86433	114581		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16081305	1701834	2240906		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) (16-0117)	SUB I (PPS) (16-S117)	SUB II (PPS) (16-T117)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						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. 16-0117 THE FINLEY HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/19/2010 09:04

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (16-5129) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	1742918	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	480.14	67
68 PROGRAM ROUTINE SERVICE COST	1508600	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1508600	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	88985	71
72 PER DIEM CAPITAL RELATED COSTS	24.51	72
73 PROGRAM CAPITAL RELATED COSTS	77010	73
74 INPATIENT ROUTINE SERVICE COST	1431590	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	1431590	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1508600	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1410975	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2919575	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)
 (16-0117)(16-S117)(16-T117)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1199	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	641.34	84
85 OBSERVATION BED COST	768967	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		9462899		768967		86
87 NEW CAPITAL-RELATED COST	593966	9462899	.062768	768967	48267	87
88 NON PHYSICIAN ANESTHETIST		9462899		768967		88
89 MEDICAL EDUCATION		9462899		768967		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (16-0117) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		6388860		25
26 INTENSIVE CARE UNIT		1647575		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.269750	5470990	1475800	37
38 RECOVERY ROOM	.447421	473450	211831	38
39 DELIVERY ROOM & LABOR ROOM	.520735	17741	9238	39
40 ANESTHESIOLOGY	.111513	896999	100027	40
41 RADIOLOGY-DIAGNOSTIC	.216434	2644527	572366	41
42 RADIOLOGY-THERAPEUTIC	.235753	110731	26105	42
44 LABORATORY	.369388	3342919	1234834	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.525221	575298	302159	47
48 INTRAVENOUS THERAPY	.550860	13854	7632	48
49 RESPIRATORY THERAPY	.383935	1309716	502846	49
50 PHYSICAL THERAPY	.621056	661785	411006	50
51 OCCUPATIONAL THERAPY	.434388	185111	80410	51
52 SPEECH PATHOLOGY	.449043	87739	39399	52
54 ELECTROENCEPHALOGRAPHY	.267521	52287	13988	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.430111	5743599	2470385	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	.895954	319492	286250	55.01
56 DRUGS CHARGED TO PATIENTS	.307440	4607447	1416514	56
57 RENAL DIALYSIS	1.217664	182250	221919	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	.227992	1048907	239142	59.01
59.02 PULMONARY	.158669	548406	87015	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.214958	232186	49910	60
60.01 DIABETES EDUCATION	1.997391			60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	.450784	1110798	500730	61
62 OBSERVATION BEDS (NON-DISTINCT	.606502	169515	102811	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		29805747	10362317	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		29805747		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 (16-S117)	<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		2349170		31
31.01 SUBPROVIDER - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.269750	10930	2948	37
38 RECOVERY ROOM	.447421			38
39 DELIVERY ROOM & LABOR ROOM	.520735			39
40 ANESTHESIOLOGY	.111513	2388	266	40
41 RADIOLOGY-DIAGNOSTIC	.216434	94066	20359	41
42 RADIOLOGY-THERAPEUTIC	.235753			42
44 LABORATORY	.369388	160859	59419	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.525221	2397	1259	47
48 INTRAVENOUS THERAPY	.550860	297	164	48
49 RESPIRATORY THERAPY	.383935	13853	5319	49
50 PHYSICAL THERAPY	.621056	60193	37383	50
51 OCCUPATIONAL THERAPY	.434388	29437	12787	51
52 SPEECH PATHOLOGY	.449043	11827	5311	52
54 ELECTROENCEPHALOGRAPHY	.267521	4808	1286	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.430111	41294	17761	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	.895954			55.01
56 DRUGS CHARGED TO PATIENTS	.307440	184043	56582	56
57 RENAL DIALYSIS	1.217664	9000	10959	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	.227992	12548	2861	59.01
59.02 PULMONARY	.158669	9776	1551	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.214958	1742	374	60
60.01 DIABETES EDUCATION	1.997391			60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	.450784	19657	8861	61
62 OBSERVATION BEDS (NON-DISTINCT	.606502			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		669115	245450	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		669115		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[XX] SUB II (16-T117)	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER - REHAB		1525545		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.269750	21950	5921	37
38 RECOVERY ROOM	.447421	1376	616	38
39 DELIVERY ROOM & LABOR ROOM	.520735			39
40 ANESTHESIOLOGY	.111513	4227	471	40
41 RADIOLOGY-DIAGNOSTIC	.216434	162606	35193	41
42 RADIOLOGY-THERAPEUTIC	.235753			42
44 LABORATORY	.369388	157750	58271	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.525221	12501	6566	47
48 INTRAVENOUS THERAPY	.550860	617	340	48
49 RESPIRATORY THERAPY	.383935	91754	35228	49
50 PHYSICAL THERAPY	.621056	397857	247091	50
51 OCCUPATIONAL THERAPY	.434388	395532	171814	51
52 SPEECH PATHOLOGY	.449043	122123	54838	52
54 ELECTROENCEPHALOGRAPHY	.267521	12993	3476	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.430111	103812	44651	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	.895954			55.01
56 DRUGS CHARGED TO PATIENTS	.307440	318532	97929	56
57 RENAL DIALYSIS	1.217664	52375	63775	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	.227992	30611	6979	59.01
59.02 PULMONARY	.158669	40412	6412	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.214958	13944	2997	60
60.01 DIABETES EDUCATION	1.997391			60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	.450784	9319	4201	61
62 OBSERVATION BEDS (NON-DISTINCT	.606502			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1950291	846769	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1950291		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (16-5129)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.269750			37
38 RECOVERY ROOM	.447421			38
39 DELIVERY ROOM & LABOR ROOM	.520735			39
40 ANESTHESIOLOGY	.111513	752	84	40
41 RADIOLOGY-DIAGNOSTIC	.216434	57646	12477	41
42 RADIOLOGY-THERAPEUTIC	.235753	9691	2285	42
44 LABORATORY	.369388	277320	102439	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.525221	33201	17438	47
48 INTRAVENOUS THERAPY	.550860			48
49 RESPIRATORY THERAPY	.383935	178481	68525	49
50 PHYSICAL THERAPY	.621056	306382	190280	50
51 OCCUPATIONAL THERAPY	.434388	126704	55039	51
52 SPEECH PATHOLOGY	.449043	42949	19286	52
54 ELECTROENCEPHALOGRAPHY	.267521	1803	482	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.430111	330842	142299	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	.895954	869127	778698	55.01
56 DRUGS CHARGED TO PATIENTS	.307440	1850	569	56
57 RENAL DIALYSIS	1.217664			57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	.227992	13821	3151	59.01
59.02 PULMONARY	.158669	78047	12384	59.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.214958	25766	5539	60
60.01 DIABETES EDUCATION	1.958655			60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	.441621			61
62 OBSERVATION BEDS (NON-DISTINCT	.606502			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2354382	1410975	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2354382		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (16-0117)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	10838834					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3594898					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	95909					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	93.66					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 (16-0117)	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	0.0417					4
4.01	0.1159					4.01
4.02	0.1576					4.02
4.03	0.0299					4.03
4.04	431569					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	14961210					6
7						7
7.01						7.01
8	14961210					8
9	1183307					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	16144517					16
17	12894					17
18	16131623					18
19	1660036					19
20	15219					20
21	35727					21
21.01	25009					21.01
21.02						21.02
22	14481377					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (16-0117)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	14481377				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	14032299				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	449078				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (16-0117) 1	HOSPITAL (16-0117) 1.01	HOSPITAL (16-0117) 1.02	
1 MEDICAL AND OTHER SERVICES	276			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9869499			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9560359			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.800			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7895599			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	276			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	897			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	897			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	897			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	621			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	276			17
17.01 TOTAL PPS PAYMENTS	9560359			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (16-0117) 1	HOSPITAL (16-0117) 1.01	HOSPITAL (16-0117) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2431909		18.01
19 SUBTOTAL	7128726		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	7128726		23
24 PRIMARY PAYER PAYMENTS	2674		24
25 SUBTOTAL	7126052		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	50979		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	35685		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	7161737		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	28		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	7161709		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7139961		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	21748		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (16-S117)	SUB I (16-S117)	SUB I (16-S117)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				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				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (16-S117)	SUB I (16-S117)	SUB I (16-S117)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (16-T117)	SUB II (16-T117)	SUB II (16-T117)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				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				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (16-T117) 1	SUB II (16-T117) 1.01	SUB II (16-T117) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO				18.01
LINE 17.01				
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (16-5129)	SNF (16-5129)	SNF (16-5129)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				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				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (16-5129)	SNF (16-5129)	SNF (16-5129)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (16-0117)

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		14032299		7139961	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		14032299		7139961	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	449078		21748	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		14481377		7161709	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (16-S117)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1065523		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1065523		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1252		6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1066775		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (16-5129)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1021886		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1021886		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	886		6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1022772		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 (16-S117)	SUB II (16-T117)	SUB III	SUB IV	
1						1
1.01						1.01
1.02			1762962			1.02
1.03			0.0553			1.03
1.04			72579			1.04
1.05			131793			1.05
1.06			1967334			1.06
1.07						1.07
1.08		1174032				1.08
1.09		16359				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		4.758904				1.16
1.17						1.17
1.18						1.18
1.19		1190391				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		1190391				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40			5.898630			1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		1190391	1967334			4
5						5
6		1190391	1967334			6
7		118460	23496			7
8		1071931	1943838			8
9		6408	16020			9
10		1065523	1927818			10
11		1788				11
11.01		1252				11.01
11.02						11.02
12		1066775	1927818			12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (16-S117)	SUB II (16-T117)	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		1066775	1927818			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1065523	1935138			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		1252	-7320			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (16-5129) (PPS) 2	
	COMPUTATION OF NET COST OF COVERED SERVICES		
1			1
			2
2			3
3			4
4			5
5			6
6			7
7			8
8			9
9			
	COMPUTATION OF LESSER OF COST OR CHARGES		
10			10
11			11
12			12
13			13
14			14
15			15
16			16
	CUSTOMARY CHARGES		
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24		1101719	24
25			25
26			26
27			27
28			28
29			29
30		1101719	30
31			31
32		1101719	32
33			33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (16-5129) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	1101719	35
36 COINSURANCE	79833	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS	1265	38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	886	38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	1022772	40
41 INPATIENT ROUTINE SERVICE COST		41
42 MEDICARE INPATIENT ROUTINE CHARGES		42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45 RATIO OF LINE 43 TO LINE 44		45
46 TOTAL CUSTOMARY CHARGES		46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50 OTHER ADJUSTMENTS		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	1022772	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	1022772	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	1021886	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM	886	58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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	4983893			1
2	TEMPORARY INVESTMENTS	4678408			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	11264408			4
5	OTHER RECEIVABLES	829047			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2140147			7
8	PREPAID EXPENSES	789018			8
9	OTHER CURRENT ASSETS	326705			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	25011626			11
FIXED ASSETS					
12	LAND	3531743			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6198641			13
13.01	ACCUMULATED DEPRECIATION	-4415056			13.01
14	BUILDINGS	52879371			14
14.01	ACCUMULATED DEPRECIATION	-29381802			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	48068996			16
16.01	ACCUMULATED DEPRECIATION	-27147556			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	49734337			21
OTHER ASSETS					
22	INVESTMENTS	40386775			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	9016349			25
26	TOTAL OTHER ASSETS	49403124			26
27	TOTAL ASSETS	124149087			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3419787			28
29	SALARIES, WAGES & FEES PAYABLE	4635768			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	7172015			35
36	TOTAL CURRENT LIABILITIES	15227570			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	11409051			37
38	NOTES PAYABLE	576427			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES	11985478			42
43	TOTAL LIABILITIES	27213048			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	96936039			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	96936039			51
52	TOTAL LIABILITIES AND FUND BALANCES	124149087			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	80670907			1
2 NET INCOME (LOSS)	10429137			2
3 TOTAL	91100044			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNRESTRICTED FUND BALANCE	1505054			5
6 FAS 124 ADJ	2685424			6
7 NET ASSETS REL RESTR - CAPITAL	114428			7
8 FHF RESTR NA	1509796			8
9 601 UNRESTRICTED FUND BALANCE	21301			9
10 TOTAL ADDITIONS	5836003			10
11 SUBTOTAL	96936047			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 IHS FEES				13
14 FAS 124 ADJUSTMENT				14
15 FAS 136 ENTRY				15
16 ROUNDING	8			16
17				17
18 TOTAL DEDUCTIONS	8			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	96936039			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	12203465		12203465	1
2 SUBPROVIDER I	2588685		2588685	2
2.01 SUBPROVIDER II	1948465		1948465	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY	1627254		1627254	6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	18367869		18367869	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	2404343		2404343	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	2404343		2404343	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	20772212		20772212	16
17 ANCILLARY SERVICES	54550540	104442978	158993518	17
18 OUTPATIENT SERVICES		4724743	4724743	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		3099563	3099563	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	75322752	112267284	187590036	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		74696130	26
27 ADD (SPECIFY)			27
28 FINLEY TRI-STATES EXPENSE			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 PHYSICIAN OFFICE EXPENSES			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		74696130	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	187590036	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	101759767	2
3	NET PATIENT REVENUES	85830269	3
4	LESS - TOTAL OPERATING EXPENSES	74696130	4
5	NET INCOME FROM SERVICE TO PATIENTS	11134139	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING 160117	3068020	24
24.01	OTHER OPERATING H00185	173496	24.01
24.02	NON-OPERATING REV 160117	6053622	24.02
24.04	ROUNDING		24.04
24.05	OTHER		24.05
25	TOTAL OTHER INCOME	9295138	25
26	TOTAL	20429277	26
27	NON-OPERATING REV 160117		27
27.01	FINLEY TRI-STATES EXPENSES	10000140	27.01
27.02	ROUNDING		27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	10000140	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	10429137	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 16-7002

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	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	196880	61534	17	23630	369829	651890
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1014897	233679	49357	2670	28212	1328815
7 PHYSICAL THERAPY	136582	32492	16135		3192	188401
8 OCCUPATIONAL THERAPY	27334	6903	2518		439	37194
9 SPEECH PATHOLOGY	1203	290	460		113	2066
10 MEDICAL SOCIAL SERVICES	8917	2229	994		101	12241
11 HOME HEALTH AIDE	92829	26408	10418	215	883	130753
12 SUPPLIES					4679	4679
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	1478642	363535	79899	26515	407448	2356039

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 16-7002

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
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	-255033	396857		396857	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		1328815	-41755	1287060	6
7 PHYSICAL THERAPY		188401		188401	7
8 OCCUPATIONAL THERAPY		37194		37194	8
9 SPEECH PATHOLOGY		2066		2066	9
10 MEDICAL SOCIAL SERVICES		12241		12241	10
11 HOME HEALTH AIDE		130753		130753	11
12 SUPPLIES		4679		4679	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	-255033	2101006	-41755	2059251	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 16-7002

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
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	396857					396857	396857	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1287060					1287060	307256	1594316
7 PHYSICAL THERAPY	188401					188401	44976	233377
8 OCCUPATIONAL THERAPY	37194					37194	8879	46073
9 SPEECH PATHOLOGY	2066					2066	493	2559
10 MEDICAL SOCIAL SERVICES	12241					12241	2922	15163
11 HOME HEALTH AIDE	130753					130753	31214	161967
12 SUPPLIES	4679					4679	1117	5796
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	2059251					2059251		2059251

PROVIDER NO. 16-0117 THE FINLEY HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.02
 05/19/2010 09:04

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 16-7002

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					-396857	1662394	5
6 SKILLED NURSING CARE						1287060	6
7 PHYSICAL THERAPY						188401	7
8 OCCUPATIONAL THERAPY						37194	8
9 SPEECH PATHOLOGY						2066	9
10 MEDICAL SOCIAL SERVICES						12241	10
11 HOME HEALTH AIDE						130753	11
12 SUPPLIES						4679	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					-396857	1662394	24
25 COST TO BE ALLOC (PER W/S H)						396857	25
26 UNIT COST MULTIPLIER						.238726	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 16-7002

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL			242211		242211			1
2 SKILLED NURSING CARE			1803746		1803746	187524	1991270	2
3 PHYSICAL THERAPY			264033		264033	27450	291483	3
4 OCCUPATIONAL THERAPY			52125		52125	5419	57544	4
5 SPEECH PATHOLOGY			2895		2895	301	3196	5
6 MEDICAL SOCIAL SERVICES			17155		17155	1784	18939	6
7 HOME HEALTH AIDE			183243		183243	19051	202294	7
8 SUPPLIES			6557		6557	682	7239	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			2571965		2571965	242211	2571965	20
21 UNIT COST MULTIPLIER						.103964		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 16-7002

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	EMPLOYEE CAFETERIA FTE'S	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION FTE'S	
	8	9	10	11	12	12.01	13	14	
1 ADMINISTRATIVE AND GENERAL	2819		2819			61437			1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									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	2819		2819			61437			20
21 TOTAL COST TO BE ALLOCATED	35538		23129			69509			21
22 UNIT COST MULTIPLIER	12.606598		8.204683						22
22 UNIT COST MULTIPLIER						1.131387			22

PROVIDER NO. 16-0117 THE FINLEY HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 16-7002

WORKSHEET H-5
PART II

HHA COST CENTER	PARAMED EDUCATION	ASSIGNED TIME
		24
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE		2
3 PHYSICAL THERAPY		3
4 OCCUPATIONAL THERAPY		4
5 SPEECH PATHOLOGY		5
6 MEDICAL SOCIAL SERVICES		6
7 HOME HEALTH AIDE		7
8 SUPPLIES		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		20
21 TOTAL COST TO BE ALLOCATED		21
22 UNIT COST MULTIPLIER		22
22 UNIT COST MULTIPLIER		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7002

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] 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	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		1991270		1991270	14881	133.81	1
2	PHYSICAL THERAPY		291483		291483	2409	121.00	2
3	OCCUPATIONAL THERAPY		57544		57544	561	102.57	3
4	SPEECH PATHOLOGY		3196		3196	41	77.95	4
5	MEDICAL SOCIAL SERV		18939		18939	81	233.81	5
6	HOME HEALTH AIDE SERV		202294		202294	6546	30.90	6
7	TOTAL		2564726		2564726	24519		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	2200					8
8.01	SKILLED NURSING CARE	9914					8.01
8.02	SKILLED NURSING CARE	9916					8.02
8.03	SKILLED NURSING CARE	9952					8.03
9	PHYSICAL THERAPY	2200					9
9.01	PHYSICAL THERAPY	9914					9.01
9.02	PHYSICAL THERAPY	9916					9.02
9.03	PHYSICAL THERAPY	9952					9.03
10	OCCUPATIONAL THERAPY	2200					10
10.01	OCCUPATIONAL THERAPY	9914					10.01
10.02	OCCUPATIONAL THERAPY	9916					10.02
10.03	OCCUPATIONAL THERAPY	9952					10.03
11	SPEECH PATHOLOGY	2200					11
11.01	SPEECH PATHOLOGY	9914					11.01
11.02	SPEECH PATHOLOGY	9916					11.02
11.03	SPEECH PATHOLOGY	9952					11.03
12	MEDICAL SOCIAL SERV	2200					12
12.01	MEDICAL SOCIAL SERV	9914					12.01
12.02	MEDICAL SOCIAL SERV	9916					12.02
12.03	MEDICAL SOCIAL SERV	9952					12.03
13	HOME HEALTH AIDE SERV	2200					13
13.01	HOME HEALTH AIDE SERV	9914					13.01
13.02	HOME HEALTH AIDE SERV	9916					13.02
13.03	HOME HEALTH AIDE SERV	9952					13.03
14	TOTAL						14

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7002

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

CHECK APPLICABLE BOX: [] TITLE V [XX] 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

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	7239		7239	28484	.254143	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					2200		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17.01
17.02	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9916		17.02
17.03	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9952		17.03
18	PER BENEFICIARY COST LIMITATION					2200		18
18.01	PER BENEFICIARY COST LIMITATION					9914		18.01
18.02	PER BENEFICIARY COST LIMITATION					9916		18.02
18.03	PER BENEFICIARY COST LIMITATION					9952		18.03
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7002

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

CHECK APPLICABLE BOX: [] TITLE V [XX] 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		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST
		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
		6	7	8	9	10	11	
1	SKILLED NURSING CARE	3832	1663		512760	222526		735286
2	PHYSICAL THERAPY	1600	424		193600	51304		244904
3	OCCUPATIONAL THERAPY	388	118		39797	12103		51900
4	SPEECH PATHOLOGY	38	3		2962	234		3196
5	MEDICAL SOCIAL SERV	39	21		9119	4910		14029
6	HOME HEALTH AIDE SERV	572	772		17675	23855		41530
7	TOTAL	6469	3001		775913	314932		1090845

LIMITATION COST COMPUTATION		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST
		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
		6	7	8	9	10	11	
8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
8.02	SKILLED NURSING CARE							8.02
8.03	SKILLED NURSING CARE							8.03
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
9.02	PHYSICAL THERAPY							9.02
9.03	PHYSICAL THERAPY							9.03
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
10.02	OCCUPATIONAL THERAPY							10.02
10.03	OCCUPATIONAL THERAPY							10.03
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
11.02	SPEECH PATHOLOGY							11.02
11.03	SPEECH PATHOLOGY							11.03
12	MEDICAL SOCIAL SERV							12
12.01	MEDICAL SOCIAL SERV							12.01
12.02	MEDICAL SOCIAL SERV							12.02
12.03	MEDICAL SOCIAL SERV							12.03
13	HOME HEALTH AIDE SERV							13
13.01	HOME HEALTH AIDE SERV							13.01
13.02	HOME HEALTH AIDE SERV							13.02
13.03	HOME HEALTH AIDE SERV							13.03
14	TOTAL							14

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7002

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	5	6
1	PHYSICAL THERAPY 50	.621056			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.434388			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.449043			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.430111			COL 2, LINE 15	4
4.01	IMPLANTABLE SUPPLIES CHGD TO P 55.01	.895954			COL 2, LINE 15	4.01
5	DRUGS CHARGED TO PATIENTS 56	.307440			COL 2, LINE 16	5

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	PROGRAM COST PRIOR TO 1/1/98	PROGRAM FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY 2	121.00	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	102.57						2
3	SPEECH PATHOLOGY 4	77.95						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 16-7002

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	
REASONABLE COST OF PROGRAM SERVICES				1
1 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 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	841571	295205	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3280	8385	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	9471	6812	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	4176	2817	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	742	4529	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	859240	317748	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	859240	317748	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	859240	317748	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	859240	317748	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	859240	317748	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	859240	317748	24
25 TOTAL INTERIM PAYMENTS	859240	317748	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.: 16-7002

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		859240		317748	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		859240		317748	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		859240		317748	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 (16-0117)	HOSPITAL (16-0117)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	1180622				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	2685				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
4.01		0.00			4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	1183307				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
12.01 EMPLOYEE CAFETERIA					12.01
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUBPROVIDER - REHAB					31.01
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.01 IMPLANTABLE SUPPLIES CHGD TO P					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96

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
100 NON-REIMBURSABLE COST CENTERS					100
100.01 CASCADE CLINIC					100.01
100.02 JCPH CONTRACT NURSING					100.02
100.03 PHYS OFFICE COMPUTER EMPLOYEE					100.03
100.04 GUEST MEALS / MOW'S					100.04
100.05 RESPITE					100.05
100.07 CONTRACT CLEANING					100.07
100.09 RSVP					100.09
100.10 PHYSICIAN BILLING					100.10
100.11 FOUNDATION					100.11
100.12 HEALTHCARE AFFILIATES OF THE T					100.12
100.13 NON REIMBURSABLE					100.13
100.14 LIFESTYLES					100.14
100.15 SALARIED PT B ER PHYS					100.15
100.16 BUSINESS HEALTH					100.16
100.17 RENTAL PROPERTIES					100.17
100.18 CONVENIENT CARE					100.18
100.19 NEUROSURGEON					100.19
100.20 OFFSITE OCC HEALTH					100.20
100.21 DIM MAINTENANCE					100.21
100.22 DUBUQUE OTO MAINTENANCE					100.22
100.23 MARKETING					100.23
100.24 NORTH GRANDVIEW OFFICE					100.24
100.25 GRANDVIEW MEDICAL CENTER					100.25
100.26 GALENA CLINIC					100.26
100.27 GALENA PHARMACY					100.27
100.28 VITACARE					100.28
100.29 WEIGHT MGMT					100.29
100.30 OCCUPATIONAL HEALTH					100.30
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	56.27		8.74				65.01 25
26 INTENSIVE CARE UNIT	66.51						66.51 26
33 NURSERY			43.12				43.12 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	16.92	27.81					44.73 37
38 RECOVERY ROOM	9.28	20.20					29.48 38
39 DELIVERY ROOM & LABOR ROOM	0.85	0.12					0.97 39
40 ANESTHESIOLOGY	13.36	19.36					32.72 40
41 RADIOLOGY-DIAGNOSTIC	10.78	34.52					45.30 41
42 RADIOLOGY-THERAPEUTIC	0.94	58.02					58.96 42
44 LABORATORY	33.07	1.65					34.72 44
47 BLOOD STORING, PROCESSING & TRA	55.83	20.17					76.00 47
48 INTRAVENOUS THERAPY	1.65	30.45					32.10 48
49 RESPIRATORY THERAPY	50.91	3.18					54.09 49
50 PHYSICAL THERAPY	11.62	0.01					11.63 50
51 OCCUPATIONAL THERAPY	12.31						12.31 51
52 SPEECH PATHOLOGY	19.45						19.45 52
54 ELECTROENCEPHALOGRAPHY	5.86	29.70					35.56 54
55 MEDICAL SUPPLIES CHARGED TO PAT	46.26	8.20					54.46 55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	12.65	36.41					49.06 55.01
56 DRUGS CHARGED TO PATIENTS	32.28	12.51					44.79 56
57 RENAL DIALYSIS	63.01						63.01 57
59.01 CARDIOLOGY	40.58	20.26					60.84 59.01
59.02 PULMONARY	45.02	7.09					52.11 59.02
60 CLINIC	5.43	13.89					19.32 60
61 EMERGENCY	14.72	19.37					34.09 61
62 OBSERVATION BEDS (NON-DISTINCT	13.37	32.93					46.30 62
101 TOTAL CHARGES	17.27	19.96					37.23 101

***** 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	91.77		0.69				92.46 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
40 ANESTHESIOLOGY	0.04						0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.38						0.38 41
44 LABORATORY	1.59						1.59 44
47 BLOOD STORING, PROCESSING & TRA	0.23						0.23 47
48 INTRAVENOUS THERAPY	0.04						0.04 48
49 RESPIRATORY THERAPY	0.54						0.54 49
50 PHYSICAL THERAPY	1.06						1.06 50
51 OCCUPATIONAL THERAPY	1.96						1.96 51
52 SPEECH PATHOLOGY	2.62						2.62 52
54 ELECTROENCEPHALOGRAPHY	0.54						0.54 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.33						0.33 55
56 DRUGS CHARGED TO PATIENTS	1.29						1.29 56
57 RENAL DIALYSIS	3.11						3.11 57
59.01 CARDIOLOGY	0.49						0.49 59.01
59.02 PULMONARY	0.80						0.80 59.02
60 CLINIC	0.04						0.04 60
61 EMERGENCY	0.26						0.26 61
101 TOTAL CHARGES	0.39						0.39 101

***** 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 - REHAB	78.36						78.36 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.07						0.07 37
38 RECOVERY ROOM	0.03						0.03 38
40 ANESTHESIOLOGY	0.06						0.06 40
41 RADIOLOGY-DIAGNOSTIC	0.66						0.66 41
44 LABORATORY	1.56						1.56 44
47 BLOOD STORING, PROCESSING & TRA	1.21						1.21 47
48 INTRAVENOUS THERAPY	0.07						0.07 48
49 RESPIRATORY THERAPY	3.57						3.57 49
50 PHYSICAL THERAPY	6.99						6.99 50
51 OCCUPATIONAL THERAPY	26.31						26.31 51
52 SPEECH PATHOLOGY	27.08						27.08 52
54 ELECTROENCEPHALOGRAPHY	1.46						1.46 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.84						0.84 55
56 DRUGS CHARGED TO PATIENTS	2.23						2.23 56
57 RENAL DIALYSIS	18.11						18.11 57
59.01 CARDIOLOGY	1.18						1.18 59.01
59.02 PULMONARY	3.32						3.32 59.02
60 CLINIC	0.33						0.33 60
61 EMERGENCY	0.12						0.12 61
101 TOTAL CHARGES	1.13						1.13 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	TITLE XVIII		TITLE XIX		TITLE V			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	86.56						86.56	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
40 ANESTHESIOLOGY	0.01						0.01	40
41 RADIOLOGY-DIAGNOSTIC	0.23						0.23	41
42 RADIOLOGY-THERAPEUTIC	0.08						0.08	42
44 LABORATORY	2.74						2.74	44
47 BLOOD STORING, PROCESSING & TRA	3.22						3.22	47
49 RESPIRATORY THERAPY	6.94						6.94	49
50 PHYSICAL THERAPY	5.38						5.38	50
51 OCCUPATIONAL THERAPY	8.43						8.43	51
52 SPEECH PATHOLOGY	9.52						9.52	52
54 ELECTROENCEPHALOGRAPHY	0.20						0.20	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2.66						2.66	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	34.42						34.42	55.01
56 DRUGS CHARGED TO PATIENTS	0.01						0.01	56
59.01 CARDIOLOGY	0.53						0.53	59.01
59.02 PULMONARY	6.41						6.41	59.02
60 CLINIC	0.60						0.60	60
101 TOTAL CHARGES	1.36						1.36	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	2357992	3.14	-2357992	-10.56		3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS	955997	1.27	-955997	-4.28		5
6	ADMINISTRATIVE & GENERAL	8417078	11.21	-8417078	-37.68		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	2035270	2.71	-2035270	-9.11		8
9	LAUNDRY & LINEN SERVICE	352988	.47	-352988	-1.58		9
10	HOUSEKEEPING	1248812	1.66	-1248812	-5.59		10
11	DIETARY	1561098	2.08	-1561098	-6.99		11
12	CAFETERIA						12
12.01	EMPLOYEE CAFETERIA						12.01
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2362200	3.15	-2362200	-10.58		14
15	CENTRAL SERVICES & SUPPLY	561933	.75	-561933	-2.52		15
16	PHARMACY	1270934	1.69	-1270934	-5.69		16
17	MEDICAL RECORDS & LIBRARY	1016602	1.35	-1016602	-4.55		17
18	SOCIAL SERVICE	195884	.26	-195884	-.88		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	5760594	7.67	3702305	16.57	9462899	12.60
26	INTENSIVE CARE UNIT	1258547	1.68	667733	2.99	1926280	2.57
31	SUBPROVIDER I	1126127	1.50	555091	2.49	1681218	2.24
31.01	SUBPROVIDER - REHAB	1291286	1.72	634178	2.84	1925464	2.56
33	NURSERY	641631	.85	260173	1.16	901804	1.20
34	SKILLED NURSING FACILITY	1067989	1.42	674929	3.02	1742918	2.32
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	6294561	8.38	2427079	10.87	8721640	11.61
38	RECOVERY ROOM	1480866	1.97	801549	3.59	2282415	3.04
39	DELIVERY ROOM & LABOR ROOM	771839	1.03	316444	1.42	1088283	1.45
40	ANESTHESIOLOGY	593829	.79	154830	.69	748659	1.00
41	RADIOLOGY-DIAGNOSTIC	3730006	4.97	1581843	7.08	5311849	7.07
42	RADIOLOGY-THERAPEUTIC	1896353	2.53	895158	4.01	2791511	3.72
44	LABORATORY	3189139	4.25	545051	2.44	3734190	4.97
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	386233	.51	154986	.69	541219	.72
48	INTRAVENOUS THERAPY	258621	.34	202730	.91	461351	.61
49	RESPIRATORY THERAPY	700156	.93	287477	1.29	987633	1.32
50	PHYSICAL THERAPY	2474013	3.29	1062334	4.76	3536347	4.71
51	OCCUPATIONAL THERAPY	423842	.56	229142	1.03	652984	.87
52	SPEECH PATHOLOGY	153735	.20	48806	.22	202541	.27

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
54 ELECTROENCEPHALOGRAPHY	182634	.24	56128	.25	238762	.32	54
55 MEDICAL SUPPLIES CHARGED TO PAT	4501976	6.00	837862	3.75	5339838	7.11	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	1881677	2.51	380432	1.70	2262109	3.01	55.01
56 DRUGS CHARGED TO PATIENTS	2345374	3.12	2042197	9.14	4387571	5.84	56
57 RENAL DIALYSIS	279925	.37	72272	.32	352197	.47	57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY	436253	.58	153007	.69	589260	.78	59.01
59.02 PULMONARY	130954	.17	62325	.28	193279	.26	59.02
60 CLINIC	584919	.78	334574	1.50	919493	1.22	60
60.01 DIABETES EDUCATION	214721	.29	180230	.81	394951	.53	60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY	2456739	3.27	875573	3.92	3332312	4.44	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	2059251	2.74	512714	2.30	2571965	3.42	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			25285	.11	25285	.03	96
100 NON-REIMBURSABLE COST CENTERS							100
100.01 CASCADE CLINIC	408021	.54	156134	.70	564155	.75	100.01
100.02 JCPH CONTRACT NURSING							100.02
100.03 PHYS OFFICE COMPUTER EMPLOYEE							100.03
100.04 GUEST MEALS / MOW'S			319291	1.43	319291	.43	100.04
100.05 RESPITE							100.05
100.07 CONTRACT CLEANING	152135	.20	34172	.15	186307	.25	100.07
100.09 RSVP	66728	.09	21237	.10	87965	.12	100.09
100.10 PHYSICIAN BILLING	133028	.18	28211	.13	161239	.21	100.10
100.11 FOUNDATION	31622	.04	10528	.05	42150	.06	100.11
100.12 HEALTHCARE AFFILIATES OF THE TR	226071	.30	42285	.19	268356	.36	100.12
100.13 NON REIMBURSABLE			51225	.23	51225	.07	100.13
100.14 LIFESTYLES	154303	.21	29729	.13	184032	.25	100.14
100.15 SALARIED PT B ER PHYS							100.15
100.16 BUSINESS HEALTH	757550	1.01	324389	1.45	1081939	1.44	100.16
100.17 RENTAL PROPERTIES	47469	.06	6236	.03	53705	.07	100.17
100.18 CONVENIENT CARE	275127	.37	80334	.36	355461	.47	100.18
100.19 NEUROSURGEON							100.19
100.20 OFFSITE OCC HEALTH							100.20
100.21 DIM MAINTENANCE	48462	.06	10272	.05	58734	.08	100.21

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
100.22 DUBUQUE OTO MAINTENANCE							100.22
100.23 MARKETING	596376	.79	162451	.73	758827	1.01	100.23
100.24 NORTH GRANDVIEW OFFICE							100.24
100.25 GRANDVIEW MEDICAL CENTER							100.25
100.26 GALENA CLINIC							100.26
100.27 GALENA PHARMACY							100.27
100.28 VITACARE	807637	1.08	248403	1.11	1056040	1.41	100.28
100.29 WEIGHT MGMT			2818	.01	2818		100.29
100.30 OCCUPATIONAL HEALTH	478906	.64	74636	.33	553542	.74	100.30
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	75094013	100.00	0	.00	75094013	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	693715	32332363	.021456	5470990	117386	37
38 RECOVERY ROOM	131468	5101270	.025772	473450	12202	38
39 DELIVERY ROOM & LABOR ROOM	58151	2089896	.027825	17741	494	39
40 ANESTHESIOLOGY	125644	6713644	.018715	896999	16787	40
41 RADIOLOGY-DIAGNOSTIC	1107321	24542532	.045118	2644527	119316	41
42 RADIOLOGY-THERAPEUTIC	735071	11840854	.062079	110731	6874	42
44 LABORATORY	38261	10109121	.003785	3342919	12653	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	35703	1030460	.034648	575298	19933	47
48 INTRAVENOUS THERAPY	57703	837511	.068898	13854	955	48
49 RESPIRATORY THERAPY	64095	2572394	.024916	1309716	32633	49
50 PHYSICAL THERAPY	126153	5694090	.022155	661785	14662	50
51 OCCUPATIONAL THERAPY	42019	1503227	.027953	185111	5174	51
52 SPEECH PATHOLOGY	2518	451050	.005583	87739	490	52
54 ELECTROENCEPHALOGRAPHY	15228	892497	.017062	52287	892	54
55 MEDICAL SUPPLIES CHARGED TO PAT	44760	12415017	.003605	5743599	20706	55
55.01 IMPLANTABLE SUPPLIES CHGD TO PA	22944	2524806	.009087	319492	2903	55.01
56 DRUGS CHARGED TO PATIENTS	63347	14271312	.004439	4607447	20452	56
57 RENAL DIALYSIS	12935	289240	.044721	182250	8150	57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	39568	2584570	.015309	1048907	16058	59.01
59.02 PULMONARY	12908	1218129	.010597	548406	5811	59.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	72181	4277554	.016874	232186	3918	60
60.01 DIABETES EDUCATION	45625	201644	.226265			60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	149658	7545631	.019834	1110798	22032	61
62 OBSERVATION BEDS (NON-DISTINCT	48267	1267873	.038069	169515	6453	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	3745243	152306685		29805747	466934	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	593966		593966	14755	40.26	8303	334279 25
26	INTENSIVE CARE UNIT	129224		129224	1663	77.71	1106	85947 26
101	TOTAL	723190		723190			9409	420226 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							420226	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							466934	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							887160	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2151	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							9409	
PER DISCHARGE CAPITAL COSTS							412.44	
PER DIEM CAPITAL COSTS							94.29	

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)	16081305
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	37842182
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.425

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))	2355487
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	3477032
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.677

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))	1788267
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	3018285
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.592

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)	887160
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

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)	9869234
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)	34447595
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.286