

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 PROVENA UNITED SAMARITANS MED. CTR. (14-0093) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
1	HOSPITAL	2	3
2	SUBPROVIDER I	-75546	-49622
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY		
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	-75546	-49622

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: 812 NORTH LOGAN AVENUE P.O.BOX: 1
 1.01 CITY: DANVILLE STATE: IL ZIP CODE: 61832 COUNTY: VERMILLION 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	PROVENA UNITED SAMARITANS MED. CTR 14-0093	07/01/1966	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2010	TO: 12/31/2010	1	2		17
18	TYPE OF CONTROL			1			18
19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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	NO		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 19180	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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.						21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO	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?						22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW						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

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
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
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	V 1	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	XVIII 2	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	XIX 3	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?		NO	YES YES	37.01
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?		YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?		NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?		NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?		NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?		NO		38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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 148003 40

40.01 NAME: PROVENA HEALTH FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SVCS FI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 19065 HICKORY CREEK DRIVE, SUITE 300 P.O.BOX: 40.02
 40.03 CITY: MOKENA STATE: IL ZIP CODE: 60448 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

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
49 SKILLED NURSING FACILITY	N	N	N	N	N	49
50 HOME HEALTH AGENCY	N	N	N	N	N	50

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? NO 52

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. NO 52.01

53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 53

53.01 MDH PERIOD: BEGINNING: ENDING: 53.01

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 54
 PREMIUMS: 1136574 PAID LOSSES: 660250 AND/OR SELF INSURANCE:

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55

	DATE	Y/N	LIMIT	Y/N	FEES	
	0	1	2	3	4	
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? NO 57

58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. NO 58

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 58.01

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) NO 59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	04/30/2011			63
MISCELLANEOUS DATA							
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.		YES				64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----			OBS. BEDS ADMITTED 5.01	
				TITLE V 3	TITLE XVIII 4	TITLE NONCOVERED DAYS 4.01		TITLE XIX 5
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	162	59130			11169		3174	1
2 HMO					1241		306	2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	162	59130			11169		3174	5
6 INTENSIVE CARE UNIT	12	4380			1200		155	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							934	11
12 TOTAL HOSPITAL	174	63510			12369		4263	12
13 RPCH VISITS								13
14 SUBPROVIDER I								14
15 SKILLED NURSING FACILITY								15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE								17
18 HOME HEALTH AGENCY								18
20 ASC (DISTINCT PART)								20
21 HOSPICE (DISTINCT PART)								21
23 O/P REHAB PROVIDER								23
24 RHC I								24
25 TOTAL	174							25
26 OBSERVATION BED DAYS								26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28
29 LABOR & DELIVERY DAYS							164	29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS----				---INTERNS & RES FTES----			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		19308							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		19308							5
6 INTENSIVE CARE UNIT		2447							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		1130							11
12 TOTAL HOSPITAL		22885						604.21	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								604.21	25
26 OBSERVATION BED DAYS		3922							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		162							28
29 LABOR & DELIVERY DAYS		228							29

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		2963	2012	7113	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		2963	2012	7113	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
29	LABOR & DELIVERY DAYS					29

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		2	3	4	5	6	
1 TOTAL SALARIES	33467155	-1812804	31654351	1256761.24	25.19		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	25992		25992	240.00	108.30		4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	199297		199297	1840.00	108.31		5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	1417418	-76579	1340839	28748.29	46.64		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	3031787		3031787	99575.97	30.45		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	154673		154673	1083.00	142.82		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	6747788		6747788	121641.00	55.47		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	10301446		10301446			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	459207		459207			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	8902		8902			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	68255		68255			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	957940	-531456	426484	12412.49	34.36		21
22 ADMINISTRATIVE & GENERAL	4889811	-1079959	3809852	156523.10	24.34		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1570442		1570442	13866.00	113.26		22.01
23 MAINTENANCE & REPAIRS	1017678	-37768	979910	36698.75	26.70		23
24 OPERATION OF PLANT							24
25 LAUNDRY & LINEN SERVICE	27341	44464	71805	7669.76	9.36		25
26 HOUSEKEEPING	944087	2929	947016	67981.14	13.93		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	741583	-364598	376985	28952.50	13.02		27
27.01 DIETARY UNDER CONTRACT	440649		440649	13208.00	33.36		27.01
28 CAFETERIA		364598	364598	28001.17	13.02		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1156364	-644970	511394	15980.00	32.00		30
31 CENTRAL SERVICES AND SUPPLY	689471		689471	45894.71	15.02		31
32 PHARMACY	1335474		1335474	37481.15	35.63		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	572934		572934	28013.75	20.45		33
34 SOCIAL SERVICE	687207	-29610	657597	19422.68	33.86		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	35278949	-1812804	33466145	1281995.24	26.10	1
2 EXCLUDED AREA SALARIES	1417418	-76579	1340839	28748.29	46.64	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	33861531	-1736225	32125306	1253246.95	25.63	3
4 SUBTOTAL OTHER WAGES & REL COSTS	9934248		9934248	222299.97	44.69	4
5 SUBTOTAL WAGE-RELATED COSTS	10310348		10310348		32.09%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	54106127	-1736225	52369902	1475546.92	35.49	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	15030981	-2276370	12754611	512105.20	24.91	13

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	17
17.01	GROSS MEDICAID REVENUES	16239203 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	16239203 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.192702 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	95835296 28
29	TOTAL GROSS MEDICAID COST	18467653 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	34003137 30
31	UNCOMPENSATED CARE COST	6552473 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	18467653 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
63.60	6320								63.60
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		2138752	2138752	-2138752				88
90	9000		93564	93564	-93564				90
95		32049737	76893897	108943634	262875	109206509	-21584220	87622289	95
96	9600		9752	9752		9752		9752	96
98	9800	568928	106051	674979	-31812	643167		643167	98
99.01	9901								99.01
99.02	9902	165771	1197579	1363350	-154484	1208866		1208866	99.02
99.03	9903	50717	128329	179046	-9625	169421		169421	99.03
99.04	9904								99.04
99.05	9905	350195	317001	667196	-66954	600242		600242	99.05
99.06	9906	281807	79757	361564		361564		361564	99.06
101	TOTAL	33467155	78732366	112199521		112199521	-21584220	90615301	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		803591 1
2 DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		2848778 2
3 DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		117004 3
4 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		1295403 4
5 INTEREST EXPENSE	B	NEW CAP REL COSTS-MVBLE EQUIP	4		821337 5
6 INTEREST EXPENSE	B	MRI	41.03		22012 6
7 UTILITIES EXPENSE	C	OPERATION OF PLANT	8		1114695 7
8 UTILITIES EXPENSE	C	OPERATION OF PLANT	8		115311 8
9 LINEN SALARIES	D	LAUNDRY & LINEN SERVICE	9	43130	
10 DRUGS	E	DRUGS CHARGED TO PATIENTS	56		4377090 10
11 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		593795 11
12 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		23781 12
13 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		85657 13
14 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		97693 14
15 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		661 15
16 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		57521 16
17 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		32684 17
18 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		394701 18
19 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		1688983 19
20 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		2786 20
21 MED/SURG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		29674 21
22 EICU	G	INTENSIVE CARE UNIT	26		291720 22
23 DIETARY SERVICES	H	CAFETERIA	12	364598	514463 23
24 PACS	I	CAT SCAN	41.01		53330 24
25 PACS	I	ULTRASOUND	41.02		33057 25
26 PACS	I	MRI	41.03		25626 26
27 PACS	I	MAMMOGRAPHY	41.04		21841 27
28 PACS	I	RADIOISOTOPE	43		28981 28
29 CPACS	J	CARDIAC REHABILITATION	59.97		11463 29
30 CPACS	J	CARDIAC CATH LAB	53.02		3645 30
31 CPACS	J	CARDIOLOGY	53.03		45576 31
32 EMM	K	PHARMACY	16		173146 32
33 RADIOLOGY SHARED SVC	L	CAT SCAN	41.01	82602	33
34 RADIOLOGY SHARED SVC	L	ULTRASOUND	41.02	51149	34
35 RADIOLOGY SHARED SVC	L	MAMMOGRAPHY	41.04	30657	35
36 SUBTOTAL				572136	15726005 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 DEPRECIATION EXPENSE	A	OLD CAP REL COSTS-BLDG & FIXT	1		803591	9 1
2 DEPRECIATION EXPENSE	A	OLD CAP REL COSTS-BLDG & FIXT	1		2848778	9 2
3 DEPRECIATION EXPENSE	A	LABORATORY	44		117004	9 3
4 INTEREST EXPENSE	B	INTEREST EXPENSE	88		1295403	11 4
5 INTEREST EXPENSE	B	INTEREST EXPENSE	88		821337	11 5
6 INTEREST EXPENSE	B	INTEREST EXPENSE	88		22012	6
7 UTILITIES EXPENSE	C	MAINTENANCE & REPAIRS	7		1114695	7
8 UTILITIES EXPENSE	C	HOUSEKEEPING	10		115311	8
9 LINEN SALARIES	D	HOUSEKEEPING	10	43130		9
10 DRUGS	E	PHARMACY	16		4377090	10
11 MED/SURG SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		593795	11
12 MED/SURG SUPPLIES	F	DELIVERY ROOM & LABOR ROOM	39		23781	12
13 MED/SURG SUPPLIES	F	ULTRASOUND	41.02		85657	13
14 MED/SURG SUPPLIES	F	RESPIRATORY THERAPY	49		97693	14
15 MED/SURG SUPPLIES	F	OCCUPATIONAL THERAPY	51		661	15
16 MED/SURG SUPPLIES	F	ANESTHESIOLOGY	40		57521	16
17 MED/SURG SUPPLIES	F	CARDIAC CATH LAB	53.02		32684	17
18 MED/SURG SUPPLIES	F	EMERGENCY	61		394701	18
19 MED/SURG SUPPLIES	F	OPERATING ROOM	37		1688983	19
20 MED/SURG SUPPLIES	F	WOUND CARE CENTER	58.03		2786	20
21 MED/SURG SUPPLIES	F	ENDOSCOPY	37.01		29674	21
22 EICU	G	OTHER ADMIN & GENERAL	6.06		291720	22
23 DIETARY SERVICES	H	DIETARY	11	364598	514463	23
24 PACS	I	RADIOLOGY-DIAGNOSTIC	41		53330	24
25 PACS	I	RADIOLOGY-DIAGNOSTIC	41		33057	25
26 PACS	I	RADIOLOGY-DIAGNOSTIC	41		25626	26
27 PACS	I	RADIOLOGY-DIAGNOSTIC	41		21841	27
28 PACS	I	RADIOLOGY-DIAGNOSTIC	41		28981	28
29 CPACS	J	OTHER ADMIN & GENERAL	6.06		11463	29
30 CPACS	J	OTHER ADMIN & GENERAL	6.06		3645	30
31 CPACS	J	OTHER ADMIN & GENERAL	6.06		45576	31
32 EMM	K	OTHER ADMIN & GENERAL	6.06		173146	32
33 RADIOLOGY SHARED SVC	L	RADIOLOGY-DIAGNOSTIC	41	82602		33
34 RADIOLOGY SHARED SVC	L	RADIOLOGY-DIAGNOSTIC	41	51149		34
35 RADIOLOGY SHARED SVC	L	RADIOLOGY-DIAGNOSTIC	41	30657		35
36 SUBTOTAL				572136	15726005	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RADIOLOGY SHARED SVC	L	MRI	41.03	41016	1
2 RADIOLOGY SHARED SVC	L	RADIOISOTOPE	43	30482	2
3 ONCOLOGY DRUGS	M	DRUGS CHARGED TO PATIENTS	56		2507072 3
4 FOUNDATION VP AND ASST.'S	N	OTHER ADMIN & GENERAL	6.06	66954	4
5 MED/SURG SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	55		4225 5
6 APOTHECARY	P	DRUGS CHARGED TO PATIENTS	56		154484 6
7 ANCILLARY SERVICES	Q	INTRAVENOUS THERAPY	48	212808	7
8 ANCILLARY SERVICES	Q	ELECTROCARDIOLOGY	53	80767	8
9 ANCILLARY SERVICES	Q	BLOOD STORING, PROCESSING & T	47	1715	9
10 ANCILLARY SERVICES	Q	INTRAVENOUS THERAPY	48	2730	10
11 ANCILLARY SERVICES	Q	ELECTROCARDIOLOGY	53	8866	11
12 ANCILLARY SERVICES	Q	INTRAVENOUS THERAPY	48	31057	12
13 ANCILLARY SERVICES	Q	ELECTROCARDIOLOGY	53	4500	13
14 ANCILLARY SERVICES	Q	BLOOD STORING, PROCESSING & T	47	17653	14
15 ANCILLARY SERVICES	Q	INTRAVENOUS THERAPY	48	3336	15
16 ANCILLARY SERVICES	Q	ELECTROCARDIOLOGY	53	606	16
17 ANCILLARY SERVICES	Q	BLOOD STORING, PROCESSING & T	47	2748	17
18 ANCILLARY SERVICES	Q	INTRAVENOUS THERAPY	48	16175	18
19 ANCILLARY SERVICES	Q	INTRAVENOUS THERAPY	48	99592	19
20 ANCILLARY SERVICES	Q	ELECTROCARDIOLOGY	53	15541	20
21 ANCILLARY SERVICES	Q	BLOOD STORING, PROCESSING & T	47	1185	21
22 MULT DIRECTORS	R	ADULTS & PEDIATRICS	25	97821	22
23 MULT DIRECTORS	R	RESPIRATORY THERAPY	49	4269	23
24 MULT DIRECTORS	R	DELIVERY ROOM & LABOR ROOM	39	59955	24
25 MULT DIRECTORS	R	ADULTS & PEDIATRICS	25	22698	25
26 MULTI DIRECTORS	R	NURSERY	33	17291	26
27 MULT DIRECTORS	R	INTENSIVE CARE UNIT	26	47055	27
28 MULT DIRECTORS	R	ADULTS & PEDIATRICS	25	56399	28
29 MULT DIRECTORS	R	OPERATING ROOM	37	55879	29
30 MULT DIRECTORS	R	RECOVERY ROOM	38	22870	30
31 MULT DIRECTORS	R	ENDOSCOPY	37.01	45805	31
32 MULT DIRECTORS	R	ANESTHESIOLOGY	40	2187	32
33 MULT DIRECTORS	R	EMERGENCY	61	107916	33
34 MULT DIRECTORS	R	OTHER ADMIN & GENERAL	6.06	60743	34
35 MULT DIRECTORS	R	OTHER ADMIN & GENERAL	6.06	44082	35
36 SUBTOTAL				1854837	18391786 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RADIOLOGY SHARED SVC	L	RADIOLOGY-DIAGNOSTIC	41	41016		1
2 RADIOLOGY SHARED SVC	L	RADIOLOGY-DIAGNOSTIC	41	30482		2
3 ONCOLOGY DRUGS	M	ONCOLOGY	42.01		2507072	3
4 FOUNDATION VP AND ASST.'S	N	FOUNDATION	99.05	66954		4
5 MED/SURG SUPPLIES	O	DIETARY	11		4225	5
6 APOTHECARY	P	APOTHECARY	99.02		154484	6
7 ANCILLARY SERVICES	Q	ADULTS & PEDIATRICS	25	212808		7
8 ANCILLARY SERVICES	Q	ADULTS & PEDIATRICS	25	80767		8
9 ANCILLARY SERVICES	Q	ADULTS & PEDIATRICS	25	1715		9
10 ANCILLARY SERVICES	Q	INTENSIVE CARE UNIT	26	2730		10
11 ANCILLARY SERVICES	Q	INTENSIVE CARE UNIT	26	8866		11
12 ANCILLARY SERVICES	Q	OPERATING ROOM	37	31057		12
13 ANCILLARY SERVICES	Q	OPERATING ROOM	37	4500		13
14 ANCILLARY SERVICES	Q	OPERATING ROOM	37	17653		14
15 ANCILLARY SERVICES	Q	ENDOSCOPY	37.01	3336		15
16 ANCILLARY SERVICES	Q	ENDOSCOPY	37.01	606		16
17 ANCILLARY SERVICES	Q	ENDOSCOPY	37.01	2748		17
18 ANCILLARY SERVICES	Q	DELIVERY ROOM & LABOR ROOM	39	16175		18
19 ANCILLARY SERVICES	Q	EMERGENCY	61	99592		19
20 ANCILLARY SERVICES	Q	EMERGENCY	61	15541		20
21 ANCILLARY SERVICES	Q	EMERGENCY	61	1185		21
22 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	97821		22
23 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	4269		23
24 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	59955		24
25 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	22698		25
26 MULTI DIRECTORS	R	NURSING ADMINISTRATION	14	17291		26
27 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	47055		27
28 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	56399		28
29 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	55879		29
30 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	22870		30
31 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	45805		31
32 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	2187		32
33 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	107916		33
34 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	60743		34
35 MULT DIRECTORS	R	NURSING ADMINISTRATION	14	44082		35
36 SUBTOTAL				1854837	18391786	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	MULT DIRECTORS	R	ONCOLOGY	42.01	8978	1
2	MULT DIRECTORS	R	RADIOLOGY-THERAPEUTIC	42	9816	2
3	MULT DIRECTORS	R	CARDIAC REHABILITATION	59.97	4151	3
4	MULT DIRECTORS	R	CARDIOLOGY	53.03	8844	4
5	MULT DIRECTORS	R	CARDIAC CATH LAB	53.02	568	5
6	MULT DIRECTORS	R	RESPIRATORY THERAPY	49	14730	6
7	MULT DIRECTORS	R	CAT SCAN	41.01	11333	7
8	MULT DIRECTORS	R	ULTRASOUND	41.02	7018	8
9	MULT DIRECTORS	R	MAMMOGRAPHY	41.04	4206	9
10	MULT DIRECTORS	R	MRI	41.03	5627	10
11	MULT DIRECTORS	R	RADIOISOTOPE	43	4182	11
12	MULT DIRECTORS	R	OTHER ADMIN & GENERAL	6.06	29610	12
13	MULT DIRECTORS	R	HOUSEKEEPING	10	46059	13
14	MULT DIRECTORS	R	LAUNDRY & LINEN SERVICE	9	1334	14
15	PH SALARIES	S	EMPLOYEE BENEFITS	5		531456 15
16	PH SALARIES	S	PURCH,RCVING,STORING	6.03		189480 16
17	PH SALARIES	S	CASHIERING, A/R	6.05		1091868 17
18	BAD DEBT RELATED TO PHY OFFICE	T	ONCOLOGY	42.01		812 18
19	MEDICAL DIRECTOR FEE	U	ONCOLOGY	42.01		31000 19
20	IMPLANTS	V	IMPL. DEV. CHARGED TO PATIENT	55.30		9557 20
21	IMPLANTS	V	IMPL. DEV. CHARGED TO PATIENT	55.30		56 21
22	IMPLANTS	V	IMPL. DEV. CHARGED TO PATIENT	55.30		994370 22
23	IMPLANTS	V	IMPL. DEV. CHARGED TO PATIENT	55.30		161 23
24	MAINTENANCE PROJECTS	W	MAINTENANCE & REPAIRS	7	9625	24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS				2020918	21240546 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10	
			LINE #	SALARY	OTHER		
1	1	6	7	8	9		
1	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	8978		1
2	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	9816		2
3	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	4151		3
4	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	8844		4
5	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	568		5
6	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	14730		6
7	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	11333		7
8	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	7018		8
9	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	4206		9
10	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	5627		10
11	MULT DIRECTORS	R	RADIOLOGY-DIAGNOSTIC	41	4182		11
12	MULT DIRECTORS	R	SOCIAL SERVICE	18	29610		12
13	MULT DIRECTORS	R	MAINTENANCE & REPAIRS	7	46059		13
14	MULT DIRECTORS	R	MAINTENANCE & REPAIRS	7	1334		14
15	PH SALARIES	S	EMPLOYEE BENEFITS	5	531456		15
16	PH SALARIES	S	PURCH,RCVING,STORING	6.03	189480		16
17	PH SALARIES	S	CASHIERING, A/R	6.05	1091868		17
18	BAD DEBT RELATED TO PHY OFFICE	T	PHYSICIANS' PRIVATE OFFICES	98		812	18
19	MEDICAL DIRECTOR FEE	U	PHYSICIANS' PRIVATE OFFICES	98		31000	19
20	IMPLANTS	V	MEDICAL SUPPLIES CHARGED TO P	55		9557	20
21	IMPLANTS	V	MEDICAL SUPPLIES CHARGED TO P	55		56	21
22	IMPLANTS	V	MEDICAL SUPPLIES CHARGED TO P	55		994370	22
23	IMPLANTS	V	MEDICAL SUPPLIES CHARGED TO P	55		161	23
24	MAINTENANCE PROJECTS	W	REAL ESTATE	99.03	9625		24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				3833722	19427742	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	2258693	1563656		1563656		3822349		1
2 LAND IMPROVEMENTS	1288790	50281		50281		1339071	1213725	2
3 BUILDINGS AND FIXTURES	23072910	2215458		2215458	47193	25241175	13294226	3
4 BUILDING IMPROVEMENTS	2449398					2449398		4
5 FIXED EQUIPMENT	11179818	53456		53456	564581	10668693	7657374	5
6 MOVABLE EQUIPMENT	43092260	2055316		2055316	2808423	42339153	37706238	6
7 SUBTOTAL	83341869	5938167		5938167	3420197	85859839	59871563	7
8 RECONCILING ITEMS								8
9 TOTAL	83341869	5938167		5938167	3420197	85859839	59871563	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	41261993		41261993	.493558	46179			3
4 NEW CAP REL COSTS-MVBLE EQUIP	42339152		42339152	.506442	47385			4
5 TOTAL	83601145		83601145	1.000000	93564			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	803591		944023	46179			3
4 NEW CAP REL COSTS-MVBLE EQUIP	2965782		598548	47385			4
5 TOTAL	3769373		1542571	93564			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	3652369						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 TOTAL	3652369						5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-3252	PURCH,RCVING,STORING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-72155	NONPATIENT TELEPHONE	6.01	9
10 TELEVISION AND RADIO SERVICE	A	-14995	OTHER ADMIN & GENERAL	6.06	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4503129			12
13 SALE OF SCRAP, WASTE, ETC.	B	-1550	PURCH,RCVING,STORING	6.03	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1533923			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-411769	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-260	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-19684	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4				
37 ADMIN PHYSICIAN FEES	A	-384732	OTHER ADMIN & GENERAL	6.06	37
38 DIETARY	B	-5753	DIETARY	11	38
39 SISTERS DIETARY	A	-4500	DIETARY	11	39
40 MISC. REVENUE	B	-7016	OTHER ADMIN & GENERAL	6.06	40
41					41
42 PHOTOCOPY	B	-543	OTHER ADMIN & GENERAL	6.06	42
43 PUB. EDUC. REVENUE	B	-4219	EMPLOYEE BENEFITS	5	43
44 NURSERY PHOTOS	B	-1728	NURSERY	33	44
45 MEDICAL STAFF	B	-13650	OTHER ADMIN & GENERAL	6.06	45
46 NURSING ADMIN. MISC. INCOME	B	-18000	NURSING ADMINISTRATION	14	46
47 DONATIONS	A	-28045	OTHER ADMIN & GENERAL	6.06	47
48 CONTRIBUTIONS-SPONSORSHIPS	A	-2500	OTHER ADMIN & GENERAL	6.06	48
49 LOBBYING COSTS	A	-22089	OTHER ADMIN & GENERAL	6.06	49
49.01 BAD DEBT EXPENSE	A	-14331640	CASHIERING, A/R	6.05	49.01
49.02 ADVERTISING/MARKETING EXPENSES	A	-7380	OTHER ADMIN & GENERAL	6.06	49.02
49.03 MARKETING & PLANNING	B	-3309	OTHER ADMIN & GENERAL	6.06	49.03
49.14 PHYS. & DENTIST RECRUITMENT	A	-38265	OTHER ADMIN & GENERAL	6.06	49.14
49.15 NON ALLOWABLE COST	A	-59	OTHER ADMIN & GENERAL	6.06	49.15
49.16 NON ALLOWABLE COST	A	-15	ADULTS & PEDIATRICS	25	49.16
49.17 NON ALLOWABLE COST	A	-21	CARDIAC REHABILITATION	59.97	49.17
49.20 BAD DEBT EXPENSE-ANESTHESIOLOGY	A	-150039	ANESTHESIOLOGY	40	49.20
50 TOTAL		-21584220			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	OTHER ADMIN & GENERAL	CORP OFFICE	1617724	2059789	-442065	1
2	6.02	DATA PROCESSING	INFORMATION SERVICES	3335769	3862299	-526530	2
3	6.05	CASHIERING, A/R	CENTRAL BILLING OFFICE	1234028	1126872	107156	3
4	44	LABORATORY	APHL LAB FEES	3607109	3607109		4
4.01	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	944023	1295403	-351380	11 4.01
4.02	6.06	OTHER ADMIN & GENERAL	SELF INS FOR PROF/GEN LIA	3481200	3481200		4.02
4.03	5	EMPLOYEE BENEFITS	WORKERS COMP	471433	471433		4.03
4.04	6.06	OTHER ADMIN & GENERAL	AUTO/HELIPORT INSUR.	25320	25320		4.04
4.05	16	PHARMACY	EMM FEES	170688	173146	-2458	4.05
4.06	6.06	OTHER ADMIN & GENERAL	PROPERTY INSURANCE	68244	68244		4.06
4.07	6.06	OTHER ADMIN & GENERAL	EXCESS GEN & MALP INSUR	41856	41856		4.07
4.08	26	INTENSIVE CARE UNIT	EICU FEES	241677	291720	-50043	4.08
4.09	41	RADIOLOGY-DIAGNOSTIC	PACS FEES	298392	298392		4.09
4.10	41	RADIOLOGY-DIAGNOSTIC	CPACS FEES	60684	60684		4.10
4.11	5	EMPLOYEE BENEFITS	CENTRALIZED HR FEES	1123896	1123896		4.11
4.12	6.06	OTHER ADMIN & GENERAL	OTHER INSURANCE	21480	21480		4.12
4.13	6.03	PURCH,RCVING,STORING	MATERIALS MANAGEMENT FEE	270988	316802	-45814	4.13
4.14	6.05	CASHIERING, A/R	REVENUE CYCLE FEE	324106	324106		4.14
4.15	6.05	CASHIERING, A/R	FERCC FEES	213312	213312		4.15
4.16	4	NEW CAP REL COSTS-MVBLE EQUIP	INTEREST	598548	821337	-222789	11 4.16
5		TOTALS		18150477	19684400	-1533923	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 (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	B		PROVENA HEALTH	100.00	HEALTH CARE	1
2	G		APHL LABS		HEALTH CARE	2
3						3
4						4
5						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	42.01 ONCOLOGY	DR L	31000		31000	231100	310	34443	1722
2	53.03 CARDIOLOGY	VARIOUS	375693	375693		171400			
3	53 ELECTROCARDIOLOGY	DR. C				171400			
4	49 RESPIRATORY THERAPY	VARIOUS	13315	13315		171400			
5	61 EMERGENCY	DR. E				171400			
6	41 RADIOLOGY-DIAGNOSTIC	DR. F	25037		25037	231100	100	11111	556
7	44 LABORATORY	DR. G	52750		52750	219500	211	22267	1113
8	49 RESPIRATORY THERAPY	DR B	25001		25001	171400	144	11866	593
9	40 ANESTHESIOLOGY	DR C	3757731	3757731		200300			
10	59 OCCUPATIONAL MEDICINE	DR C	302123	267262	34860	171400	240	19777	989
11	41.04 MAMMOGRAPHY	DR S	3443		3443	231100	19	2111	106
12	41.01 CAT SCAN	DR L	13836	13836		231100			
13	41.02 ULTRASOUND	DR S	3443		3443	231100	19	2111	106
101	TOTAL		4603372	4427837	175534		1043	103686	5185

PROVIDER NO. 14-0093 PROVENA UNITED SAMARITANS MED.
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/24/2011 14:43

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	42.01 ONCOLOGY	DR L					34443		
2	53.03 CARDIOLOGY	VARIOUS							375693
3	53 ELECTROCARDIOLOGY	DR. C							
4	49 RESPIRATORY THERAPY	VARIOUS							13315
5	61 EMERGENCY	DR. E							
6	41 RADIOLOGY-DIAGNOSTIC	DR. F					11111	13926	13926
7	44 LABORATORY	DR. G					22267	30483	30483
8	49 RESPIRATORY THERAPY	DR B					11866	13135	13135
9	40 ANESTHESIOLOGY	DR C							3757731
10	59 OCCUPATIONAL MEDICINE	DR C					19777	15083	282346
11	41.04 MAMMOGRAPHY	DR S					2111	1332	1332
12	41.01 CAT SCAN	DR L							13836
13	41.02 ULTRASOUND	DR S					2111	1332	1332
101	TOTAL						103686	75291	4503129

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	NONPATIENT DATA TELEPHONES	DATA PROCESSING	PURCH,RCV STORING	ADMITTING	
	0	3	4	5	6.01	6.02	6.03	6.04	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	87622289	1659283	3593345	12190492	454204	3585184	364215	1343722	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	9752	9316			2684				96
98 PHYSICIANS' PRIVATE OFFICES	643167	57687	9890	232058	3758				98
99.01 OCCUPATIONAL MEDICINE									99.01
99.02 APOTHECARY	1208866	7753	2395	67616	4832		757		99.02
99.03 REAL ESTATE	169421	59754		16761					99.03
99.04 LIFELINE									99.04
99.05 FOUNDATION	600242		6085	115530			3955		99.05
99.06 OUTREACH PROGRAMS	361564			114945			1435		99.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	90615301	1793793	3611715	12737402	465478	3585184	370362	1343722	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING A/R	SUBTOTAL	OTHER ADM + GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.05	5A	6.06	7	8	9	10	11	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2930711	86905078	13307883	4293356	2249803	454935	1814814	1697802	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		21752	3970	31992	19541				96
98 PHYSICIANS' PRIVATE OFFICES		946560	172747						98
99.01 OCCUPATIONAL MEDICINE									99.01
99.02 APOTHECARY		1292219	235830				7338		99.02
99.03 REAL ESTATE		245936	44883	8564	5231		62330		99.03
99.04 LIFELINE									99.04
99.05 FOUNDATION		725812	132461				2446		99.05
99.06 OUTREACH PROGRAMS		477944	87225						99.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2930711	90615301	13984999	4333912	2274575	454935	1886928	1697802	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	818994	1427971	1713266	2784728	1693342	1147280	86061109	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							77255	96
98 PHYSICIANS' PRIVATE OFFICES	721						1120028	98
99.01 OCCUPATIONAL MEDICINE								99.01
99.02 APOTHECARY	4099		1989				1541475	99.02
99.03 REAL ESTATE	2884		3				369831	99.03
99.04 LIFELINE								99.04
99.05 FOUNDATION	8368		535				869622	99.05
99.06 OUTREACH PROGRAMS	10513	246	53				575981	99.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	845579	1428217	1715846	2784728	1693342	1147280	90615301	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	NONPATIENT TELEPHONE		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCH,RCVING,STORING		6.03
6.04	ADMITTING		6.04
6.05	CASHIERING, A/R		6.05
6.06	OTHER ADMIN & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		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	17604408	25
26	INTENSIVE CARE UNIT	4117484	26
33	NURSERY	1328217	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	3769170	37
37.01	ENDOSCOPY	2166989	37.01
38	RECOVERY ROOM	939823	38
39	DELIVERY ROOM & LABOR ROOM	2440043	39
40	ANESTHESIOLOGY	310234	40
41	RADIOLOGY-DIAGNOSTIC	3237737	41
41.01	CAT SCAN	2289956	41.01
41.02	ULTRASOUND	854125	41.02
41.03	MRI	1709160	41.03
41.04	MAMMOGRAPHY	739968	41.04
42	RADIOLOGY-THERAPEUTIC	1852544	42
42.01	ONCOLOGY	1515816	42.01
43	RADIOISOTOPE	690139	43
44	LABORATORY	6430333	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	740803	47
48	INTRAVENOUS THERAPY	869019	48
49	RESPIRATORY THERAPY	1950287	49
50	PHYSICAL THERAPY	647495	50
51	OCCUPATIONAL THERAPY	443002	51
52	SPEECH PATHOLOGY	113123	52
53	ELECTROCARDIOLOGY	254750	53
53.01	CARDIOPULMONARY		53.01
53.02	CARDIAC CATH LAB	133320	53.02
53.03	CARDIOLOGY	1069854	53.03
55	MEDICAL SUPPLIES CHARGED TO PAT	4057769	55
55.30	IMPL. DEV. CHARGED TO PATIENT	1799620	55.30
56	DRUGS CHARGED TO PATIENTS	12882071	56
57	RENAL DIALYSIS	278095	57
58.01	OUTPATIENT PSYCH		58.01
58.02	PARTIAL HOSPITALIZATION		58.02
58.03	WOUND CARE CENTER	121320	58.03
58.04	ONCOLOGY		58.04
59	OCCUPATIONAL MEDICINE	630038	59
59.97	CARDIAC REHABILITATION	483078	59.97
59.98	HYPERBARIC OXYGEN THERAPY		59.98
59.99	LITHOTRIPSY		59.99
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	7591319	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10 CMHC		69.10
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	86061109	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	77255	96
98 PHYSICIANS' PRIVATE OFFICES	1120028	98
99.01 OCCUPATIONAL MEDICINE		99.01
99.02 APOTHECARY	1541475	99.02
99.03 REAL ESTATE	369831	99.03
99.04 LIFELINE		99.04
99.05 FOUNDATION	869622	99.05
99.06 OUTREACH PROGRAMS	575981	99.06
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	90615301	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCH,RCV STORING 6.03	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2412632	1659283	3593345	7665260	44497	48369	1234945	11952	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		9316		9316		286			96
98 PHYSICIANS' PRIVATE OFFICES		57687	9890	67577	847	400			98
99.01 OCCUPATIONAL MEDICINE									99.01
99.02 APOTHECARY	4531	7753	2395	14679	247	515		25	99.02
99.03 REAL ESTATE	32432	59754		92186	61				99.03
99.04 LIFELINE									99.04
99.05 FOUNDATION	31239		6085	37324	422			130	99.05
99.06 OUTREACH PROGRAMS					420			47	99.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2480834	1793793	3611715	7886342	46494	49570	1234945	12154	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING A/R	OTHER ADM + GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.04	6.05	6.06	7	8	9	10	11	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	6834	146773	488778	535411	260289	10365	65535	132225	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			146	3990	2261				96
98 PHYSICIANS' PRIVATE OFFICES			6345						98
99.01 OCCUPATIONAL MEDICINE									99.01
99.02 APOTHECARY			8662				265		99.02
99.03 REAL ESTATE			1649	1068	605		2251		99.03
99.04 LIFELINE									99.04
99.05 FOUNDATION			4865				88		99.05
99.06 OUTREACH PROGRAMS			3204						99.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6834	146773	513649	540469	263155	10365	68139	132225	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	12	14	15	16	17	18	25	26
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	38383	430178	258410	67982	69184	14084	7624752	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							15999	96
98 PHYSICIANS' PRIVATE OFFICES	34						75203	98
99.01 OCCUPATIONAL MEDICINE								99.01
99.02 APOTHECARY	192		300				24885	99.02
99.03 REAL ESTATE	135						97955	99.03
99.04 LIFELINE								99.04
99.05 FOUNDATION	392		81				43302	99.05
99.06 OUTREACH PROGRAMS	493	74	8				4246	99.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	39629	430252	258799	67982	69184	14084	7886342	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	NONPATIENT TELEPHONE		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCH,RCVING,STORING		6.03
6.04	ADMITTING		6.04
6.05	CASHIERING, A/R		6.05
6.06	OTHER ADMIN & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		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	1123704	25
26	INTENSIVE CARE UNIT	237677	26
33	NURSERY	52366	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	412207	37
37.01	ENDOSCOPY	163446	37.01
38	RECOVERY ROOM	47230	38
39	DELIVERY ROOM & LABOR ROOM	177604	39
40	ANESTHESIOLOGY	91989	40
41	RADIOLOGY-DIAGNOSTIC	423554	41
41.01	CAT SCAN	333941	41.01
41.02	ULTRASOUND	93936	41.02
41.03	MRI	719269	41.03
41.04	MAMMOGRAPHY	190521	41.04
42	RADIOLOGY-THERAPEUTIC	430169	42
42.01	ONCOLOGY	307995	42.01
43	RADIOISOTOPE	26811	43
44	LABORATORY	463015	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	16513	47
48	INTRAVENOUS THERAPY	47426	48
49	RESPIRATORY THERAPY	140612	49
50	PHYSICAL THERAPY	35171	50
51	OCCUPATIONAL THERAPY	26882	51
52	SPEECH PATHOLOGY	4020	52
53	ELECTROCARDIOLOGY	14796	53
53.01	CARDIOPULMONARY	91645	53.01
53.02	CARDIAC CATH LAB	23344	53.02
53.03	CARDIOLOGY	97651	53.03
55	MEDICAL SUPPLIES CHARGED TO PAT	342156	55
55.30	IMPL. DEV. CHARGED TO PATIENT	87678	55.30
56	DRUGS CHARGED TO PATIENTS	757612	56
57	RENAL DIALYSIS	11818	57
58.01	OUTPATIENT PSYCH		58.01
58.02	PARTIAL HOSPITALIZATION		58.02
58.03	WOUND CARE CENTER	24974	58.03
58.04	ONCOLOGY		58.04
59	OCCUPATIONAL MEDICINE	41849	59
59.97	CARDIAC REHABILITATION	33930	59.97
59.98	HYPERBARIC OXYGEN THERAPY		59.98
59.99	LITHOTRIPSY		59.99
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	531241	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10 CMHC		69.10
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	7624752	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	15999	96
98 PHYSICIANS' PRIVATE OFFICES	75203	98
99.01 OCCUPATIONAL MEDICINE		99.01
99.02 APOTHECARY	24885	99.02
99.03 REAL ESTATE	97955	99.03
99.04 LIFELINE		99.04
99.05 FOUNDATION	43302	99.05
99.06 OUTREACH PROGRAMS	4246	99.06
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	7886342	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONES # OF LINES	DATA PROCESSING GROSS REVENUE	PURCH,RCV STORING SUPPLY COST	
	3	4	5	6.01	6.02	6.03	
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	323669						3
4 NEW CAP REL COSTS-MVBLE EQUIP		2965784					4
5 EMPLOYEE BENEFITS	4892	2581	31227867				5
6.01 NONPATIENT TELEPHONE	968	36079	179672	867			6.01
6.02 DATA PROCESSING	2097	86017		12	446601419		6.02
6.03 PURCH,RCVING,STORING	1222		44783	9		5070171	6.03
6.04 ADMITTING	512	1080	918661	22		22952	6.04
6.05 CASHIERING, A/R	3375	7173		37		2090	6.05
6.06 OTHER ADMIN & GENERAL	16800	59052	2666736	78		41483	6.06
7 MAINTENANCE & REPAIRS	43937	219417	979910	57		174507	7
8 OPERATION OF PLANT	32054						8
9 LAUNDRY & LINEN SERVICE	831		71805			53773	9
10 HOUSEKEEPING	3847	16529	947016	13		85603	10
11 DIETARY	10430	20737	376985	21		37417	11
12 CAFETERIA	3774		364598				12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	813	338563	511394	13		1862	14
15 CENTRAL SERVICES & SUPPLY	5432	159508	689471	29		22849	15
16 PHARMACY	3530	8585	1335474	27		25820	16
17 MEDICAL RECORDS & LIBRARY	4823	8668	572934	44		43455	17
18 SOCIAL SERVICE	570		657597	11		1257	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	49875	44035	5958847	114	36376032	324373	25
26 INTENSIVE CARE UNIT	5194	9122	1326536	14	8001626	64409	26
33 NURSERY	2354	3439	302580	1	1456828	12005	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	13267	122649	988484	52	18293785	68886	37
37.01 ENDOSCOPY	8713	25361	847200	1	4344064	13614	37.01
38 RECOVERY ROOM	1373	3734	426347	4	2928051	16700	38
39 DELIVERY ROOM & LABOR ROOM	6362	44734	1032988	8	5279765	17921	39
40 ANESTHESIOLOGY	575	55566	40772	10	5214878	3955	40
41 RADIOLOGY-DIAGNOSTIC	14799	106023	1132719	77	12367969	18799	41
41.01 CAT SCAN	1685	137491	528558		41867127	105153	41.01
41.02 ULTRASOUND	850	48234	327295		6760466	5428	41.02
41.03 MRI	2335	526987	262456		14615076	30875	41.03
41.04 MAMMOGRAPHY	709	142069	196166		1744078	68820	41.04
42 RADIOLOGY-THERAPEUTIC	3914	282390	527168	28	11672851	23873	42
42.01 ONCOLOGY	6109	175890	418709		5054059	60005	42.01
43 RADIOISOTOPE	839	780	195049		4206147	140151	43
44 LABORATORY	10215	119770	127724		58907103	3148	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T			23301	45	2742763	481183	47
48 INTRAVENOUS THERAPY			365698		13522785		48
49 RESPIRATORY THERAPY	2026	23628	872581	6	8151293	16220	49
50 PHYSICAL THERAPY	2305	2368		16	1949969	8185	50
51 OCCUPATIONAL THERAPY	2187				1328014	203	51
52 SPEECH PATHOLOGY	238				376954		52
53 ELECTROCARDIOLOGY		3295	110280	3	2828606		53
53.01 CARDIOPULMONARY							53.01
53.02 CARDIAC CATH LAB	1274	6232	26045		958290	2501	53.02
53.03 RADIOLOGY	808	43109	412523	11	7674012	16076	53.03
55 MEDICAL SUPPLIES CHARGED TO P					27927464	1893248	55
55.30 IMPL. DEV. CHARGED TO PATIENT					5464278	1004144	55.30
56 DRUGS CHARGED TO PATIENTS					81723277	11705	56
57 RENAL DIALYSIS	659	1662		3	515634	4274	57
58.01 OUTPATIENT PSYCH							58.01
58.02 PARTIAL HOSPITALIZATION							58.02
58.03 WOUND CARE CENTER	2476			13	164741	274	58.03
58.04 ONCOLOGY							58.04
59 OCCUPATIONAL MEDICINE	3233	1815	414999	4	480617	7534	59
59.97 CARDIAC REHABILITATION	2277	1434	193538	10	456438	5707	59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	12840	54893	2511429	53	51246379	43581	61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONES # OF LINES	DATA PROCESSING GROSS REVENUE	PURCH,RCV STORING SUPPLY COST	
	3	4	5	6.01	6.02	6.03	
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	299398	2950699	29887028	846	446601419	4986018	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	1681			5			96
98 PHYSICIANS' PRIVATE OFFICES	10409	8121	568928	7			98
99.01 OCCUPATIONAL MEDICINE							99.01
99.02 APOTHECARY	1399	1967	165771	9		10364	99.02
99.03 REAL ESTATE	10782		41092			5	99.03
99.04 LIFELINE							99.04
99.05 FOUNDATION		4997	283241			54145	99.05
99.06 OUTREACH PROGRAMS			281807			19639	99.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1793793	3611715	12737402	465478	3585184	370362	103
104 UNIT COST MULT-WS B PT I		1.217794		536.883506		.073047	
104 UNIT COST MULT-WS B PT I	5.542060		.407886		.008028		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			46494	49570	1234945	12154	107
108 UNIT COST MULT-WS B PT III				57.174164		.002397	
108 UNIT COST MULT-WS B PT III			.001489		.002765		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON- CILIATION	OTHER ADM	MAIN-	OPERATION	LAUNDRY	
	INPATIENT	GROSS		+ GENERAL	TENANCE &	OF PLANT	& LINEN	
	REVENUE	REVENUE		ACCUM	REPAIRS	SQUARE	SERVICE	
	6.04	6.05	6A.06	COST	FEET	FEET	POUNDS OF	LAUNDRY
				6.06	7	8	9	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04	189510636							6.04
6.05		446601419						6.05
6.06			-13984999	76630302				6.06
7				3665042	227726			7
8				1407651	32054	195672		8
9				363180	831	831	904195	9
10				1495980	3847	3847		10
11				1145280	10430	10430		11
12				617238	3774	3774		12
13								13
14				1165396	813	813		14
15				1233072	5432	5432	74472	15
16				2200332	3530	3530		16
17				1274765	4823	4823		17
18				939743	570	570		18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	30024836	36376032		9929078	49875	49875	429994	25
26	7894010	8001626		2407083	5194	5194	39960	26
33	1456828	1456828		488393	2354	2354	33960	33
ANCILLARY SERVICE COST CENTERS								
37	9200872	18293785		2277683	13267	13267	54960	37
37.01	1206261	4344064		1413372	8713	8713	42912	37.01
38	1329089	2928051		685265	1373	1373	29772	38
39	3852518	5279765		1678280	6362	6362	33960	39
40	2990483	5214878		237226	575	575		40
41	2897764	12367969		2230697	14799	14799	29146	41
41.01	9624206	41867127		1805650	1685	1685	14880	41.01
41.02	806843	6760466		673577	850	850	6960	41.02
41.03	1671572	14615076		1368378	2335	2335	3427	41.03
41.04	24188	1744078		585870	709	709	6456	41.04
42	36092	11672851		1428224	3914	3914	10504	42
42.01	38114	5054059		1041308	6109	6109	11256	42.01
43	802121	4206147		548407	839	839	3465	43
44	25403535	58907103		5061948	10215	10215		44
46.30								46.30
47	1855906	2742763		626472				47
48	3207498	13522785		734900				48
49	4849619	8151293		1546596	2026	2026		49
50	579862	1949969		470030	2305	2305	5859	50
51	495669	1328014		307685	2187	2187	4201	51
52	127237	376954		88283	238	238	597	52
53	1163044	2828606		210401				53
53.01								53.01
53.02	151370	958290		75916	1274	1274	147	53.02
53.03	3439565	7674012		846143	808	808	1887	53.03
55	15727471	27927464		2665286				55
55.30	3751807	5464278		1183818				55.30
56	46321365	81723277		8560332				56
57	501813	515634		212447	659	659		57
58.01								58.01
58.02								58.02
58.03	3910	164741		23643	2476	2476	270	58.03
58.04								58.04
59		480617		407171	3233	3233	504	59
59.97		456438		322179	2277	2277	1286	59.97
59.98								59.98
59.99								59.99
OUTPATIENT SERVICE COST CENTERS								
61	8075168	51246379		5270659	12840	12840	63360	61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON- CILIATION	OTHER ADM	MAIN-	OPERATION	LAUNDRY	
	INPATIENT	GROSS		+ GENERAL	TENANCE &	OF PLANT	& LINEN	
	REVENUE	REVENUE		ACCUM	REPAIRS	SQUARE	SERVICE	
	6.04	6.05	6A.06	COST	SQUARE	FEET	POUNDS OF	
					FEET	FEET	LAUNDRY	
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	189510636	446601419	-13984999	72920079	225595	193541	904195	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				21752	1681	1681		96
98 PHYSICIANS' PRIVATE OFFICES				946560				98
99.01 OCCUPATIONAL MEDICINE								99.01
99.02 APOTHECARY				1292219				99.02
99.03 REAL ESTATE				245936	450	450		99.03
99.04 LIFELINE								99.04
99.05 FOUNDATION				725812				99.05
99.06 OUTREACH PROGRAMS				477944				99.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1343722	2930711		13984999	4333912	2274575	454935	103
104 UNIT COST MULT-WS B PT I	.007090				19.031257		.503138	104
104 UNIT COST MULT-WS B PT I		.006562		.182500		11.624428		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	6834	146773		513649	540469	263155	10365	107
108 UNIT COST MULT-WS B PT III	.000036				2.373330		.011463	108
108 UNIT COST MULT-WS B PT III		.000329		.006703		1.344878		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	NUMBER HOUSED	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT	
	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONE								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCH,RCVING,STORING								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING, A/R								6.05
6.06 OTHER ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	65572							10
11 DIETARY	826	220981						11
12 CAFETERIA			44561					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	255		942	17396				14
15 CENTRAL SERVICES & SUPPLY	413		2206		3211182			15
16 PHARMACY	365		1802		56003	6849694		16
17 MEDICAL RECORDS & LIBRARY	312		1402		4674		8617825	17
18 SOCIAL SERVICE			965		464			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	28333	196286	12917	7515	362748	13305	3731868	25
26 INTENSIVE CARE UNIT	4310	24695	2264	1750	63116	2626	445140	26
33 NURSERY	333		359	352	8359	276	11440	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	6359		1904	1422	89955	52661	1201608	37
37.01 ENDOSCOPY	620		1263	854	5283	1067	467220	37.01
38 RECOVERY ROOM	288		618	518	16313	101	5736	38
39 DELIVERY ROOM & LABOR ROOM	2635		1654	1114	8218	1223	202540	39
40 ANESTHESIOLOGY			100		276	91	50916	40
41 RADIOLOGY-DIAGNOSTIC	2132		2847	1	9063	205	57084	41
41.01 CAT SCAN	1089		752	3	66910	19968	30074	41.01
41.02 ULTRASOUND	509		492	3	1542	343	14598	41.02
41.03 MRI	251		347		3607	2262	5560	41.03
41.04 MAMMOGRAPHY	472		240	4	2288	56	12644	41.04
42 RADIOLOGY-THERAPEUTIC	768		742	5	815		6983	42
42.01 ONCOLOGY	823		679	328	49712		7483	42.01
43 RADIOISOTOPE	254		226		2538	1914	2304	43
44 LABORATORY	985		200		116		505000	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY	793		1603		2302	238	24243	49
50 PHYSICAL THERAPY	311				648		44691	50
51 OCCUPATIONAL THERAPY	126				34		32376	51
52 SPEECH PATHOLOGY							5763	52
53 ELECTROCARDIOLOGY							30288	53
53.01 CARDIOPULMONARY								53.01
53.02 CARDIAC CATH LAB	13		39	10	591	289	10440	53.02
53.03 RADIOLOGY	163		817	220	4677	423	13458	53.03
55 MEDICAL SUPPLIES CHARGED TO P					1680141	114	42058	55
55.30 IMPL. DEV. CHARGED TO PATIENT					748135			55.30
56 DRUGS CHARGED TO PATIENTS						6744025	90125	56
57 RENAL DIALYSIS	158				3774	20	521	57
58.01 OUTPATIENT PSYCH								58.01
58.02 PARTIAL HOSPITALIZATION								58.02
58.03 WOUND CARE CENTER	600				94	16		58.03
58.04 ONCOLOGY								58.04
59 OCCUPATIONAL MEDICINE	1020		479	122	1380			59
59.97 CARDIAC REHABILITATION	111		278	244	1914		10824	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	7439		5023	2928	10663	8471	1554840	61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	NUMBER HOUSED	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT	
62 OBSERVATION BEDS (NON-DISTINC	10	11	12	14	15	16	17	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	63066	220981	43160	17393	3206353	6849694	8617825	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
98 PHYSICIANS' PRIVATE OFFICES			38					98
99.01 OCCUPATIONAL MEDICINE								99.01
99.02 APOTHECARY	255		216		3723			99.02
99.03 REAL ESTATE	2166		152		5			99.03
99.04 LIFELINE								99.04
99.05 FOUNDATION	85		441		1002			99.05
99.06 OUTREACH PROGRAMS			554	3	99			99.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1886928	1697802	845579	1428217	1715846	2784728	1693342	103
104 UNIT COST MULT-WS B PT I	28.776429		18.975764		.534335		.196493	104
104 UNIT COST MULT-WS B PT I		7.683023		82.100310		.406548		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	68139	132225	39629	430252	258799	67982	69184	107
108 UNIT COST MULT-WS B PT III	1.039148		.889320		.080593		.008028	108
108 UNIT COST MULT-WS B PT III		.598355		24.732812		.009925		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	NONPATIENT TELEPHONE		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCH,RCVING,STORING		6.03
6.04	ADMITTING		6.04
6.05	CASHIERING, A/R		6.05
6.06	OTHER ADMIN & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE	10000	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	4089	26
33	NURSERY	5311	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
37.01	ENDOSCOPY		37.01
38	RECOVERY ROOM		38
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
41.01	CAT SCAN		41.01
41.02	ULTRASOUND		41.02
41.03	MRI		41.03
41.04	MAMMOGRAPHY		41.04
42	RADIOLOGY-THERAPEUTIC		42
42.01	ONCOLOGY		42.01
43	RADIOISOTOPE		43
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
53	ELECTROCARDIOLOGY		53
53.01	CARDIOPULMONARY		53.01
53.02	CARDIAC CATH LAB		53.02
53.03	CARDIOLOGY		53.03
55	MEDICAL SUPPLIES CHARGED TO P		55
55.30	IMPL. DEV. CHARGED TO PATIENT		55.30
56	DRUGS CHARGED TO PATIENTS		56
57	RENAL DIALYSIS		57
58.01	OUTPATIENT PSYCH		58.01
58.02	PARTIAL HOSPITALIZATION		58.02
58.03	WOUND CARE CENTER		58.03
58.04	ONCOLOGY		58.04
59	OCCUPATIONAL MEDICINE		59
59.97	CARDIAC REHABILITATION		59.97
59.98	HYPERBARIC OXYGEN THERAPY		59.98
59.99	LITHOTRIPSY		59.99
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	600	61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	10000		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
98 PHYSICIANS' PRIVATE OFFICES			98
99.01 OCCUPATIONAL MEDICINE			99.01
99.02 APOTHECARY			99.02
99.03 REAL ESTATE			99.03
99.04 LIFELINE			99.04
99.05 FOUNDATION			99.05
99.06 OUTREACH PROGRAMS			99.06
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	1147280		103
104 UNIT COST MULT-WS B PT I	114.728000		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	14084		107
108 UNIT COST MULT-WS B PT III	1.408400		108
108 UNIT COST MULT-WS B PT III			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17604408		17604408		17604408	25
26 INTENSIVE CARE UNIT	4117484		4117484		4117484	26
33 NURSERY	1328217		1328217		1328217	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3769170		3769170		3769170	37
37.01 ENDOSCOPY	2166989		2166989		2166989	37.01
38 RECOVERY ROOM	939823		939823		939823	38
39 DELIVERY ROOM & LABOR ROOM	2440043		2440043		2440043	39
40 ANESTHESIOLOGY	310234		310234		310234	40
41 RADIOLOGY-DIAGNOSTIC	3237737		3237737	13926	3251663	41
41.01 CAT SCAN	2289956		2289956		2289956	41.01
41.02 ULTRASOUND	854125		854125	1332	855457	41.02
41.03 MRI	1709160		1709160		1709160	41.03
41.04 MAMMOGRAPHY	739968		739968	1332	741300	41.04
42 RADIOLOGY-THERAPEUTIC	1852544		1852544		1852544	42
42.01 ONCOLOGY	1515816		1515816		1515816	42.01
43 RADIOISOTOPE	690139		690139		690139	43
44 LABORATORY	6430333		6430333	30483	6460816	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	740803		740803		740803	47
48 INTRAVENOUS THERAPY	869019		869019		869019	48
49 RESPIRATORY THERAPY	1950287		1950287	13135	1963422	49
50 PHYSICAL THERAPY	647495		647495		647495	50
51 OCCUPATIONAL THERAPY	443002		443002		443002	51
52 SPEECH PATHOLOGY	113123		113123		113123	52
53 ELECTROCARDIOLOGY	254750		254750		254750	53
53.01 CARDIOPULMONARY						53.01
53.02 CARDIAC CATH LAB	133320		133320		133320	53.02
53.03 RADIOLOGY	1069854		1069854		1069854	53.03
55 MEDICAL SUPPLIES CHARGED TO	4057769		4057769		4057769	55
55.30 IMPL. DEV. CHARGED TO PATIE	1799620		1799620		1799620	55.30
56 DRUGS CHARGED TO PATIENTS	12882071		12882071		12882071	56
57 RENAL DIALYSIS	278095		278095		278095	57
58.01 OUTPATIENT PSYCH						58.01
58.02 PARTIAL HOSPITALIZATION						58.02
58.03 WOUND CARE CENTER	121320		121320		121320	58.03
58.04 ONCOLOGY						58.04
59 OCCUPATIONAL MEDICINE	630038		630038	15083	645121	59
59.97 CARDIAC REHABILITATION	483078		483078		483078	59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	7591319		7591319		7591319	61
62 OBSERVATION BEDS (NON-DISTI	2972209		2972209		2972209	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	89033318		89033318	75291	89108609	101
102 LESS OBSERVATION BEDS	2972209		2972209		2972209	102
103 TOTAL	86061109		86061109	75291	86136400	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	29770168		29770168			25
26 INTENSIVE CARE UNIT	7871720		7871720			26
33 NURSERY	1456828		1456828			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9200872	9092913	18293785	.206036	.206036	.206036 37
37.01 ENDOSCOPY	1206261	3137802	4344063	.498839	.498839	.498839 37.01
38 RECOVERY ROOM	1329089	1598962	2928051	.320972	.320972	.320972 38
39 DELIVERY ROOM & LABOR ROOM	3855786	1277003	5132789	.475383	.475383	.475383 39
40 ANESTHESIOLOGY	2990483	2224395	5214878	.059490	.059490	.059490 40
41 RADIOLOGY-DIAGNOSTIC	2897764	9470205	12367969	.261784	.261784	.262910 41
41.01 CAT SCAN	9624206	32242921	41867127	.054696	.054696	.054696 41.01
41.02 ULTRASOUND	806843	5953623	6760466	.126341	.126341	.126538 41.02
41.03 MRI	1671572	12943504	14615076	.116945	.116945	.116945 41.03
41.04 MAMMOGRAPHY	24188	1719891	1744079	.424274	.424274	.425038 41.04
42 RADIOLOGY-THERAPEUTIC	36092	11636759	11672851	.158705	.158705	.158705 42
42.01 ONCOLOGY	38114	5015945	5054059	.299921	.299921	.299921 42.01
43 RADIOISOTOPE	802121	3404026	4206147	.164079	.164079	.164079 43
44 LABORATORY	25403535	33503568	58907103	.109161	.109161	.109678 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1855906	886857	2742763	.270094	.270094	.270094 47
48 INTRAVENOUS THERAPY	3207498	10315287	13522785	.064263	.064263	.064263 48
49 RESPIRATORY THERAPY	4849619	3301674	8151293	.239261	.239261	.240872 49
50 PHYSICAL THERAPY	579862	1370108	1949970	.332054	.332054	.332054 50
51 OCCUPATIONAL THERAPY	495669	832345	1328014	.333582	.333582	.333582 51
52 SPEECH PATHOLOGY	127237	249717	376954	.300098	.300098	.300098 52
53 ELECTROCARDIOLOGY	1163044	1665562	2828606	.090062	.090062	.090062 53
53.01 CARDIOPULMONARY						53.01
53.02 CARDIAC CATH LAB	147360	806920	954280	.139707	.139707	.139707 53.02
53.03 RADIOLOGY	3439565	4234448	7674013	.139413	.139413	.139413 53.03
55 MEDICAL SUPPLIES CHARGED TO	15727471	12199994	27927465	.145297	.145297	.145297 55
55.30 IMPL. DEV. CHARGED TO PATIE	3751807	1712471	5464278	.329343	.329343	.329343 55.30
56 DRUGS CHARGED TO PATIENTS	46321365	35401912	81723277	.157630	.157630	.157630 56
57 RENAL DIALYSIS	501813	13821	515634	.539326	.539326	.539326 57
58.01 OUTPATIENT PSYCH						58.01
58.02 PARTIAL HOSPITALIZATION						58.02
58.03 WOUND CARE CENTER	3910	160831	164741	.736429	.736429	.736429 58.03
58.04 ONCOLOGY						58.04
59 OCCUPATIONAL MEDICINE		480617	480617	1.310894	1.310894	1.342277 59
59.97 CARDIAC REHABILITATION		456438	456438	1.058365	1.058365	1.058365 59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	8075168	43171211	51246379	.148134	.148134	.148134 61
62 OBSERVATION BEDS (NON-DISTI	708380	6178376	6886756	.431583	.431583	.431583 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	189941316	256660106	446601422			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	189941316	256660106	446601422			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				1123704		1123704
26 INTENSIVE CARE UNIT				237677		237677
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				52366		52366
101 TOTAL				1413747		1413747

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	23230	11169			48.37	540245
26 INTENSIVE CARE UNIT	2447	1200			97.13	116556
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1130				46.34	
101 TOTAL	26807	12369				656801

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0093) [] 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		412207	18293785	3950598			.022533	89019 37
37.01 ENDOSCOPY		163446	4344063	732843			.037625	27573 37.01
38 RECOVERY ROOM		47230	2928051	535916			.016130	8644 38
39 DELIVERY ROOM & LABOR ROOM		177604	5132789	33803			.034602	1170 39
40 ANESTHESIOLOGY		91989	5214878	871084			.017640	15366 40
41 RADIOLOGY-DIAGNOSTIC		423554	12367969	1920735			.034246	65777 41
41.01 CAT SCAN		333941	41867127	5869472			.007976	46815 41.01
41.02 ULTRASOUND		93936	6760466	19030			.013895	264 41.02
41.03 MRI		719269	14615076	951010			.049214	46803 41.03
41.04 MAMMOGRAPHY		190521	1744079	4689			.109239	512 41.04
42 RADIOLOGY-THERAPEUTIC		430169	11672851	16009			.036852	590 42
42.01 ONCOLOGY		307995	5054059	15490			.060940	944 42.01
43 RADIOISOTOPE		26811	4206147	481405			.006374	3068 43
44 LABORATORY		463015	58907103	14918034			.007860	117256 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		16513	2742763	995503			.006021	5994 47
48 INTRAVENOUS THERAPY		47426	13522785	40770			.003507	143 48
49 RESPIRATORY THERAPY		140612	8151293	2936105			.017250	50648 49
50 PHYSICAL THERAPY		35171	1949970	385338			.018037	6950 50
51 OCCUPATIONAL THERAPY		26882	1328014	343836			.020242	6960 51
52 SPEECH PATHOLOGY		4020	376954	95047			.010664	1014 52
53 ELECTROCARDIOLOGY		14796	2828606	833538			.005231	4360 53
53.01 CARDIOPULMONARY		91645						53.01
53.02 CARDIAC CATH LAB		23344	954280	78514			.024462	1921 53.02
53.03 RADIOLOGY		97651	7674013	2564478			.012725	32633 53.03
55 MEDICAL SUPPLIES CHARGED TO P		342156	27927465	8241735			.012252	100978 55
55.30 IMPL. DEV. CHARGED TO PATIENT		87678	5464278	2171008			.016046	34836 55.30
56 DRUGS CHARGED TO PATIENTS		757612	81723277	27899344			.009270	258627 56
57 RENAL DIALYSIS		11818	515634	317339			.022919	7273 57
58.01 OUTPATIENT PSYCH								58.01
58.02 PARTIAL HOSPITALIZATION								58.02
58.03 WOUND CARE CENTER		24974	164741	3754			.151596	569 58.03
58.04 ONCOLOGY								58.04
59 OCCUPATIONAL MEDICINE		41849	480617				.087073	59
59.97 CARDIAC REHABILITATION		33930	456438				.074336	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		531241	51246379	6416655			.010366	66515 61
62 OBSERVATION BEDS (NON-DISTINC		189719	6886756	708380			.027548	19514 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6400724	407502706	84351462				1022736 101

PROVIDER NO. 14-0093 PROVENA UNITED SAMARITANS MED.
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/24/2011 14:43

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					23230		11169	25
26 INTENSIVE CARE UNIT					2447		1200	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								31
33 NURSERY					1130			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					26807		12369	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0093) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
41.03 MRI							41.03
41.04 MAMMOGRAPHY							41.04
42 RADIOLOGY-THERAPEUTIC							42
42.01 ONCOLOGY							42.01
43 RADIOISOTOPE							43
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
53 ELECTROCARDIOLOGY							53
53.01 CARDIOPULMONARY							53.01
53.02 CARDIAC CATH LAB							53.02
53.03 CARDIOLOGY							53.03
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 OUTPATIENT PSYCH							58.01
58.02 PARTIAL HOSPITALIZATION							58.02
58.03 WOUND CARE CENTER							58.03
58.04 ONCOLOGY							58.04
59 OCCUPATIONAL MEDICINE							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0093) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		18293785			3950598		2429211 37
37.01 ENDOSCOPY		4344063			732843		517309 37.01
38 RECOVERY ROOM		2928051			535916		359056 38
39 DELIVERY ROOM & LABOR ROOM		5132789			33803		9097 39
40 ANESTHESIOLOGY		5214878			871084		447939 40
41 RADIOLOGY-DIAGNOSTIC		12367969			1920735		1903710 41
41.01 CAT SCAN		41867127			5869472		7001332 41.01
41.02 ULTRASOUND		6760466			19030		99018 41.02
41.03 MRI		14615076			951010		3224432 41.03
41.04 MAMMOGRAPHY		1744079			4689		795878 41.04
42 RADIOLOGY-THERAPEUTIC		11672851			16009		6031294 42
42.01 ONCOLOGY		5054059			15490		2208168 42.01
43 RADIOISOTOPE		4206147			481405		1169785 43
44 LABORATORY		58907103			14918034		578195 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2742763			995503		294800 47
48 INTRAVENOUS THERAPY		13522785			40770		1103430 48
49 RESPIRATORY THERAPY		8151293			2936105		774293 49
50 PHYSICAL THERAPY		1949970			385338		50
51 OCCUPATIONAL THERAPY		1328014			343836		51
52 SPEECH PATHOLOGY		376954			95047		52
53 ELECTROCARDIOLOGY		2828606			833538		532631 53
53.01 CARDIOPULMONARY							53.01
53.02 CARDIAC CATH LAB		954280			78514		439696 53.02
53.03 RADIOLOGY		7674013			2564478		1261271 53.03
55 MEDICAL SUPPLIES CHARGED TO P		27927465			8241735		3080532 55
55.30 IMPL. DEV. CHARGED TO PATIENT		5464278			2171008		899626 55.30
56 DRUGS CHARGED TO PATIENTS		81723277			27899344		11922552 56
57 RENAL DIALYSIS		515634			317339		11073 57
58.01 OUTPATIENT PSYCH							58.01
58.02 PARTIAL HOSPITALIZATION							58.02
58.03 WOUND CARE CENTER		164741			3754		64454 58.03
58.04 ONCOLOGY							58.04
59 OCCUPATIONAL MEDICINE		480617					59
59.97 CARDIAC REHABILITATION		456438					177580 59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		51246379			6416655		8030407 61
62 OBSERVATION BEDS (NON-DISTINC		6886756			708380		1930204 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		407502706			84351462		57296973 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0093) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
41.03 MRI					41.03
41.04 MAMMOGRAPHY					41.04
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
43 RADIOISOTOPE					43
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
53 ELECTROCARDIOLOGY					53
53.01 CARDIOPULMONARY					53.01
53.02 CARDIAC CATH LAB					53.02
53.03 CARDIOLOGY					53.03
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 OUTPATIENT PSYCH					58.01
58.02 PARTIAL HOSPITALIZATION					58.02
58.03 WOUND CARE CENTER					58.03
58.04 ONCOLOGY					58.04
59 OCCUPATIONAL MEDICINE					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0093) [] 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	.206036	.206036	.206036			37
37.01 ENDOSCOPY	.498839	.498839	.498839			37.01
38 RECOVERY ROOM	.320972	.320972	.320972			38
39 DELIVERY ROOM & LABOR ROOM	.475383	.475383	.475383			39
40 ANESTHESIOLOGY	.059490	.059490	.059490			40
41 RADIOLOGY-DIAGNOSTIC	.261784	.261784	.261784			41
41.01 CAT SCAN	.054696	.054696	.054696			41.01
41.02 ULTRASOUND	.126341	.126341	.126341			41.02
41.03 MRI	.116945	.116945	.116945			41.03
41.04 MAMMOGRAPHY	.424274	.424274	.424274			41.04
42 RADIOLOGY-THERAPEUTIC	.158705	.158705	.158705			42
42.01 ONCOLOGY	.299921	.299921	.299921			42.01
43 RADIOISOTOPE	.164079	.164079	.164079			43
44 LABORATORY	.109161	.109161	.109161			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.270094	.270094	.270094			47
48 INTRAVENOUS THERAPY	.064263	.064263	.064263			48
49 RESPIRATORY THERAPY	.239261	.239261	.239261			49
50 PHYSICAL THERAPY	.332054	.332054	.332054			50
51 OCCUPATIONAL THERAPY	.333582	.333582	.333582			51
52 SPEECH PATHOLOGY	.300098	.300098	.300098			52
53 ELECTROCARDIOLOGY	.090062	.090062	.090062			53
53.01 CARDIOPULMONARY						53.01
53.02 CARDIAC CATH LAB	.139707	.139707	.139707			53.02
53.03 RADIOLOGY	.139413	.139413	.139413			53.03
55 MEDICAL SUPPLIES CHARGED TO PAT	.145297	.145297	.145297			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.329343	.329343	.329343			55.30
56 DRUGS CHARGED TO PATIENTS	.157630	.157630	.157630			56
57 RENAL DIALYSIS	.539326	.539326	.539326			57
58.01 OUTPATIENT PSYCH						58.01
58.02 PARTIAL HOSPITALIZATION						58.02
58.03 WOUND CARE CENTER	.736429	.736429	.736429			58.03
58.04 ONCOLOGY						58.04
59 OCCUPATIONAL MEDICINE	1.310894	1.310894	1.310894			59
59.97 CARDIAC REHABILITATION	1.058365	1.058365	1.058365			59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.148134	.148134	.148134			61
62 OBSERVATION BEDS (NON-DISTINCT	.431583	.431583	.431583			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.157630	1
2 PROGRAM VACCINE CHARGES	24284	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	3828	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0093) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2429211						37
37.01 ENDOSCOPY		517309						37.01
38 RECOVERY ROOM		359056						38
39 DELIVERY ROOM & LABOR ROOM		9097						39
40 ANESTHESIOLOGY		447939						40
41 RADIOLOGY-DIAGNOSTIC		1903710						41
41.01 CAT SCAN		7001332						41.01
41.02 ULTRASOUND		99018						41.02
41.03 MRI		3224432						41.03
41.04 MAMMOGRAPHY		795878						41.04
42 RADIOLOGY-THERAPEUTIC		6031294						42
42.01 ONCOLOGY		2208168						42.01
43 RADIOISOTOPE		1169785						43
44 LABORATORY		578195						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		294800						47
48 INTRAVENOUS THERAPY		1103430						48
49 RESPIRATORY THERAPY		774293						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		532631						53
53.01 CARDIOPULMONARY								53.01
53.02 CARDIAC CATH LAB		439696						53.02
53.03 RADIOLOGY		1261271						53.03
55 MEDICAL SUPPLIES CHARGED TO PA		3080532						55
55.30 IMPL. DEV. CHARGED TO PATIENT		899626						55.30
56 DRUGS CHARGED TO PATIENTS		11922552						56
57 RENAL DIALYSIS		11073						57
58.01 OUTPATIENT PSYCH								58.01
58.02 PARTIAL HOSPITALIZATION								58.02
58.03 WOUND CARE CENTER		64454						58.03
58.04 ONCOLOGY								58.04
59 OCCUPATIONAL MEDICINE								59
59.97 CARDIAC REHABILITATION		177580						59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		8030407						61
62 OBSERVATION BEDS (NON-DISTINCT		1930204						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		57296973						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		57296973						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0093) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.)	I/P PART B I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		500505					37
37.01 ENDOSCOPY		258054					37.01
38 RECOVERY ROOM		115247					38
39 DELIVERY ROOM & LABOR ROOM		4325					39
40 ANESTHESIOLOGY		26648					40
41 RADIOLOGY-DIAGNOSTIC		498361					41
41.01 CAT SCAN		382945					41.01
41.02 ULTRASOUND		12510					41.02
41.03 MRI		377081					41.03
41.04 MAMMOGRAPHY		337670					41.04
42 RADIOLOGY-THERAPEUTIC		957197					42
42.01 ONCOLOGY		662276					42.01
43 RADIOISOTOPE		191937					43
44 LABORATORY		63116					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		79624					47
48 INTRAVENOUS THERAPY		70910					48
49 RESPIRATORY THERAPY		185258					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		47970					53
53.01 CARDIOPULMONARY							53.01
53.02 CARDIAC CATH LAB		61429					53.02
53.03 RADIOLOGY		175838					53.03
55 MEDICAL SUPPLIES CHARGED TO PAT		447592					55
55.30 IMPL. DEV. CHARGED TO PATIENT		296286					55.30
56 DRUGS CHARGED TO PATIENTS		1879352					56
57 RENAL DIALYSIS		5972					57
58.01 OUTPATIENT PSYCH							58.01
58.02 PARTIAL HOSPITALIZATION							58.02
58.03 WOUND CARE CENTER		47466					58.03
58.04 ONCOLOGY							58.04
59 OCCUPATIONAL MEDICINE							59
59.97 CARDIAC REHABILITATION		187944					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1189576					61
62 OBSERVATION BEDS (NON-DISTINCT		833043					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		9896132					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		9896132					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0093)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	23230						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23230						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23230						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)	11169						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0093)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							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	17604408						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	17604408						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	29331876						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29331876						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.600180						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1262.67						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	17604408						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0093)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	757.83					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8464203					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8464203					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4117484	2447	1682.67	1200	2019204	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0093)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	13517331					48
49 TOTAL PROGRAM INPATIENT COSTS	24000738					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	656801					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1022736					51
52 TOTAL PROGRAM EXCLUDABLE COST	1679537					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	22321201					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0093)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

	HOSPITAL (PPS) (14-0093)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	3922					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	757.83					84
85 OBSERVATION BED COST	2972209					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
 ROUTINE COST (FROM LINE 27)

COST	COLUMN 1 DIVIDED BY	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4
1	2	3	4

86 OLD CAPITAL-RELATED COST	17604408		2972209		86
87 NEW CAPITAL-RELATED COST	1123704	17604408	2972209	189719	87
88 NON PHYSICIAN ANESTHETIST		17604408	2972209		88
89 MEDICAL EDUCATION		17604408	2972209		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0093)	[] 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		17270796		25
26 INTENSIVE CARE UNIT		4237410		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.206036	3950598	813965	37
37.01 ENDOSCOPY	.498839	732843	365571	37.01
38 RECOVERY ROOM	.320972	535916	172014	38
39 DELIVERY ROOM & LABOR ROOM	.475383	33803	16069	39
40 ANESTHESIOLOGY	.059490	871084	51821	40
41 RADIOLOGY-DIAGNOSTIC	.262910	1920735	504980	41
41.01 CAT SCAN	.054696	5869472	321037	41.01
41.02 ULTRASOUND	.126538	19030	2408	41.02
41.03 MRI	.116945	951010	111216	41.03
41.04 MAMMOGRAPHY	.425038	4689	1993	41.04
42 RADIOLOGY-THERAPEUTIC	.158705	16009	2541	42
42.01 ONCOLOGY	.299921	15490	4646	42.01
43 RADIOISOTOPE	.164079	481405	78988	43
44 LABORATORY	.109678	14918034	1636180	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.270094	995503	268879	47
48 INTRAVENOUS THERAPY	.064263	40770	2620	48
49 RESPIRATORY THERAPY	.240872	2936105	707225	49
50 PHYSICAL THERAPY	.332054	385338	127953	50
51 OCCUPATIONAL THERAPY	.333582	343836	114698	51
52 SPEECH PATHOLOGY	.300098	95047	28523	52
53 ELECTROCARDIOLOGY	.090062	833538	75070	53
53.01 CARDIOPULMONARY				53.01
53.02 CARDIAC CATH LAB	.139707	78514	10969	53.02
53.03 RADIOLOGY	.139413	2564478	357522	53.03
55 MEDICAL SUPPLIES CHARGED TO PAT	.145297	8241735	1197499	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.329343	2171008	715006	55.30
56 DRUGS CHARGED TO PATIENTS	.157630	27899344	4397774	56
57 RENAL DIALYSIS	.539326	317339	171149	57
58.01 OUTPATIENT PSYCH				58.01
58.02 PARTIAL HOSPITALIZATION				58.02
58.03 WOUND CARE CENTER	.736429	3754	2765	58.03
58.04 ONCOLOGY				58.04
59 OCCUPATIONAL MEDICINE	1.342277			59
59.97 CARDIAC REHABILITATION	1.058365			59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.148134	6416655	950525	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.431583	708380	305725	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		84351462	13517331	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		84351462		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0093)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	13630645					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4543548					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	242651					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	163.25					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0093)	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	0.0727					4
4.01	0.2034					4.01
4.02	0.2761					4.02
4.03	0.1199					4.03
4.04	2179086					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	20595930					6
7						7
7.01						7.01
8	20595930					8
9	1579354					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	22175284					16
17	20651					17
18	22154633					18
19	2095864					19
20	28325					20
21	483093					21
21.01	338165					21.01
21.02	285655					21.02
22	20368609					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0093)	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	20368609				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	20444155				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-75546				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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					52
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)					54
55	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0093) 1	HOSPITAL (14-0093) 1.01	HOSPITAL (14-0093) 1.02	
1 MEDICAL AND OTHER SERVICES	3828			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9896132			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8211597			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.824			1.03
1.04 LINE 1.01 TIMES LINE 1.03	8154413			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	3828			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	24284			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	24284			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	24284			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	20456			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3828			17
17.01 TOTAL PPS PAYMENTS	8211597			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0093) 1	HOSPITAL (14-0093) 1.01	HOSPITAL (14-0093) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1887458		18.01
19 SUBTOTAL	6327967		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	6327967		23
24 PRIMARY PAYER PAYMENTS	1480		24
25 SUBTOTAL	6326487		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	502410		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	351687		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	300538		27.02
28 SUBTOTAL	6678174		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	6678174		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6727796		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-49622		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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW TIME VALUE OF MONEY (SEE INSTRUCTIONS)			52
53 FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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	66706			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	20803725			4
5	OTHER RECEIVABLES	1794876			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8984296			6
7	INVENTORY	1838666			7
8	PREPAID EXPENSES	1923704			8
9	OTHER CURRENT ASSETS	61250			9
10	DUE FROM OTHER FUNDS	599274			10
11	TOTAL CURRENT ASSETS	18103905			11
FIXED ASSETS					
12	LAND	2258693			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1339072			13
13.01	ACCUMULATED DEPRECIATION	-1144231			13.01
14	BUILDINGS	25241175			14
14.01	ACCUMULATED DEPRECIATION	-13030762			14.01
15	LEASEHOLD IMPROVEMENTS	4102493			15
15.01	ACCUMULATED AMORTIZATION	-89441			15.01
16	FIXED EQUIPMENT	10668693			16
16.01	ACCUMULATED DEPRECIATION	-9386445			16.01
17	AUTOMOBILES AND TRUCKS	195716			17
17.01	ACCUMULATED DEPRECIATION	-177957			17.01
18	MAJOR MOVABLE EQUIPMENT	41068980			18
18.01	ACCUMULATED DEPRECIATION	-33633268			18.01
19	MINOR EQUIPMENT DEPRECIABLE	892959			19
19.01	ACCUMULATED DEPRECIATION	-486877			19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	92058			20
21	TOTAL FIXED ASSETS	27910858			21
OTHER ASSETS					
22	INVESTMENTS	4042507			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	227303			25
26	TOTAL OTHER ASSETS	4269810			26
27	TOTAL ASSETS	50284573			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	4251045			28
29	SALARIES, WAGES & FEES PAYABLE	3056854			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	380464			31
32	DEFERRED INCOME	4558410			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	6224249			34
35	OTHER CURRENT LIABILITIES	2834061			35
36	TOTAL CURRENT LIABILITIES	21305083			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	619106			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	123902			41
42	TOTAL LONG TERM LIABILITIES	743008			42
43	TOTAL LIABILITIES	22048091			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	28236482			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	28236482			51
52	TOTAL LIABILITIES AND FUND BALANCES	50284573			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	27012142			1
2 NET INCOME (LOSS)	2731733			2
3 TOTAL	29743875			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 RESTRICTED CONTRIBUTIONS	657549			5
6 OTHER TEMP RESTRICTED ACCOUNT	266355			6
7 CONTRIBUTIONS	4564			7
8 ROUNDING ERROR	1			8
9				9
10 TOTAL ADDITIONS	928469			10
11 SUBTOTAL	30672344			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO PH	2163033			13
14 NET ASSETS RELEASED OPERATIONS	272829			14
15 ROUNDING ERROR				15
16				16
17				17
18 TOTAL DEDUCTIONS	2435862			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	28236482			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	31205406		31205406	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	31205406		31205406	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	7411092		7411092	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	7411092		7411092	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	38616498		38616498	18
18.50 ANCILLARY SERVICES	151252996		151252996	18.50
18.60 OUTPATIENT SERVICES		263497242	263497242	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	189869494	263497242	453366736	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		112199521	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		112199521	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	453366736	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	341312287	2
3	NET PATIENT REVENUES	112054449	3
4	LESS - TOTAL OPERATING EXPENSES	112199521	4
5	NET INCOME FROM SERVICE TO PATIENTS	-145072	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	96403	6
7	INCOME FROM INVESTMENTS	82716	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	3252	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	417523	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	543	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	19684	21
22	RENTAL OF HOSPITAL SPACE	180751	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	APOTHECARY CASH SALE	1527012	24
24.01	SCRIP & WST SALES	1551	24.01
24.02	EDUCATION REVENUE	4219	24.02
24.03	NURSERY PHOTOS	1728	24.03
24.04	OTHER SERVICE FEES	260	24.04
24.05	MISC INCOME	25016	24.05
24.06	OTHER REVENUE	16959	24.06
24.07	NET ASSETS RELEASED	272829	24.07
24.08	GAIN DISPOSAL ASSETS	48380	24.08
24.09	G/L EMP DEF COMP VALUE	7628	24.09
24.10	UNR G/L UNRESTRICTED	178034	24.10
25	TOTAL OTHER INCOME	2884488	25
26	TOTAL	2739416	26
27	DEF COMP EXP NON OP	7681	27
27.01	ROUNDING	2	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	7683	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2731733	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0093) (14-0093)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	1478537				3
3.01	15801				3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5	0.0727				5
5.01	0.2034				5.01
5.02	0.2761				5.02
5.03	0.0575				5.03
5.04	85016				5.04
6	1579354				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NONPATIENT TELEPHONE					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCH,RCVING,STORING					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING, A/R					6.05
6.06 OTHER ADMIN & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					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
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
41.03 MRI					41.03
41.04 MAMMOGRAPHY					41.04
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
43 RADIOISOTOPE					43
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
53 ELECTROCARDIOLOGY					53
53.01 CARDIOPULMONARY					53.01
53.02 CARDIAC CATH LAB					53.02
53.03 CARDIOLOGY					53.03
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 OUTPATIENT PSYCH					58.01
58.02 PARTIAL HOSPITALIZATION					58.02
58.03 WOUND CARE CENTER					58.03
58.04 ONCOLOGY					58.04
59 OCCUPATIONAL MEDICINE					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50

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
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
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
99.01 OCCUPATIONAL MEDICINE					99.01
99.02 APOTHECARY					99.02
99.03 REAL ESTATE					99.03
99.04 LIFELINE					99.04
99.05 FOUNDATION					99.05
99.06 OUTREACH PROGRAMS					99.06
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	48.08		13.66				61.74 25
26 INTENSIVE CARE UNIT	49.04		6.33				55.37 26
33 NURSERY			82.65				82.65 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	21.60	13.28					34.88 37
37.01 ENDOSCOPY	16.87	11.91					28.78 37.01
38 RECOVERY ROOM	18.30	12.26					30.56 38
39 DELIVERY ROOM & LABOR ROOM	0.66	0.18					0.84 39
40 ANESTHESIOLOGY	16.70	8.59					25.29 40
41 RADIOLOGY-DIAGNOSTIC	15.53	15.39					30.92 41
41.01 CAT SCAN	14.02	16.72					30.74 41.01
41.02 ULTRASOUND	0.28	1.46					1.74 41.02
41.03 MRI	6.51	22.06					28.57 41.03
41.04 MAMMOGRAPHY	0.27	45.63					45.90 41.04
42 RADIOLOGY-THERAPEUTIC	0.14	51.67					51.81 42
42.01 ONCOLOGY	0.31	43.69					44.00 42.01
43 RADIOISOTOPE	11.45	27.81					39.26 43
44 LABORATORY	25.32	0.98					26.30 44
47 BLOOD STORING, PROCESSING & TRA	36.30	10.75					47.05 47
48 INTRAVENOUS THERAPY	0.30	8.16					8.46 48
49 RESPIRATORY THERAPY	36.02	9.50					45.52 49
50 PHYSICAL THERAPY	19.76						19.76 50
51 OCCUPATIONAL THERAPY	25.89						25.89 51
52 SPEECH PATHOLOGY	25.21						25.21 52
53 ELECTROCARDIOLOGY	29.47	18.83					48.30 53
53.02 CARDIAC CATH LAB	8.23	46.08					54.31 53.02
53.03 RADIOLOGY	33.42	16.44					49.86 53.03
55 MEDICAL SUPPLIES CHARGED TO PAT	29.51	11.03					40.54 55
55.30 IMPL. DEV. CHARGED TO PATIENT	39.73	16.46					56.19 55.30
56 DRUGS CHARGED TO PATIENTS	34.14	14.59					48.73 56
57 RENAL DIALYSIS	61.54	2.15					63.69 57
58.03 WOUND CARE CENTER	2.28	39.12					41.40 58.03
59.97 CARDIAC REHABILITATION		38.91					38.91 59.97
61 EMERGENCY	12.52	15.67					28.19 61
62 OBSERVATION BEDS (NON-DISTINCT	10.29	28.03					38.32 62
101 TOTAL CHARGES	18.89	12.83					31.72 101

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	1793793	1.98	-1793793	-3.59		3
4	NEW CAP REL COSTS-MVBLE EQUIP	3611715	3.99	-3611715	-7.23		4
5	EMPLOYEE BENEFITS	12707147	14.02	-12707147	-25.45		5
6.01	NONPATIENT TELEPHONE	342890	.38	-342890	-.69		6.01
6.02	DATA PROCESSING	3462368	3.82	-3462368	-6.93		6.02
6.03	PURCH,RCVING,STORING	340492	.38	-340492	-.68		6.03
6.04	ADMITTING	951372	1.05	-951372	-1.91		6.04
6.05	CASHIERING, A/R	2883254	3.18	-2883254	-5.77		6.05
6.06	OTHER ADMIN & GENERAL	12687348	14.00	-12687348	-25.41		6.06
7	MAINTENANCE & REPAIRS	2711295	2.99	-2711295	-5.43		7
8	OPERATION OF PLANT	1230006	1.36	-1230006	-2.46		8
9	LAUNDRY & LINEN SERVICE	325359	.36	-325359	-.65		9
10	HOUSEKEEPING	1055024	1.16	-1055024	-2.11		10
11	DIETARY	894448	.99	-894448	-1.79		11
12	CAFETERIA	447608	.49	-447608	-.90		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	532885	.59	-532885	-1.07		14
15	CENTRAL SERVICES & SUPPLY	710255	.78	-710255	-1.42		15
16	PHARMACY	1609211	1.78	-1609211	-3.22		16
17	MEDICAL RECORDS & LIBRARY	976991	1.08	-976991	-1.96		17
18	SOCIAL SERVICE	662361	.73	-662361	-1.33		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	6340014	7.00	11264394	22.56	17604408	19.43
26	INTENSIVE CARE UNIT	1641180	1.81	2476304	4.96	4117484	4.54
33	NURSERY	314743	.35	1013474	2.03	1328217	1.47
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1286515	1.42	2482655	4.97	3769170	4.16
37.01	ENDOSCOPY	915176	1.01	1251813	2.51	2166989	2.39
38	RECOVERY ROOM	443697	.49	496126	.99	939823	1.04
39	DELIVERY ROOM & LABOR ROOM	1057253	1.17	1382790	2.77	2440043	2.69
40	ANESTHESIOLOGY	46795	.05	263439	.53	310234	.34
41	RADIOLOGY-DIAGNOSTIC	1313839	1.45	1923898	3.85	3237737	3.57
41.01	CAT SCAN	726527	.80	1563429	3.13	2289956	2.53
41.02	ULTRASOUND	371876	.41	482249	.97	854125	.94
41.03	MRI	379282	.42	1329878	2.66	1709160	1.89
41.04	MAMMOGRAPHY	298273	.33	441695	.88	739968	.82
42	RADIOLOGY-THERAPEUTIC	660275	.73	1192269	2.39	1852544	2.04
42.01	ONCOLOGY	544076	.60	971740	1.95	1515816	1.67
43	RADIOISOTOPE	385956	.43	304183	.61	690139	.76

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---	
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
44 LABORATORY	3767589	4.16	2662744	5.33	6430333	7.10		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	504484	.56	236319	.47	740803	.82		47
48 INTRAVENOUS THERAPY	365698	.40	503321	1.01	869019	.96		48
49 RESPIRATORY THERAPY	992962	1.10	957325	1.92	1950287	2.15		49
50 PHYSICAL THERAPY	412623	.46	234872	.47	647495	.71		50
51 OCCUPATIONAL THERAPY	272661	.30	170341	.34	443002	.49		51
52 SPEECH PATHOLOGY	80562	.09	32561	.07	113123	.12		52
53 ELECTROCARDIOLOGY	110280	.12	144470	.29	254750	.28		53
53.01 CARDIOPULMONARY								53.01
53.02 CARDIAC CATH LAB	35406	.04	97914	.20	133320	.15		53.02
53.03 CARDIOLOGY	477474	.53	592380	1.19	1069854	1.18		53.03
55 MEDICAL SUPPLIES CHARGED TO PAT	2008017	2.22	2049752	4.10	4057769	4.48		55
55.30 IMPL. DEV. CHARGED TO PATIENT	1004144	1.11	795476	1.59	1799620	1.99		55.30
56 DRUGS CHARGED TO PATIENTS	7038646	7.77	5843425	11.70	12882071	14.22		56
57 RENAL DIALYSIS	193766	.21	84329	.17	278095	.31		57
58.01 OUTPATIENT PSYCH								58.01
58.02 PARTIAL HOSPITALIZATION								58.02
58.03 WOUND CARE CENTER	490		120830	.24	121320	.13		58.03
58.04 ONCOLOGY								58.04
59 OCCUPATIONAL MEDICINE	208062	.23	421976	.85	630038	.70		59
59.97 CARDIAC REHABILITATION	216428	.24	266650	.53	483078	.53		59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
61 EMERGENCY	3271698	3.61	4319621	8.65	7591319	8.38		61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	9752	.01	67503	.14	77255	.09		96
98 PHYSICIANS' PRIVATE OFFICES	643167	.71	476861	.95	1120028	1.24		98
99.01 OCCUPATIONAL MEDICINE								99.01
99.02 APOTHECARY	1208866	1.33	332609	.67	1541475	1.70		99.02
99.03 REAL ESTATE	169421	.19	200410	.40	369831	.41		99.03
99.04 LIFELINE								99.04
99.05 FOUNDATION	600242	.66	269380	.54	869622	.96		99.05

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
99.06	OUTREACH PROGRAMS	361564	.40	214417	.43	575981	.64	99.06
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	90615301	100.00	0	.00	90615301	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	412207	18293785	.022533	3950598	89019	37
37.01 ENDOSCOPY	163446	4344063	.037625	732843	27573	37.01
38 RECOVERY ROOM	47230	2928051	.016130	535916	8644	38
39 DELIVERY ROOM & LABOR ROOM	177604	5132789	.034602	33803	1170	39
40 ANESTHESIOLOGY	91989	5214878	.017640	871084	15366	40
41 RADIOLOGY-DIAGNOSTIC	423554	12367969	.034246	1920735	65777	41
41.01 CAT SCAN	333941	41867127	.007976	5869472	46815	41.01
41.02 ULTRASOUND	93936	6760466	.013895	19030	264	41.02
41.03 MRI	719269	14615076	.049214	951010	46803	41.03
41.04 MAMMOGRAPHY	190521	1744079	.109239	4689	512	41.04
42 RADIOLOGY-THERAPEUTIC	430169	11672851	.036852	16009	590	42
42.01 ONCOLOGY	307995	5054059	.060940	15490	944	42.01
43 RADIOISOTOPE	26811	4206147	.006374	481405	3068	43
44 LABORATORY	463015	58907103	.007860	14918034	117256	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	16513	2742763	.006021	995503	5994	47
48 INTRAVENOUS THERAPY	47426	13522785	.003507	40770	143	48
49 RESPIRATORY THERAPY	140612	8151293	.017250	2936105	50648	49
50 PHYSICAL THERAPY	35171	1949970	.018037	385338	6950	50
51 OCCUPATIONAL THERAPY	26882	1328014	.020242	343836	6960	51
52 SPEECH PATHOLOGY	4020	376954	.010664	95047	1014	52
53 ELECTROCARDIOLOGY	14796	2828606	.005231	833538	4360	53
53.01 CARDIOPULMONARY	91645					53.01
53.02 CARDIAC CATH LAB	23344	954280	.024462	78514	1921	53.02
53.03 RADIOLOGY	97651	7674013	.012725	2564478	32633	53.03
55 MEDICAL SUPPLIES CHARGED TO PAT	342156	27927465	.012252	8241735	100978	55
55.30 IMPL. DEV. CHARGED TO PATIENT	87678	5464278	.016046	2171008	34836	55.30
56 DRUGS CHARGED TO PATIENTS	757612	81723277	.009270	27899344	258627	56
57 RENAL DIALYSIS	11818	515634	.022919	317339	7273	57
58.01 OUTPATIENT PSYCH						58.01
58.02 PARTIAL HOSPITALIZATION						58.02
58.03 WOUND CARE CENTER	24974	164741	.151596	3754	569	58.03
58.04 ONCOLOGY						58.04
59 OCCUPATIONAL MEDICINE	41849	480617	.087073			59
59.97 CARDIAC REHABILITATION	33930	456438	.074336			59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	531241	51246379	.010366	6416655	66515	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	189719	6886756	.027548	708380	19514	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	6400724	407502706		84351462	1022736	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	1123704		1123704	23230	48.37	11169	540245 25
26	INTENSIVE CARE UNIT	237677		237677	2447	97.13	1200	116556 26
101	TOTAL	1361381		1361381			12369	656801 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							656801	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1022736	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1679537	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2963	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							12369	
PER DISCHARGE CAPITAL COSTS							566.84	
PER DIEM CAPITAL COSTS							135.79	

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)	22321201
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	105859668
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.211

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)	1679537
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.016

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	9890160
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	57285900
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.173