

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 COVENANT MEDICAL CENTER (14-0113) (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	166306	4
3	SWING BED - SNF	-21579	
4	SWING BED - NF		
5	SKILLED NURSING FACILITY		
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	144727	-198464

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
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES	25.06
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.	0.00		25.08
			PROGRAM CODE(2)	RESIDENT FTEs(3)
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02

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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31.01
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?		V 1	XVIII 2	XIX 3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	YES	NO
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	NO	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				
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 SERVICEFI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 19065 HICKORY CREEK DRIVE, SUITE 300 P.O.BOX: 40.02
 40.03 CITY: 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: PREMIUMS: 1805072 PAID LOSSES: 3598496 AND/OR SELF INSURANCE:						54			
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01			
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55			
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / / NO	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					NO	57			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					YES	58			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					NO	58.01			
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO	59			

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
 (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		25114							1
2 HMO XIX									2
2.01 HMO (IRF PPS Sub)									2.01
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		25114							5
6 INTENSIVE CARE UNIT		3382							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		2146							11
12 TOTAL HOSPITAL		30642			11.78		11.78	779.53	12
13 RPCH VISITS									13
14 SUBPROVIDER I		4810						24.47	14
14.01 SUB-PROVIDER II PSYCHE									14.01
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					11.78		11.78	804.00	25
26 OBSERVATION BED DAYS		3888							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		452							28
29 LABOR & DELIVERY DAYS		223							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		3305	1542	8851	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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		3305	1542	8851	12
13	RPCH VISITS					13
14	SUBPROVIDER I		274	23	411	14
14.01	SUB-PROVIDER II PSYCHE					14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
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	1	2	3	4	5	6	
1 TOTAL SALARIES	43803502	-1838899	41964603	1672322.79	25.09		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R	893652		893652	28600.00	31.25		6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	4355969	-16340	4339629	203549.26	21.32		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	5578654		5578654	164435.00	33.93		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	305140		305140	1972.00	154.74		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	8499005		8499005	148243.00	57.33		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	11253419		11253419			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1297958		1297958			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	896151	-324576	571575	22211.33	25.73		21
22 ADMINISTRATIVE & GENERAL	5607303	-1514242	4093061	169908.09	24.09		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1712944		1712944	17169.00	99.77		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1337781		1337781	55513.10	24.10		24
25 LAUNDRY & LINEN SERVICE	113577		113577	7545.40	15.05		25
26 HOUSEKEEPING	946575		946575	68977.90	13.72		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	824165	-562369	261796	20675.54	12.66		27
27.01 DIETARY UNDER CONTRACT	383917		383917	12044.00	31.88		27.01
28 CAFETERIA		562369	562369	44413.66	12.66		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1364483	-554363	810120	42871.40	18.90		30
31 CENTRAL SERVICES AND SUPPLY	488164		488164	26970.20	18.10		31
32 PHARMACY	1711283		1711283	41659.00	41.08		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	851695		851695	39922.70	21.33		33
34 SOCIAL SERVICE	624482	60975	685457	20250.43	33.85		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)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	4	5		
1 NET SALARIES	45006711	-1838899	43167812	1672935.79	25.80		1
2 EXCLUDED AREA SALARIES	4355969	-16340	4339629	203549.26	21.32		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	40650742	-1822559	38828183	1469386.53	26.42		3
4 SUBTOTAL OTHER WAGES & REL COSTS	14382799		14382799	314650.00	45.71		4
5 SUBTOTAL WAGE-RELATED COSTS	11253419		11253419		28.98%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	66286960	-1822559	64464401	1784036.53	36.13		6
7 NET SALARIES							7
8 EXCLUDED AREA SALARIES							8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10 SUBTOTAL OTHER WAGES & REL COSTS							10
11 SUBTOTAL WAGE-RELATED COSTS							11
12 TOTAL (SUM OF LINES 9 THRU 11)							12
13 TOTAL OVERHEAD COSTS	16862520	-2332206	14530314	590131.75	24.62		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	13677071 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	13677071 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.212748 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	75839199 28
29	TOTAL GROSS MEDICAID COST	16134638 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	38548086 30
31	UNCOMPENSATED CARE COST	8201028 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16134638 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	6500 AMBULANCE SERVICES	2057683	1334058	3391741		3391741	-20223	3371518	65
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		3894972	3894972	-3894972				88
90	9000 OTHER CAPITAL RELATED COSTS		197844	197844	-197844				90
95	SUBTOTALS	42900276	106566822	149467098	1324274	150791372	-19210000	131581372	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	39808	220541	260349		260349		260349	96
100	7950 OTHER NON-REIMBURSABLE	491247	444668	935915	-43686	892229		892229	100
100.01	7951 SHARED SERVICES		2151880	2151880	-1280588	871292		871292	100.01
100.02	7952 CASE MANAGEMENT								100.02
100.04	7953 OUTPATIENT PHARMACY	169207	876139	1045346		1045346		1045346	100.04
100.05	7954 PRIMARY CARE PHYSICIAN	202964	523882	726846		726846		726846	100.05
101	TOTAL	43803502	110783932	154587434		154587434	-19210000	135377434	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
1 MEDICAL SUPPLIES-CENTRAL STORES	A		55		6272414	1
2 MEDICAL SUPPLIES-SURGERY	A	IMPL. DEV. CHARGED TO PATIENT	55.30		6257692	2
3 MEDICAL SUPPLIES-PERFUSION	A					3
4 MEDICAL SUPPLIES-EMERGENCY RM	A					4
5 MEDICAL SUPPLIES-PROCEDURE CTR	A					5
6 MEDICAL SUPPLIES-SPECIAL PROCEDURES	A					6
7 MEDICAL SUPPLIES-CARDIAC REHAB	A					7
8 MEDICAL SUPPLIES-RESP THERAPY	A					8
9 MEDICAL SUPPLIES-CARDIAC CATH	A					9
10 MEDICAL SUPPLIES-LABOR & DELIVERY	A					10
11 MEDICAL SUPPLIES-LAB	A					11
12 MEDICAL SUPPLIES-PHARMACY	A					12
13 PHARMACY RECLASS	B	DRUGS CHARGED TO PATIENTS	56		3655049	13
14 CAFETERIA RECLASS	C	CAFETERIA	12	562369	787718	14
15 REHAB RECLASSIFICATION	D	PHYSICAL THERAPY	50		384967	15
16 REHAB RECLASSIFICATION	D	OCCUPATIONAL THERAPY	51		379155	16
17 REHAB RECLASSIFICATION	D	SPEECH PATHOLOGY	52		152897	17
18 INTEREST RECLASSIFICATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		3209821	18
19 INTEREST RECLASSIFICATION	E	NEW CAP REL COSTS-MVBLE EQUIP	4		685151	19
20 DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		1998201	20
21 DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		3012357	21
22 DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		114961	22
23 DEPRECIATION	F	CARDIAC CATHETERIZATION LABOR	59.02		3558	23
24 EICU FEES	G	INTENSIVE CARE UNIT	26		478224	24
25 INTERNS & RESIDENTS	H	I&R SERVICES-SALARY & FRINGES	22		893652	25
26 PYXIX RECLASS	I	MEDICAL SUPPLIES CHARGED TO P	55		294634	26
27 PYXIX RECLASS	I	DRUGS CHARGED TO PATIENTS	56		384845	27
28 EMM FEES	J	PHARMACY	16		396	28
29 ASBESTOS ACCRETION EXP ARO LIABILIT	K	NEW CAP REL COSTS-BLDG & FIXT	3		3975	29
30 CAPITAL LEASE INTEREST	L	MRI	41.03		253	30
31 CAPITAL LEASE INTEREST	L	GASTROINTESTINAL SERVICES	48.01		10927	31
32 CAPITAL LEASE INTEREST	L	NEW CAP REL COSTS-BLDG & FIXT	3		18322	32
33 CAPITAL LEASE INTEREST	L	ADMIN & GENERAL	6.06		2977	33
34 LEASE EXPENSE	M	MAMMOGRAPHY	41.02		55818	34
35 LEASE EXPENSE	M	I&R SERVICES-OTHER PRGM COSTS	23		62355	35
36 SUBTOTAL				562369	29120319	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 MEDICAL SUPPLIES-CENTRAL STORES	A	CENTRAL SERVICES & SUPPLY	15		146353	1
2 MEDICAL SUPPLIES-SURGERY	A	OPERATING ROOM	37		8690660	2
3 MEDICAL SUPPLIES-PERFUSION	A	OPERATING ROOM	37		407678	3
4 MEDICAL SUPPLIES-EMERGENCY RM	A	EMERGENCY	61		232873	4
5 MEDICAL SUPPLIES-PROCEDURE CTR	A	GASTROINTESTINAL SERVICES	48.01		174525	5
6 MEDICAL SUPPLIES-SPECIAL PROCEDUR	A	RADIOLOGY-DIAGNOSTIC	41		276698	6
7 MEDICAL SUPPLIES-CARDIAC REHAB	A	CARDIAC REHABILITATION	59.97		2823	7
8 MEDICAL SUPPLIES-RESP THERAPY	A	RESPIRATORY THERAPY	49		209881	8
9 MEDICAL SUPPLIES-CARDIAC CATH	A	CARDIAC CATHETERIZATION LABOR	59.02		2288321	9
10 MEDICAL SUPPLIES-LABOR & DELIVERY	A	DELIVERY ROOM & LABOR ROOM	39		78384	10
11 MEDICAL SUPPLIES-LAB	A	LABORATORY	44		16793	11
12 MEDICAL SUPPLIES-PHARMACY	A	PHARMACY	16		5117	12
13 PHARMACY RECLASS	B	PHARMACY	16		3655049	13
14 CAFETERIA RECLASS	C	DIETARY	11	562369	787718	14
15 REHAB RECLASSIFICATION	D	SUBPROVIDER I	31		384967	15
16 REHAB RECLASSIFICATION	D	SUBPROVIDER I	31		379155	16
17 REHAB RECLASSIFICATION	D	SUBPROVIDER I	31		152897	17
18 INTEREST RECLASSIFICATION	E	INTEREST EXPENSE	88		3209821	11 18
19 INTEREST RECLASSIFICATION	E	INTEREST EXPENSE	88		685151	11 19
20 DEPRECIATION	F	OLD CAP REL COSTS-BLDG & FIXT	1		1998201	9 20
21 DEPRECIATION	F	OLD CAP REL COSTS-BLDG & FIXT	1		3012357	9 21
22 DEPRECIATION	F	LABORATORY	44		114961	9 22
23 DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		3558	9 23
24 EICU FEES	G	ADMIN & GENERAL	6.06		478224	24
25 INTERNS & RESIDENTS	H	I&R SERVICES-OTHER PRGM COSTS	23		893652	25
26 PYXIX RECLASS	I	PURCHASING	6.03		294634	26
27 PYXIX RECLASS	I	PURCHASING	6.03		384845	27
28 EMM FEES	J	ADMIN & GENERAL	6.06		396	28
29 ASBESTOS ACCRETION EXP ARO LIABIL	K	SHARED SERVICES	100.01		3975	9 29
30 CAPITAL LEASE INTEREST	L	SHARED SERVICES	100.01		253	30
31 CAPITAL LEASE INTEREST	L	SHARED SERVICES	100.01		10927	31
32 CAPITAL LEASE INTEREST	L	SHARED SERVICES	100.01		18322	13 32
33 CAPITAL LEASE INTEREST	L	SHARED SERVICES	100.01		2977	33
34 LEASE EXPENSE	M	SHARED SERVICES	100.01		55818	34
35 LEASE EXPENSE	M	SHARED SERVICES	100.01		62355	35
36 SUBTOTAL				562369	29120319	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
	1	2	3	4	5
1 LEASE EXPENSE	M	ADMIN & GENERAL	6.06		4651
2 VACATION ACCRUAL	N	EMPLOYEE BENEFITS	5	199848	
3 COMMUNICATIONS	O	NON-PATIENT PHONES	6.01	82	
4 VP DEVELOPMENT	P	ADMIN & GENERAL	6.06	43686	
5 RADIOLOGY SHARED SVCS	Q	CAT SCAN	41.01	57821	42416
6 RADIOLOGY SHARED SVCS	Q	MAMMOGRAPHY	41.02	11504	8439
7 RADIOLOGY SHARED SVCS	Q	MRI	41.03	53439	39201
8 RADIOLOGY SHARED SVCS	Q	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	38237	28049
9 RADIOLOGY SHARED SVCS	Q	ULTRASOUND	41.05	32328	23715
10 ROUTINE ANCILLARY SERVICES	R	INTRAVENOUS THERAPY	48	116410	
11 ROUTINE ANCILLARY SERVICES	R	INTRAVENOUS THERAPY	48	5782	
12 ROUTINE ANCILLARY SERVICES	R	INTRAVENOUS THERAPY	48	2353	
13 ROUTINE ANCILLARY SERVICES	R	INTRAVENOUS THERAPY	48	5524	
14 ROUTINE ANCILLARY SERVICES	R	INTRAVENOUS THERAPY	48	87784	
15 ROUTINE ANCILLARY SERVICES	R	BLOOD STORING, PROCESSING & T	47	17316	
16 ROUTINE ANCILLARY SERVICES	R	BLOOD STORING, PROCESSING & T	47	3418	
17 ROUTINE ANCILLARY SERVICES	R	BLOOD STORING, PROCESSING & T	47	2340	
18 ROUTINE ANCILLARY SERVICES	R	BLOOD STORING, PROCESSING & T	47	4422	
19 ROUTINE ANCILLARY SERVICES	R	BLOOD STORING, PROCESSING & T	47	3665	
20 DIRECTORS RECLASS	S	ADULTS & PEDIATRICS	25	29702	
21 DIRECTORS RECLASS	S	ADULTS & PEDIATRICS	25	31746	
22 DIRECTORS RECLASS	S	SUBPROVIDER I	31	27346	
23 DIRECTORS RECLASS	S	ADULTS & PEDIATRICS	25	33768	
24 DIRECTORS RECLASS	S	ADULTS & PEDIATRICS	25	41561	
25 DIRECTORS RECLASS	S	INTENSIVE CARE UNIT	26	39951	
26 DIRECTORS RECLASS	S	ADULTS & PEDIATRICS	25	94948	
27 DIRECTORS RECLASS	S	ADULTS & PEDIATRICS	25	37708	
28 DIRECTORS RECLASS	S	NURSERY	33	18378	
29 DIRECTORS RECLASS	S	OPERATING ROOM	37	95291	
30 DIRECTORS RECLASS	S	OPERATING ROOM	37	23341	
31 DIRECTORS RECLASS	S	RECOVERY ROOM	38	15986	
32 DIRECTORS RECLASS	S	DELIVERY ROOM & LABOR ROOM	39	49860	
33 DIRECTORS RECLASS	S	EMERGENCY	61	85352	
34 DIRECTORS RECLASS	S	GASTROINTESTINAL SERVICES	48.01	19726	
35 DIRECTORS RECLASS	S	ELECTROCARDIOLOGY	53	5773	
36 SUBTOTAL				1898765	29266790

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 LEASE EXPENSE	M	SHARED SERVICES	100.01		4651	1
2 VACATION ACCRUAL	N	EMPLOYEE BENEFITS	5		199848	2
3 COMMUNICATIONS	O	DATA PROCESSING	6.02	82		3
4 VP DEVELOPMENT	P	OTHER NON-REIMBURSABLE	100	43686		4
5 RADIOLOGY SHARED SVCS	Q	RADIOLOGY-DIAGNOSTIC	41	57821	42416	5
6 RADIOLOGY SHARED SVCS	Q	RADIOLOGY-DIAGNOSTIC	41	11504	8439	6
7 RADIOLOGY SHARED SVCS	Q	RADIOLOGY-DIAGNOSTIC	41	53439	39201	7
8 RADIOLOGY SHARED SVCS	Q	RADIOLOGY-DIAGNOSTIC	41	38237	28049	8
9 RADIOLOGY SHARED SVCS	Q	RADIOLOGY-DIAGNOSTIC	41	32328	23715	9
10 ROUTINE ANCILLARY SERVICES	R	ADULTS & PEDIATRICS	25	116410		10
11 ROUTINE ANCILLARY SERVICES	R	GASTROINTESTINAL SERVICES	48.01	5782		11
12 ROUTINE ANCILLARY SERVICES	R	DELIVERY ROOM & LABOR ROOM	39	2353		12
13 ROUTINE ANCILLARY SERVICES	R	RADIOLOGY-DIAGNOSTIC	41	5524		13
14 ROUTINE ANCILLARY SERVICES	R	EMERGENCY	61	87784		14
15 ROUTINE ANCILLARY SERVICES	R	ADULTS & PEDIATRICS	25	17316		15
16 ROUTINE ANCILLARY SERVICES	R	INTENSIVE CARE UNIT	26	3418		16
17 ROUTINE ANCILLARY SERVICES	R	GASTROINTESTINAL SERVICES	48.01	2340		17
18 ROUTINE ANCILLARY SERVICES	R	RADIOLOGY-DIAGNOSTIC	41	4422		18
19 ROUTINE ANCILLARY SERVICES	R	ONCOLOGY	42.01	3665		19
20 DIRECTORS RECLASS	S	NURSING ADMINISTRATION	14	105134		20
21 DIRECTORS RECLASS	S	NURSING ADMINISTRATION	14	122561		21
22 DIRECTORS RECLASS	S	NURSING ADMINISTRATION	14	105946		22
23 DIRECTORS RECLASS	S	NURSING ADMINISTRATION	14	115632		23
24 DIRECTORS RECLASS	S	NURSING ADMINISTRATION	14	94948		24
25 DIRECTORS RECLASS	S	NURSING ADMINISTRATION	14	10142		25
26 DIRECTORS RECLASS	S	OPERATING ROOM	37	111277		26
27 DIRECTORS RECLASS	S	OPERATING ROOM	37	12787		27
28 DIRECTORS RECLASS	S	RESPIRATORY THERAPY	49	114564		28
29 DIRECTORS RECLASS	S	ONCOLOGY	42.01	126883		29
30 DIRECTORS RECLASS	S	ADMIN & GENERAL	6.06	108435		30
31 DIRECTORS RECLASS	S					31
32 DIRECTORS RECLASS	S					32
33 DIRECTORS RECLASS	S					33
34 DIRECTORS RECLASS	S					34
35 DIRECTORS RECLASS	S					35
36 SUBTOTAL				2076789	29466638	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 DIRECTORS RECLASS	S	ELECTROENCEPHALOGRAPHY	54	6884	1
2 DIRECTORS RECLASS	S	MAMMOGRAPHY	41.02	3076	2
3 DIRECTORS RECLASS	S	MRI	41.03	6486	3
4 DIRECTORS RECLASS	S	CAT SCAN	41.01	19813	4
5 DIRECTORS RECLASS	S	RADIOLOGY-DIAGNOSTIC	41	40101	5
6 DIRECTORS RECLASS	S	RADIOLOGY-DIAGNOSTIC	41	21092	6
7 DIRECTORS RECLASS	S	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	5825	7
8 DIRECTORS RECLASS	S	RADIOLOGY-THERAPEUTIC	42	4411	8
9 DIRECTORS RECLASS	S	ULTRASOUND	41.05	12077	9
10 DIRECTORS RECLASS	S	RADIOLOGY-DIAGNOSTIC	41	9763	10
11 DIRECTORS RECLASS	S	OTHER RADIOLOGY	59	10562	11
12 DIRECTORS RECLASS	S	CARDIAC CATHETERIZATION LABOR	59.02	16394	12
13 DIRECTORS RECLASS	S	RESPIRATORY THERAPY	49	6511	13
14 DIRECTORS RECLASS	S	CARDIAC REHABILITATION	59.97	23390	14
15 DIRECTORS RECLASS	S	RESPIRATORY THERAPY	49	55953	15
16 DIRECTORS RECLASS	S	RESPIRATORY THERAPY	49	5491	16
17 DIRECTORS RECLASS	S	ONCOLOGY	42.01	4238	17
18 DIRECTORS RECLASS	S	ADMIN & GENERAL	6.06	10142	18
19 DIRECTORS RECLASS	S	SOCIAL SERVICE	18	60975	19
20 DIRECTORS RECLASS	S	ADMIN & GENERAL	6.06	47460	20
21 DIRECTORS RECLASS	S	EMPLOYEE BENEFITS	5	7228	21
22 CPACS SHARED SVC	T	OTHER RADIOLOGY	59		8705 22
23 CPACS SHARED SVC	T	CARDIAC REHABILITATION	59.97		10282 23
24 PROPERTY TAXES	V	NEW CAP REL COSTS-BLDG & FIXT	3		1121310 24
25 CORRECTING ERROR	W	LABORATORY	44		20000 25
26 CORRECTING ERROR	W	ELECTROCARDIOLOGY	53		4125 26
27 SYSTEM SALARIES	X	PATIENT ACCOUNTING	6.05		1363740 27
28 SYSTEM SALARIES	X	EMPLOYEE BENEFITS	5		531652 28
29 SYSTEM SALARIES	X	PURCHASING	6.03		143355 29
30 COUNTY PLAZA	Y	EMPLOYEE BENEFITS	5		145686 30
31 COUNTY PLAZA	Y	ADMIN & GENERAL	6.06		192545 31
32 COUNTY PLAZA	Y	PURCHASING	6.03		68869 32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				2276637	32877059 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1 DIRECTORS RECLASS	S					1
2 DIRECTORS RECLASS	S					2
3 DIRECTORS RECLASS	S					3
4 DIRECTORS RECLASS	S					4
5 DIRECTORS RECLASS	S					5
6 DIRECTORS RECLASS	S					6
7 DIRECTORS RECLASS	S					7
8 DIRECTORS RECLASS	S					8
9 DIRECTORS RECLASS	S					9
10 DIRECTORS RECLASS	S					10
11 DIRECTORS RECLASS	S					11
12 DIRECTORS RECLASS	S					12
13 DIRECTORS RECLASS	S					13
14 DIRECTORS RECLASS	S					14
15 DIRECTORS RECLASS	S					15
16 DIRECTORS RECLASS	S					16
17 DIRECTORS RECLASS	S					17
18 DIRECTORS RECLASS	S					18
19 DIRECTORS RECLASS	S					19
20 DIRECTORS RECLASS	S					20
21 DIRECTORS RECLASS	S					21
22 CPACS SHARED SVC	T	CARDIAC CATHETERIZATION LABOR	59.02		8705	22
23 CPACS SHARED SVC	T	CARDIAC CATHETERIZATION LABOR	59.02		10282	23
24 PROPERTY TAXES	V	SHARED SERVICES	100.01		1121310	13 24
25 CORRECTING ERROR	W	ADULTS & PEDIATRICS	25		20000	25
26 CORRECTING ERROR	W	ADMIN & GENERAL	6.06		4125	26
27 SYSTEM SALARIES	X	PATIENT ACCOUNTING	6.05	1363740		27
28 SYSTEM SALARIES	X	EMPLOYEE BENEFITS	5	531652		28
29 SYSTEM SALARIES	X	PURCHASING	6.03	143355		29
30 COUNTY PLAZA	Y	OPERATION OF PLANT	8		145686	30
31 COUNTY PLAZA	Y	OPERATION OF PLANT	8		192545	31
32 COUNTY PLAZA	Y	OPERATION OF PLANT	8		68869	32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				4115536	31038160	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	6156757					6156757		1
2 LAND IMPROVEMENTS	4865252					4865252	2457808	2
3 BUILDINGS AND FIXTURES	55783141	1045906		1045906		56829047	1340	3
4 BUILDING IMPROVEMENTS	16615	3605865		3605865		3622480	3697682	4
5 FIXED EQUIPMENT	19365193	18750		18750		19383943		5
6 MOVABLE EQUIPMENT	64847953	7374036		7374036	2562252	69659737	60390034	6
7 SUBTOTAL	151034911	12044557		12044557	2562252	160517216	66546864	7
8 RECONCILING ITEMS								8
9 TOTAL	151034911	12044557		12044557	2562252	160517216	66546864	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	81078242		81078242	.538395			106518	106518 3
4 NEW CAP REL COSTS-MVBLE EQUIP	71398274	1883944	69514330	.461605			91326	91326 4
5 TOTAL	152476516	1883944	150592572	1.000000			197844	197844 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	2002176		2341696		1139632	106518	5590022 3
4 NEW CAP REL COSTS-MVBLE EQUIP	3123760		499846			91326	3714932 4
5 TOTAL	5125936		2841542		1139632	197844	9304954 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	5010558						5010558 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	5010558						5010558 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	B		NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B		NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-3871	PURCHASING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-68284	OPERATION OF PLANT	8	8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-4888	NON-PATIENT PHONES	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2480760			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	132635			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-504778	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	-3084	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37 INDIGENT CARE	A	-24831	SOCIAL SERVICE	18	37
38 ADVERTISING	A	-55829	ADMIN & GENERAL	6.06	38
39 BAD DEBTS	A	-14825362	PATIENT ACCOUNTING	6.05	39
40 PHYSICIAN RECRUITMENT	A	13243	ADMIN & GENERAL	6.06	40
41 CONTRIBUTIONS	A	-35144	ADMIN & GENERAL	6.06	41
42 ALCOHOLIC BEVERAGES	A	-8691	ADMIN & GENERAL	6.06	42
43 LOBBYING COSTS	A	-29465	ADMIN & GENERAL	6.06	43
44 OTHER OPER. INCOME-EDUCATION	B	-995	EMPLOYEE BENEFITS	5	44
45 OTHER OPER. INCOME	B	-16357	ADMIN & GENERAL	6.06	45
46 OTHER OPER. INCOME-EMS	B	-74766	EMERGENCY	61	46
47 OTHER OPER. INCOME-LAB	B	-21745	LABORATORY	44	47
48 OTHER OPER. INCOME-CARDIO PULM RE	B	-8055	CARDIAC REHABILITATION	59.97	48
49 OTHER OPER. INCOME-AMBULANCE	B	-20223	AMBULANCE SERVICES	65	49
49.01 OTHER OPER. INCOME-NURSING SERV.	B	-18000	NURSING ADMINISTRATION	14	49.01
49.02 NON ALLOWABLE PHYSICIAN FEES	A	-888013	ADMIN & GENERAL	6.06	49.02
49.03 OTHER OPER. INCOME HOUSEKEEPING	B	-2643	HOUSEKEEPING	10	49.03
49.04 OTHER OPER. INCOME DIETARY CATERI	B	-4904	DIETARY	11	49.04
49.05 MUSCULAR SKELET REVENUE OTHER	B	-820	ADMIN & GENERAL	6.06	49.05
49.06 OUTREACH/WELL COMMUNITY OUTREACH	B	-7890	ADMIN & GENERAL	6.06	49.06
49.07 EDUCATION STAFF DEVEL PROGRAM	B	-25	EMPLOYEE BENEFITS	5	49.07
49.08 OTHER OPERATING INCOME	B	-1772	ADMIN & GENERAL	6.06	49.08
49.09 INTEREST INCOME ON NOTE	B	-49351	ADMIN & GENERAL	6.06	49.09
49.10 FINANCE SER INVESTMENT INCOME	B	-195332	PATIENT ACCOUNTING	6.05	49.10
50 TOTAL		-19210000			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	6.02	DATA PROCESSING	ADMIN FEES-IT	3726872	4662633	-935761	1
2	6.05	PATIENT ACCOUNTING	CBO FEES	1541686	1407804	133882	2
3	6.06	ADMIN & GENERAL	ADMIN FEES-CORP	4941227	2960563	1980664	3
4	6.06	ADMIN & GENERAL	PROF/GEN LIAB INSUR	5528736	5528736		4
4.01	6.06	ADMIN & GENERAL	INS SERVICE FEE	36456	36456		4.01
4.02	6.06	ADMIN & GENERAL	AUTO/AIRCRAFT INSURANCE	90840	90840		4.02
4.03	6.06	ADMIN & GENERAL	PROPERTY INSURANCE	107004	107004		4.03
4.04	6.06	ADMIN & GENERAL	EXCESS GEN & MAL INSURANC	58248	58248		4.04
4.05	16	PHARMACY	EMM FEES		396	-396	4.05
4.06	5	EMPLOYEE BENEFITS	WORKERS COMP	808884	808884		4.06
4.07	26	INTENSIVE CARE UNIT	EICU FEES	396187	478224	-82037	4.07
4.08	41	RADIOLOGY-DIAGNOSTIC	PACS FEES	220500	220500		4.08
4.09	59.02	CARDIAC CATHETERIZATION LABORAT	CPACS FEES	105840	105840		4.09
4.10	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	2341696	3209821	-868125	11 4.10
4.11	5	EMPLOYEE BENEFITS	CENTRALIZED HR FEES	1307184	1307184		4.11
4.12	6.03	PURCHASING	MATERIALS MGMT FEES	373366	283653	89713	4.12
4.13	6.05	PATIENT ACCOUNTING	REVENUE CYCLE FEES	404904	404904		4.13
4.14	6.05	PATIENT ACCOUNTING	FERCC FEES	266484	266484		4.14
4.15	44	LABORATORY	ALVERNO LABS	4157863	4157863		4.15
4.16	4	NEW CAP REL COSTS-MVBLE EQUIP	INTEREST	499846	685151	-185305	11 4.16
5		TOTALS		26913823	26781188	132635	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		HEALTH MANAGEMENT	1
2	G		APHL LABS		LAB SERVICE	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	25	ADULTS & PEDIATRICS	92078	41608	50470	142500	372	25486	1274
2	33	NURSERY	802156	802156		171400			
3	40	ANESTHESIOLOGY	1442384	1407384	35000	200300	480	46223	2311
4	41	RADIOLOGY-DIAGNOSTIC	32500		32500	231100	120	13333	667
5	41.01	CAT SCAN	13616	13616		231100			
6	44	LABORATORY	61250		61250	219500	240	25327	1266
7	49	RESPIRATORY THERAPY	22720		22720	171400	120	9888	494
8	49	RESPIRATORY THERAPY	25000		25000	171400	144	11866	593
9	53	ELECTROCARDIOLOGY	112263	108063	4200	171400	28	2307	115
101		TOTAL	2603967	2372827	231140		1504	134430	6720

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE
 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 14:34

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	25	ADULTS & PEDIATRICS	PSYCH				25486	24984	66592
2	33	NURSERY	NEONATOLOGIST						802156
3	40	ANESTHESIOLOGY	ANESTHESIOLOGIST				46223		1407384
4	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGIST				13333	19167	19167
5	41.01	CAT SCAN	RADIOLOGIST						13616
6	44	LABORATORY	PATHOLOGIST				25327	35923	35923
7	49	RESPIRATORY THERAPY	DR P				9888	12832	12832
8	49	RESPIRATORY THERAPY	DR B				11866	13134	13134
9	53	ELECTROCARDIOLOGY	VARIOUS				2307	1893	109956
101		TOTAL					134430	107933	2480760

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 PHONES	DATA PROCESSING	PURCHASING	ADMITTING	
	0	3	4	5	6.01	6.02	6.03	6.04	
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	3371518		195600	738537		170704	8734		65
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	131581372	5454456	3620576	14548158	1022787	3781746	1406313	1163489	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	260349	24865	11304	14288			9298		96
100 OTHER NON-REIMBURSABLE	892229		52484	160637	13665	183835	3415		100
100.01 SHARED SERVICES	871292		22375						100.01
100.02 CASE MANAGEMENT									100.02
100.04 OUTPATIENT PHARMACY	1045346	10974		60731	5256		271		100.04
100.05 PRIMARY CARE PHYSICIAN	726846	99727	8193	72847	15768	6566	70		100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	135377434	5590022	3714932	14856661	1057476	3972147	1419367	1163489	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PATIENT ACCOUNTS	SUBTOTAL	ADMIN AND GENERAL	OPERATION OF PLANT	WORKORDER SERVICE CENTERS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY
	6.05	5A	6.06	8	8.01	9	10	11
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	51072	4536165	907024		7148	2227		65
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	3578192	130804803	21644256	7031929	2320569	716040	2050304	1778919
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		320104	64006	44896			13439	96
100 OTHER NON-REIMBURSABLE		1306265	261193			6067		100
100.01 SHARED SERVICES		893667	178692					100.01
100.02 CASE MANAGEMENT								100.02
100.04 OUTPATIENT PHARMACY		1122578	224464	19814			5931	100.04
100.05 PRIMARY CARE PHYSICIAN		930017	185961	180066	4765	3207	53898	100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3578192	135377434	22558572	7276705	2325334	725314	2123572	1778919

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	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	121495	187	7346	11536					65
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	1226523	1646683	1942804	3249904	3306554	1220185	1150855	775783	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	3124								96
100 OTHER NON-REIMBURSABLE	16353		433						100
100.01 SHARED SERVICES									100.01
100.02 CASE MANAGEMENT									100.02
100.04 OUTPATIENT PHARMACY	4471		84						100.04
100.05 PRIMARY CARE PHYSICIAN	6064	6045							100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1256535	1652728	1943321	3249904	3306554	1220185	1150855	775783	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 NON-PATIENT PHONES				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 ADMIN & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
8.01 BIO, ED				8.01
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	26686128	-1506439	25179689	25
26 INTENSIVE CARE UNIT	6524561	-122726	6401835	26
31 SUBPROVIDER I	5049783		5049783	31
31.01 SUB-PROVIDER II PSYCHE				31.01
33 NURSERY	1566686		1566686	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	9314015		9314015	37
38 RECOVERY ROOM	1317279		1317279	38
39 DELIVERY ROOM & LABOR ROOM	3192994		3192994	39
39.01 PSYCHIATRIC/PSYCHOLOGIC				39.01
40 ANESTHESIOLOGY	1073001		1073001	40
41 RADIOLOGY-DIAGNOSTIC	3445504		3445504	41
41.01 CAT SCAN	1835427		1835427	41.01
41.02 MAMMOGRAPHY	362250		362250	41.02
41.03 MRI	1326717		1326717	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	888380		888380	41.04
41.05 ULTRASOUND	904705		904705	41.05
42 RADIOLOGY-THERAPEUTIC	1226492		1226492	42
42.01 ONCOLOGY	234483		234483	42.01
44 LABORATORY	6536109		6536109	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1205132		1205132	47
48 INTRAVENOUS THERAPY	445206		445206	48
48.01 GASTROINTESTINAL SERVICES	2678057	-137177	2540880	48.01
49 RESPIRATORY THERAPY	3117689		3117689	49
50 PHYSICAL THERAPY	2100096		2100096	50
51 OCCUPATIONAL THERAPY	1062978		1062978	51
52 SPEECH PATHOLOGY	304245		304245	52
53 ELECTROCARDIOLOGY	317381		317381	53
54 ELECTROENCEPHALOGRAPHY	215209		215209	54
55 MEDICAL SUPPLIES CHARGED TO PAT	9755322		9755322	55
55.30 IMPL. DEV. CHARGED TO PATIENT	9247989		9247989	55.30
56 DRUGS CHARGED TO PATIENTS	8612420		8612420	56
57 RENAL DIALYSIS	317119		317119	57
58.03 WOUND CARE	188329		188329	58.03
59 OTHER CARDIOLOGY	1037073	-121378	915695	59
59.01 CARDIOPULMONARY				59.01
59.02 CARDIAC CATHETERIZATION LABORAT	3372095		3372095	59.02
59.97 CARDIAC REHABILITATION	1021902		1021902	59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	7445946	-38918	7407028	61
62 OBSERVATION BEDS (NON-DISTINCT				62

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	5593128		5593128	65
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	129521830	-1926638	127595192	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	445569		445569	96
100 OTHER NON-REIMBURSABLE	1590311		1590311	100
100.01 SHARED SERVICES	1072359		1072359	100.01
100.02 CASE MANAGEMENT				100.02
100.04 OUTPATIENT PHARMACY	1377342		1377342	100.04
100.05 PRIMARY CARE PHYSICIAN	1370023		1370023	100.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	135377434	-1926638	133450796	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL 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 PHONES 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	139918		195600	335518	9315		59864	1659	65
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	4500138	5454456	3620576	13575170	183489	147960	1326224	267074	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		24865	11304	36169	180			1766	96
100 OTHER NON-REIMBURSABLE	148365		52484	200849	2026	1977	64469	649	100
100.01 SHARED SERVICES	742496		22375	764871					100.01
100.02 CASE MANAGEMENT									100.02
100.04 OUTPATIENT PHARMACY		10974		10974	766	760			52 100.04
100.05 PRIMARY CARE PHYSICIAN	155855	99727	8193	263775	919	2281	2302	13	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5546854	5590022	3714932	14851808	187380	152978	1392995	269554	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	PATIENT ACCOUNTS	ADMIN AND GENERAL	OPERATION OF PLANT	WORKORDER SERVICE CENTERS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.04	6.05	6.06	8	8.01	9	10	11	
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		2842	50742		183	91			65
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	115013	199409	1210792	1740683	59559	29404	129161	379231	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			3581	11114			847		96
100 OTHER NON-REIMBURSABLE			14612			249			100
100.01 SHARED SERVICES			9997						100.01
100.02 CASE MANAGEMENT									100.02
100.04 OUTPATIENT PHARMACY			12557	4905			374		100.04
100.05 PRIMARY CARE PHYSICIAN			10403	44574	122	132	3395		100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	115013	199409	1261942	1801276	59681	29785	133777	379231	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	1379	20	1427	585				65
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	13918	173577	377309	164726	313501	39165		95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	35							96
100 OTHER NON-REIMBURSABLE	186		84					100
100.01 SHARED SERVICES								100.01
100.02 CASE MANAGEMENT								100.02
100.04 OUTPATIENT PHARMACY	51		16					100.04
100.05 PRIMARY CARE PHYSICIAN	69	637						100.05
101 CROSS FOOT ADJUSTMENTS							42635	69587 101
102 NEGATIVE COST CENTER								102
103 TOTAL	14259	174214	377409	164726	313501	39165	42635	69587 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 NON-PATIENT PHONES				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 ADMIN & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
8.01 BIO, ED				8.01
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	2471776		2471776	25
26 INTENSIVE CARE UNIT	566927		566927	26
31 SUBPROVIDER I	517649		517649	31
31.01 SUB-PROVIDER II PSYCHE				31.01
33 NURSERY	168336		168336	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1251821		1251821	37
38 RECOVERY ROOM	90647		90647	38
39 DELIVERY ROOM & LABOR ROOM	425279		425279	39
39.01 PSYCHIATRIC/PSYCHOLOGIC				39.01
40 ANESTHESIOLOGY	71779	71779		40
41 RADIOLOGY-DIAGNOSTIC	529135	529135		41
41.01 CAT SCAN	422716	422716		41.01
41.02 MAMMOGRAPHY	99439	99439		41.02
41.03 MRI	616782	616782		41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	73101	73101		41.04
41.05 ULTRASOUND	103270	103270		41.05
42 RADIOLOGY-THERAPEUTIC	408529	408529		42
42.01 ONCOLOGY	25526	25526		42.01
44 LABORATORY	422172	422172		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	26725	26725		47
48 INTRAVENOUS THERAPY	9835	9835		48
48.01 GASTROINTESTINAL SERVICES	602435	602435		48.01
49 RESPIRATORY THERAPY	383916	383916		49
50 PHYSICAL THERAPY	149774	149774		50
51 OCCUPATIONAL THERAPY	63390	63390		51
52 SPEECH PATHOLOGY	8094	8094		52
53 ELECTROCARDIOLOGY	57191	57191		53
54 ELECTROENCEPHALOGRAPHY	17239	17239		54
55 MEDICAL SUPPLIES CHARGED TO PAT	665946	665946		55
55.30 IMPL. DEV. CHARGED TO PATIENT	357685	357685		55.30
56 DRUGS CHARGED TO PATIENTS	634152	634152		56
57 RENAL DIALYSIS	18544	18544		57
58.03 WOUND CARE	23543	23543		58.03
59 OTHER CARDIOLOGY	124053	124053		59
59.01 CARDIOPULMONARY				59.01
59.02 CARDIAC CATHETERIZATION LABORAT	765284	765284		59.02
59.97 CARDIAC REHABILITATION	114258	114258		59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	516275		516275	61
62 OBSERVATION BEDS (NON-DISTINCT				62

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	463625		463625	65
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	13266848		13266848	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	53692		53692	96
100 OTHER NON-REIMBURSABLE	285101		285101	100
100.01 SHARED SERVICES	774868		774868	100.01
100.02 CASE MANAGEMENT				100.02
100.04 OUTPATIENT PHARMACY	30455		30455	100.04
100.05 PRIMARY CARE PHYSICIAN	328622		328622	100.05
101 CROSS FOOT ADJUSTMENTS	112222		112222	101
102 NEGATIVE COST CENTER				102
103 TOTAL	14851808		14851808	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	PHONES	PROCESSING DEVICES	SUPPLIES	
	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	377462						3
4 NEW CAP REL COSTS-MVBLE EQUIP		2978576					4
5 EMPLOYEE BENEFITS	1353	2221	41393028				5
6.01 NON-PATIENT PHONES		121533	309306	1006			6.01
6.02 DATA PROCESSING	2744	280		35	605		6.02
6.03 PURCHASING		131719	169011	10	7	17094575	6.03
6.04 ADMITTING		48648	661034	49	19	9311	6.04
6.05 PATIENT ACCOUNTING	2147			3	9		6.05
6.06 ADMIN & GENERAL	20347	97608	2953710	126	64	86037	6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	78741	427412	1337781	25	9	182955	8
8.01 BIO, ED	1414			6	3	15035	8.01
9 LAUNDRY & LINEN SERVICE	973	412	113577	2		68747	9
10 HOUSEKEEPING	4425	2712	946575	8	4	137485	10
11 DIETARY	14077	20326	261796	44	10	139907	11
12 CAFETERIA			562369				12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	123	121351	810120	5		18147	14
15 CENTRAL SERVICES & SUPPLY	13215	40156	488164	9	7		15
16 PHARMACY	3414	9265	1711283	25	16	39934	16
17 MEDICAL RECORDS & LIBRARY	8306	5612	851695	38	37	81900	17
18 SOCIAL SERVICE	628		685457	12	4	1178	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES	1432	528		2			22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	61528	39041	8316277	115	88	576470	25
26 INTENSIVE CARE UNIT	10158	17779	2179680	16	26	257127	26
31 SUBPROVIDER I	13331	6443	1422406	20	25	71750	31
31.01 SUB-PROVIDER II PSYCHE							31.01
33 NURSERY	3835	13353	437870	11		56471	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	27425	345173	3043531	53	29	224306	37
38 RECOVERY ROOM	2390		540979	13	5	39134	38
39 DELIVERY ROOM & LABOR ROOM	9631	68887	1186695	15	34	39403	39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY	404	19132		4		297066	40
41 RADIOLOGY-DIAGNOSTIC	8574	109427	1130523	47	28	36234	41
41.01 CAT SCAN	2363	234437	465909	6		65560	41.01
41.02 MAMMOGRAPHY		23193	78395		4	44143	41.02
41.03 MRI	1581	146907	206737	6		47633	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	1245	19380	195440	3		247721	41.04
41.05 ULTRASOUND	2275	31811	351995	1		39089	41.05
42 RADIOLOGY-THERAPEUTIC	11931	104960	180592	35		4520	42
42.01 ONCOLOGY			78161	5	9	7623	42.01
44 LABORATORY	11656			46	30	414	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T			31161			865790	47
48 INTRAVENOUS THERAPY			217853				48
48.01 GASTROINTESTINAL SERVICES	4410	6468	668583	15	10	133411	48.01
49 RESPIRATORY THERAPY	9723	69240	1057764	39	11	128899	49
50 PHYSICAL THERAPY	3688	4574		25		21254	50
51 OCCUPATIONAL THERAPY	2328	268				1587	51
52 SPEECH PATHOLOGY	190	382				64	52
53 ELECTROCARDIOLOGY	264	32721	75080	3	2	4343	53
54 ELECTROENCEPHALOGRAPHY	336	1559	93673	3	2	2389	54
55 MEDICAL SUPPLIES CHARGED TO P						6321947	55
55.30 IMPL. DEV. CHARGED TO PATIENT						6257692	55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS	425	628		3	2	87	57
58.03 WOUND CARE	763	2886	11074	2		33866	58.03
59 OTHER CARDIOLOGY	1968	39967	299025	10	6	46840	59
59.01 CARDIOPULMONARY							59.01
59.02 CARDIAC CATHETERIZATION LABOR	8366	322226	921394	16	12	57643	59.02
59.97 CARDIAC REHABILITATION	3097	16010	411737	3	5	11760	59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	NONPATIENT	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS	PHONES	PROCESSING	SUPPLIES	
	3	4	5	6.01	6.02	6.03	
61 EMERGENCY	11084	39459	3011393	59	33	109292	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES		156829	2057683		26	105185	65
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	368308	2902923	40533488	973	576	16937349	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	1679	9063	39808			111988	96
100 OTHER NON-REIMBURSABLE		42081	447561	13	28	41130	100
100.01 SHARED SERVICES		17940					100.01
100.02 CASE MANAGEMENT							100.02
100.04 OUTPATIENT PHARMACY	741		169207	5		3267	100.04
100.05 PRIMARY CARE PHYSICIAN	6734	6569	202964	15	1	841	100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	5590022	3714932	14856661	1057476	3972147	1419367	103
104 UNIT COST MULT-WS B PT I		1.247217		1051.168986		.083030	
104 UNIT COST MULT-WS B PT I	14.809496		.358917		6565.532231		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			187380	152978	1392995	269554	107
108 UNIT COST MULT-WS B PT III				152.065606		.015768	
108 UNIT COST MULT-WS B PT III			.004527		2302.471074		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	PATIENT	RECON- CILIATION	ADMIN AND	OPERATION	WORKORDER	LAUNDRY	
	INPATIENT	GROSS		GENERAL	OF PLANT	SERVICE	& LINEN	
	REVENUE	REVENUE		ACCUM	SQUARE	CENTERS	SERVICE	
	6.04	6.05	6A.06	COST	FEET	OTHER	POUNDS OF	
							LAUNDRY	
							9	
61 EMERGENCY	6518050	38360180		5145684	11084	71	116652	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		8560502		4536165		3	3079	65
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	296718259	599746671	-22558572	108246231	262976	974	990122	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				320104	1679			96
100 OTHER NON-REIMBURSABLE				1306265			8389	100
100.01 SHARED SERVICES				893667				100.01
100.02 CASE MANAGEMENT								100.02
100.04 OUTPATIENT PHARMACY				1122578	741			100.04
100.05 PRIMARY CARE PHYSICIAN				930017	6734	2	4434	100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1163489	3578192		22558572	7276705	2325334	725314	103
104 UNIT COST MULT-WS B PT I	.003921				26.739812		.723184	
104 UNIT COST MULT-WS B PT I		.005966		.199954		2382.514344		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	115013	199409		1261942	1801276	59681	29785	107
108 UNIT COST MULT-WS B PT III	.000388				6.619175		.029698	
108 UNIT COST MULT-WS B PT III		.000332		.011186		61.148566		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
	SQUARE FEET	MEALS SERVED	MEALS SERVED					
	10	11	12	14	15	16	17	
61 EMERGENCY	11084		5359	3301	1449	61550	500	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES			5951	3	53458	17766		65
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	256164	159216	60077	26424	14138589	5004856	10000	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1679		153					96
100 OTHER NON-REIMBURSABLE			801		3149			100
100.01 SHARED SERVICES								100.01
100.02 CASE MANAGEMENT								100.02
100.04 OUTPATIENT PHARMACY	741		219		609			100.04
100.05 PRIMARY CARE PHYSICIAN	6734		297	97				100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2123572	1778919	1256535	1652728	1943321	3249904	3306554	103
104 UNIT COST MULT-WS B PT I	8.003875		20.415861		.137411		330.655400	104
104 UNIT COST MULT-WS B PT I		11.172991		62.317710		.649350		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	133777	379231	14259	174214	377409	164726	313501	107
108 UNIT COST MULT-WS B PT III	.504214		.231677		.026686		31.350100	108
108 UNIT COST MULT-WS B PT III		2.381865		6.568908		.032913		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
	18	22	23	
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 NON-PATIENT PHONES				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 ADMIN & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
8.01 BIO, ED				8.01
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		10000		22
23 I&R SERVICES-OTHER PRGM COSTS			10000	23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	6674	7819	7819	25
26 INTENSIVE CARE UNIT	909	637	637	26
31 SUBPROVIDER I	1248			31
31.01 SUB-PROVIDER II PSYCHE				31.01
33 NURSERY	569			33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM				37
38 RECOVERY ROOM				38
39 DELIVERY ROOM & LABOR ROOM				39
39.01 PSYCHIATRIC/PSYCHOLOGIC				39.01
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC				41
41.01 CAT SCAN				41.01
41.02 MAMMOGRAPHY				41.02
41.03 MRI				41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC				41.04
41.05 ULTRASOUND				41.05
42 RADIOLOGY-THERAPEUTIC				42
42.01 ONCOLOGY				42.01
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T				47
48 INTRAVENOUS THERAPY				48
48.01 GASTROINTESTINAL SERVICES		712	712	48.01
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY				54
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
58.03 WOUND CARE				58.03
59 OTHER CARDIOLOGY		630	630	59
59.01 CARDIOPULMONARY				59.01
59.02 CARDIAC CATHETERIZATION LABOR				59.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED	I&R PROGRAM COSTS ASSIGNED	
	TIME SPENT	TIME	TIME	
	18	22	23	
61 EMERGENCY	600	202	202	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES				65
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	10000	10000	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
100 OTHER NON-REIMBURSABLE				100
100.01 SHARED SERVICES				100.01
100.02 CASE MANAGEMENT				100.02
100.04 OUTPATIENT PHARMACY				100.04
100.05 PRIMARY CARE PHYSICIAN				100.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	1220185	1150855	775783	103
104 UNIT COST MULT-WS B PT I	122.018500		77.578300	
104 UNIT COST MULT-WS B PT I		115.085500		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	39165	42635	69587	107
108 UNIT COST MULT-WS B PT III	3.916500		6.958700	
108 UNIT COST MULT-WS B PT III		4.263500		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	25179689		25179689	24984	25204673	25
26 INTENSIVE CARE UNIT	6401835		6401835		6401835	26
31 SUBPROVIDER I	5049783		5049783		5049783	31
31.01 SUB-PROVIDER II PSYCHE						31.01
33 NURSERY	1566686		1566686		1566686	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9314015		9314015		9314015	37
38 RECOVERY ROOM	1317279		1317279		1317279	38
39 DELIVERY ROOM & LABOR ROOM	3192994		3192994		3192994	39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY	1073001		1073001		1073001	40
41 RADIOLOGY-DIAGNOSTIC	3445504		3445504	19167	3464671	41
41.01 CAT SCAN	1835427		1835427		1835427	41.01
41.02 MAMMOGRAPHY	362250		362250		362250	41.02
41.03 MRI	1326717		1326717		1326717	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	888380		888380		888380	41.04
41.05 ULTRASOUND	904705		904705		904705	41.05
42 RADIOLOGY-THERAPEUTIC	1226492		1226492		1226492	42
42.01 ONCOLOGY	234483		234483		234483	42.01
44 LABORATORY	6536109		6536109	35923	6572032	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1205132		1205132		1205132	47
48 INTRAVENOUS THERAPY	445206		445206		445206	48
48.01 GASTROINTESTINAL SERVICES	2540880		2540880		2540880	48.01
49 RESPIRATORY THERAPY	3117689		3117689	25966	3143655	49
50 PHYSICAL THERAPY	2100096		2100096		2100096	50
51 OCCUPATIONAL THERAPY	1062978		1062978		1062978	51
52 SPEECH PATHOLOGY	304245		304245		304245	52
53 ELECTROCARDIOLOGY	317381		317381	1893	319274	53
54 ELECTROENCEPHALOGRAPHY	215209		215209		215209	54
55 MEDICAL SUPPLIES CHARGED TO	9755322		9755322		9755322	55
55.30 IMPL. DEV. CHARGED TO PATIE	9247989		9247989		9247989	55.30
56 DRUGS CHARGED TO PATIENTS	8612420		8612420		8612420	56
57 RENAL DIALYSIS	317119		317119		317119	57
58.03 WOUND CARE	188329		188329		188329	58.03
59 OTHER CARDIOLOGY	915695		915695		915695	59
59.01 CARDIOPULMONARY						59.01
59.02 CARDIAC CATHETERIZATION LAB	3372095		3372095		3372095	59.02
59.97 CARDIAC REHABILITATION	1021902		1021902		1021902	59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	7407028		7407028		7407028	61
62 OBSERVATION BEDS (NON-DISTI	3378944		3378944		3378944	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	5593128		5593128		5593128	65
101 SUBTOTAL	130974136		130974136	107933	131082069	101
102 LESS OBSERVATION BEDS	3378944		3378944		3378944	102
103 TOTAL	127595192		127595192	107933	127703125	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	38772784		38772784			25
26 INTENSIVE CARE UNIT	12490381		12490381			26
31 SUBPROVIDER I	7068526		7068526			31
31.01 SUB-PROVIDER II PSYCHE						31.01
33 NURSERY	3291170		3291170			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	21338078	33140368	54478446	.170967	.170967	.170967 37
38 RECOVERY ROOM	4192294	6057185	10249479	.128522	.128522	.128522 38
39 DELIVERY ROOM & LABOR ROOM	5319887	173248	5493135	.581270	.581270	.581270 39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY	9719997	17157353	26877350	.039922	.039922	.039922 40
41 RADIOLOGY-DIAGNOSTIC	6196373	9987966	16184339	.212891	.212891	.214076 41
41.01 CAT SCAN	8308781	17308432	25617213	.071648	.071648	.071648 41.01
41.02 MAMMOGRAPHY	1322	1008007	1009329	.358902	.358902	.358902 41.02
41.03 MRI	3333848	5775616	9109464	.145642	.145642	.145642 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	804544	2821793	3626337	.244980	.244980	.244980 41.04
41.05 ULTRASOUND	1967307	3537870	5505177	.164337	.164337	.164337 41.05
42 RADIOLOGY-THERAPEUTIC	120045	322805	442850	2.769543	2.769543	2.769543 42
42.01 ONCOLOGY	11922	799209	811131	.289082	.289082	.289082 42.01
44 LABORATORY	29899806	33833291	63733097	.102554	.102554	.103118 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2041079	689318	2730397	.441376	.441376	.441376 47
48 INTRAVENOUS THERAPY	3106520	7418710	10525230	.042299	.042299	.042299 48
48.01 GASTROINTESTINAL SERVICES	1654234	15465319	17119553	.148420	.148420	.148420 48.01
49 RESPIRATORY THERAPY	24675789	4438523	29114312	.107084	.107084	.107976 49
50 PHYSICAL THERAPY	3531660	4820255	8351915	.251451	.251451	.251451 50
51 OCCUPATIONAL THERAPY	3323600	1240827	4564427	.232883	.232883	.232883 51
52 SPEECH PATHOLOGY	885132	113249	998381	.304738	.304738	.304738 52
53 ELECTROCARDIOLOGY	699804	895258	1595062	.198977	.198977	.200164 53
54 ELECTROENCEPHALOGRAPHY	324487	319605	644092	.334128	.334128	.334128 54
55 MEDICAL SUPPLIES CHARGED TO	20914689	18659632	39574321	.246506	.246506	.246506 55
55.30 IMPL. DEV. CHARGED TO PATIE	11592068	16507489	28099557	.329115	.329115	.329115 55.30
56 DRUGS CHARGED TO PATIENTS	52807687	28412786	81220473	.106038	.106038	.106038 56
57 RENAL DIALYSIS	624648	42339	666987	.475450	.475450	.475450 57
58.03 WOUND CARE		213421	213421	.882430	.882430	.882430 58.03
59 OTHER CARDIOLOGY	2795480	3394185	6189665	.147939	.147939	.147939 59
59.01 CARDIOPULMONARY						59.01
59.02 CARDIAC CATHETERIZATION LAB	7848914	20205327	28054241	.120199	.120199	.120199 59.02
59.97 CARDIAC REHABILITATION	537353	1173908	1711261	.597163	.597163	.597163 59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	6518050	31842130	38360180	.193092	.193092	.193092 61
62 OBSERVATION BEDS (NON-DISTI	834038	5858448	6692486	.504886	.504886	.504886 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		8560502	8560502	.653364	.653364	.653364 65
101 SUBTOTAL	297552297	302194374	599746671			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	297552297	302194374	599746671			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2471776		2471776
26 INTENSIVE CARE UNIT				566927		566927
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				517649		517649
31.01 SUB-PROVIDER II PSYCHE						
33 NURSERY				168336		168336
101 TOTAL				3724688		3724688

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	29002	11792			85.23	1005032
26 INTENSIVE CARE UNIT	3382	1749			167.63	293185
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4810	3173			107.62	341478
31.01 SUB-PROVIDER II PSYCHE						
33 NURSERY	2146				78.44	
101 TOTAL	39340	16714				1639695

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1251821	54478446	9045741			.022978	207853 37
38 RECOVERY ROOM		90647	10249479	1871952			.008844	16556 38
39 DELIVERY ROOM & LABOR ROOM		425279	5493135	39606			.077420	3066 39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		71779	26877350	3746543			.002671	10007 40
41 RADIOLOGY-DIAGNOSTIC		529135	16184339	3433823			.032694	112265 41
41.01 CAT SCAN		422716	25617213	4558478			.016501	75219 41.01
41.02 MAMMOGRAPHY		99439	1009329				.098520	41.02
41.03 MRI		616782	9109464	1748621			.067708	118396 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		73101	3626337	500036			.020158	10080 41.04
41.05 ULTRASOUND		103270	5505177	1001291			.018759	18783 41.05
42 RADIOLOGY-THERAPEUTIC		408529	442850	57740			.922500	53265 42
42.01 ONCOLOGY		25526	811131	4110			.031470	129 42.01
44 LABORATORY		422172	63733097	14914443			.006624	98793 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		26725	2730397	1094059			.009788	10709 47
48 INTRAVENOUS THERAPY		9835	10525230	1019617			.000934	952 48
48.01 GASTROINTESTINAL SERVICES		602435	17119553	1006400			.035190	35415 48.01
49 RESPIRATORY THERAPY		383916	29114312	12000698			.013187	158253 49
50 PHYSICAL THERAPY		149774	8351915	991881			.017933	17787 50
51 OCCUPATIONAL THERAPY		63390	4564427	656874			.013888	9123 51
52 SPEECH PATHOLOGY		8094	998381	178986			.008107	1451 52
53 ELECTROCARDIOLOGY		57191	1595062	430572			.035855	15438 53
54 ELECTROENCEPHALOGRAPHY		17239	644092	185096			.026765	4954 54
55 MEDICAL SUPPLIES CHARGED TO P		665946	39574321	9841298			.016828	165609 55
55.30 IMPL. DEV. CHARGED TO PATIENT		357685	28099557	6129446			.012729	78022 55.30
56 DRUGS CHARGED TO PATIENTS		634152	81220473	22163974			.007808	173056 56
57 RENAL DIALYSIS		18544	666987	435566			.027803	12110 57
58.03 WOUND CARE		23543	213421				.110312	58.03
59 OTHER CARDIOLOGY		124053	6189665	1604257			.020042	32153 59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABOR		765284	28054241	4739327			.027279	129284 59.02
59.97 CARDIAC REHABILITATION		114258	1711261	63933			.066768	4269 59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		516275	38360180	4071059			.013459	54792 61
62 OBSERVATION BEDS (NON-DISTINC		331366	6692486	834038			.049513	41296 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		9409901	529563308	108369465				1669085 101

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

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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					29002		11792	25
26 INTENSIVE CARE UNIT					3382		1749	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					4810		3173	31
31.01 SUB-PROVIDER II PSYCHE								31.01
33 NURSERY					2146			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					39340		16714	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		54478446			9045741		5995907 37
38 RECOVERY ROOM		10249479			1871952		997292 38
39 DELIVERY ROOM & LABOR ROOM		5493135			39606		1241 39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		26877350			3746543		3335011 40
41 RADIOLOGY-DIAGNOSTIC		16184339			3433823		2827303 41
41.01 CAT SCAN		25617213			4558478		4146635 41.01
41.02 MAMMOGRAPHY		1009329					106482 41.02
41.03 MRI		9109464			1748621		1330082 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		3626337			500036		1025101 41.04
41.05 ULTRASOUND		5505177			1001291		854087 41.05
42 RADIOLOGY-THERAPEUTIC		442850			57740		190192 42
42.01 ONCOLOGY		811131			4110		132529 42.01
44 LABORATORY		63733097			14914443		2210578 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2730397			1094059		308631 47
48 INTRAVENOUS THERAPY		10525230			1019617		1124196 48
48.01 GASTROINTESTINAL SERVICES		17119553			1006400		4668032 48.01
49 RESPIRATORY THERAPY		29114312			12000698		973728 49
50 PHYSICAL THERAPY		8351915			991881		50
51 OCCUPATIONAL THERAPY		4564427			656874		51
52 SPEECH PATHOLOGY		998381			178986		52
53 ELECTROCARDIOLOGY		1595062			430572		411827 53
54 ELECTROENCEPHALOGRAPHY		644092			185096		77773 54
55 MEDICAL SUPPLIES CHARGED TO P		39574321			9841298		6094768 55
55.30 IMPL. DEV. CHARGED TO PATIENT		28099557			6129446		4700128 55.30
56 DRUGS CHARGED TO PATIENTS		81220473			22163974		5772941 56
57 RENAL DIALYSIS		666987			435566		27671 57
58.03 WOUND CARE		213421					159278 58.03
59 OTHER CARDIOLOGY		6189665			1604257		1480616 59
59.01 CARDIOPULMONARY							59.01
59.02 CARDIAC CATHETERIZATION LABOR		28054241			4739327		11015848 59.02
59.97 CARDIAC REHABILITATION		1711261			63933		349350 59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		38360180			4071059		5759455 61
62 OBSERVATION BEDS (NON-DISTINC		6692486			834038		1954078 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		529563308			108369465		68030760 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
39.01 PSYCHIATRIC/PSYCHOLOGIC					39.01
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 MAMMOGRAPHY					41.02
41.03 MRI					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC					41.04
41.05 ULTRASOUND					41.05
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
48.01 GASTROINTESTINAL SERVICES					48.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
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
58.03 WOUND CARE					58.03
59 OTHER CARDIOLOGY					59
59.01 CARDIOPULMONARY					59.01
59.02 CARDIAC CATHETERIZATION LABOR					59.02
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					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0113) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.170967	.170967	.170967			37
38 RECOVERY ROOM	.128522	.128522	.128522			38
39 DELIVERY ROOM & LABOR ROOM	.581270	.581270	.581270			39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY	.039922	.039922	.039922			40
41 RADIOLOGY-DIAGNOSTIC	.212891	.212891	.212891			41
41.01 CAT SCAN	.071648	.071648	.071648			41.01
41.02 MAMMOGRAPHY	.358902	.358902	.358902			41.02
41.03 MRI	.145642	.145642	.145642			41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.244980	.244980	.244980			41.04
41.05 ULTRASOUND	.164337	.164337	.164337			41.05
42 RADIOLOGY-THERAPEUTIC	2.769543	2.769543	2.769543			42
42.01 ONCOLOGY	.289082	.289082	.289082			42.01
44 LABORATORY	.102554	.102554	.102554			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.441376	.441376	.441376			47
48 INTRAVENOUS THERAPY	.042299	.042299	.042299			48
48.01 GASTROINTESTINAL SERVICES	.148420	.148420	.148420			48.01
49 RESPIRATORY THERAPY	.107084	.107084	.107084			49
50 PHYSICAL THERAPY	.251451	.251451	.251451			50
51 OCCUPATIONAL THERAPY	.232883	.232883	.232883			51
52 SPEECH PATHOLOGY	.304738	.304738	.304738			52
53 ELECTROCARDIOLOGY	.198977	.198977	.198977			53
54 ELECTROENCEPHALOGRAPHY	.334128	.334128	.334128			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.246506	.246506	.246506			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.329115	.329115	.329115			55.30
56 DRUGS CHARGED TO PATIENTS	.106038	.106038	.106038			56
57 RENAL DIALYSIS	.475450	.475450	.475450			57
58.03 WOUND CARE	.882430	.882430	.882430			58.03
59 OTHER CARDIOLOGY	.147939	.147939	.147939			59
59.01 CARDIOPULMONARY						59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.120199	.120199	.120199			59.02
59.97 CARDIAC REHABILITATION	.597163	.597163	.597163			59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.193092	.193092	.193092			61
62 OBSERVATION BEDS (NON-DISTINCT	.504886	.504886	.504886			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.653364	.653364	.653364			65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.653364	.653364	.653364			65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.653364	.653364	.653364			65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.653364	.653364	.653364			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.106038	1
2 PROGRAM VACCINE CHARGES	2	129876	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	13772	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0113) [] 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) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5995907						37
38 RECOVERY ROOM		997292						38
39 DELIVERY ROOM & LABOR ROOM		1241						39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		3335011						40
41 RADIOLOGY-DIAGNOSTIC		2827303						41
41.01 CAT SCAN		4146635						41.01
41.02 MAMMOGRAPHY		106482						41.02
41.03 MRI		1330082						41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		1025101						41.04
41.05 ULTRASOUND		854087						41.05
42 RADIOLOGY-THERAPEUTIC		190192						42
42.01 ONCOLOGY		132529						42.01
44 LABORATORY		2210578						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		308631						47
48 INTRAVENOUS THERAPY		1124196						48
48.01 GASTROINTESTINAL SERVICES		4668032						48.01
49 RESPIRATORY THERAPY		973728						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		411827						53
54 ELECTROENCEPHALOGRAPHY		77773						54
55 MEDICAL SUPPLIES CHARGED TO PA		6094768						55
55.30 IMPL. DEV. CHARGED TO PATIENT		4700128						55.30
56 DRUGS CHARGED TO PATIENTS		5772941						56
57 RENAL DIALYSIS		27671						57
58.03 WOUND CARE		159278						58.03
59 OTHER CARDIOLOGY		1480616						59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABORA		11015848						59.02
59.97 CARDIAC REHABILITATION		349350						59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		5759455						61
62 OBSERVATION BEDS (NON-DISTINCT		1954078						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
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		68030760						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		68030760						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0113) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1025102					37
38 RECOVERY ROOM		128174					38
39 DELIVERY ROOM & LABOR ROOM		721					39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		133140					40
41 RADIOLOGY-DIAGNOSTIC		601907					41
41.01 CAT SCAN		297098					41.01
41.02 MAMMOGRAPHY		38217					41.02
41.03 MRI		193716					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		251129					41.04
41.05 ULTRASOUND		140358					41.05
42 RADIOLOGY-THERAPEUTIC		526745					42
42.01 ONCOLOGY		38312					42.01
44 LABORATORY		226704					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		136222					47
48 INTRAVENOUS THERAPY		47552					48
48.01 GASTROINTESTINAL SERVICES		692829					48.01
49 RESPIRATORY THERAPY		104271					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		81944					53
54 ELECTROENCEPHALOGRAPHY		25986					54
55 MEDICAL SUPPLIES CHARGED TO PAT		1502397					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1546883					55.30
56 DRUGS CHARGED TO PATIENTS		612151					56
57 RENAL DIALYSIS		13156					57
58.03 WOUND CARE		140552					58.03
59 OTHER CARDIOLOGY		219041					59
59.01 CARDIOPULMONARY							59.01
59.02 CARDIAC CATHETERIZATION LABORAT		1324094					59.02
59.97 CARDIAC REHABILITATION		208619					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1112105					61
62 OBSERVATION BEDS (NON-DISTINCT		986587					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
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		12355712					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		12355712					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T113) [] 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		1251821	54478446	28404			.022978	653 37
38 RECOVERY ROOM		90647	10249479	13269			.008844	117 38
39 DELIVERY ROOM & LABOR ROOM		425279	5493135				.077420	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		71779	26877350	24358			.002671	65 40
41 RADIOLOGY-DIAGNOSTIC		529135	16184339	76962			.032694	2516 41
41.01 CAT SCAN		422716	25617213	126956			.016501	2095 41.01
41.02 MAMMOGRAPHY		99439	1009329				.098520	41.02
41.03 MRI		616782	9109464	103371			.067708	6999 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		73101	3626337	8539			.020158	172 41.04
41.05 ULTRASOUND		103270	5505177	38856			.018759	729 41.05
42 RADIOLOGY-THERAPEUTIC		408529	442850				.922500	42
42.01 ONCOLOGY		25526	811131				.031470	42.01
44 LABORATORY		422172	63733097	1177022			.006624	7797 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		26725	2730397	29774			.009788	291 47
48 INTRAVENOUS THERAPY		9835	10525230	4991			.000934	5 48
48.01 GASTROINTESTINAL SERVICES		602435	17119553	34899			.035190	1228 48.01
49 RESPIRATORY THERAPY		383916	29114312	482980			.013187	6369 49
50 PHYSICAL THERAPY		149774	8351915	1573299			.017933	28214 50
51 OCCUPATIONAL THERAPY		63390	4564427	1555237			.013888	21599 51
52 SPEECH PATHOLOGY		8094	998381	390004			.008107	3162 52
53 ELECTROCARDIOLOGY		57191	1595062	18553			.035855	665 53
54 ELECTROENCEPHALOGRAPHY		17239	644092	12123			.026765	324 54
55 MEDICAL SUPPLIES CHARGED TO P		665946	39574321	349920			.016828	5888 55
55.30 IMPL. DEV. CHARGED TO PATIENT		357685	28099557	19444			.012729	248 55.30
56 DRUGS CHARGED TO PATIENTS		634152	81220473	1553262			.007808	12128 56
57 RENAL DIALYSIS		18544	666987	38367			.027803	1067 57
58.03 WOUND CARE		23543	213421				.110312	59.03
59 OTHER CARDIOLOGY		124053	6189665	31012			.020042	622 59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABOR		765284	28054241				.027279	59.02
59.97 CARDIAC REHABILITATION		114258	1711261				.066768	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		516275	38360180	8253			.013459	111 61
62 OBSERVATION BEDS (NON-DISTINC		331366	6692486				.049513	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		9409901	529563308	7699855				103064 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T113) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		54478446			28404		37
38 RECOVERY ROOM		10249479			13269		38
39 DELIVERY ROOM & LABOR ROOM		5493135					39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		26877350			24358		40
41 RADIOLOGY-DIAGNOSTIC		16184339			76962		41
41.01 CAT SCAN		25617213			126956		41.01
41.02 MAMMOGRAPHY		1009329					41.02
41.03 MRI		9109464			103371		41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		3626337			8539		41.04
41.05 ULTRASOUND		5505177			38856		41.05
42 RADIOLOGY-THERAPEUTIC		442850					42
42.01 ONCOLOGY		811131					42.01
44 LABORATORY		63733097			1177022		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2730397			29774		47
48 INTRAVENOUS THERAPY		10525230			4991		48
48.01 GASTROINTESTINAL SERVICES		17119553			34899		48.01
49 RESPIRATORY THERAPY		29114312			482980		49
50 PHYSICAL THERAPY		8351915			1573299		50
51 OCCUPATIONAL THERAPY		4564427			1555237		51
52 SPEECH PATHOLOGY		998381			390004		52
53 ELECTROCARDIOLOGY		1595062			18553		53
54 ELECTROENCEPHALOGRAPHY		644092			12123		54
55 MEDICAL SUPPLIES CHARGED TO P		39574321			349920		55
55.30 IMPL. DEV. CHARGED TO PATIENT		28099557			19444		55.30
56 DRUGS CHARGED TO PATIENTS		81220473			1553262		56
57 RENAL DIALYSIS		666987			38367		57
58.03 WOUND CARE		213421					58.03
59 OTHER CARDIOLOGY		6189665			31012		59
59.01 CARDIOPULMONARY							59.01
59.02 CARDIAC CATHETERIZATION LABOR		28054241					59.02
59.97 CARDIAC REHABILITATION		1711261					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		38360180			8253		61
62 OBSERVATION BEDS (NON-DISTINC		6692486					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		529563308			7699855		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T113) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
39.01 PSYCHIATRIC/PSYCHOLOGIC					39.01
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 MAMMOGRAPHY					41.02
41.03 MRI					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC					41.04
41.05 ULTRASOUND					41.05
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
48.01 GASTROINTESTINAL SERVICES					48.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
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
58.03 WOUND CARE					58.03
59 OTHER CARDIOLOGY					59
59.01 CARDIOPULMONARY					59.01
59.02 CARDIAC CATHETERIZATION LABOR					59.02
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					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2471776		2471776
26 INTENSIVE CARE UNIT				566927		566927
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				517649		517649
31.01 SUB-PROVIDER II PSYCHE						
33 NURSERY				168336		168336
101 TOTAL				3724688		3724688

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	29002	3634			85.23	309726
26 INTENSIVE CARE UNIT	3382	301			167.63	50457
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4810	347			107.62	37344
31.01 SUB-PROVIDER II PSYCHE						
33 NURSERY	2146	912			78.44	71537
101 TOTAL	39340	5194				469064

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

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		1251821	54478446				.022978	37
38 RECOVERY ROOM		90647	10249479				.008844	38
39 DELIVERY ROOM & LABOR ROOM		425279	5493135				.077420	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		71779	26877350				.002671	40
41 RADIOLOGY-DIAGNOSTIC		529135	16184339				.032694	41
41.01 CAT SCAN		422716	25617213				.016501	41.01
41.02 MAMMOGRAPHY		99439	1009329				.098520	41.02
41.03 MRI		616782	9109464				.067708	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		73101	3626337				.020158	41.04
41.05 ULTRASOUND		103270	5505177				.018759	41.05
42 RADIOLOGY-THERAPEUTIC		408529	442850				.922500	42
42.01 ONCOLOGY		25526	811131				.031470	42.01
44 LABORATORY		422172	63733097				.006624	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		26725	2730397				.009788	47
48 INTRAVENOUS THERAPY		9835	10525230				.000934	48
48.01 GASTROINTESTINAL SERVICES		602435	17119553				.035190	48.01
49 RESPIRATORY THERAPY		383916	29114312				.013187	49
50 PHYSICAL THERAPY		149774	8351915				.017933	50
51 OCCUPATIONAL THERAPY		63390	4564427				.013888	51
52 SPEECH PATHOLOGY		8094	998381				.008107	52
53 ELECTROCARDIOLOGY		57191	1595062				.035855	53
54 ELECTROENCEPHALOGRAPHY		17239	644092				.026765	54
55 MEDICAL SUPPLIES CHARGED TO P		665946	39574321				.016828	55
55.30 IMPL. DEV. CHARGED TO PATIENT		357685	28099557				.012729	55.30
56 DRUGS CHARGED TO PATIENTS		634152	81220473				.007808	56
57 RENAL DIALYSIS		18544	666987				.027803	57
58.03 WOUND CARE		23543	213421				.110312	58.03
59 OTHER CARDIOLOGY		124053	6189665				.020042	59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABOR		765284	28054241				.027279	59.02
59.97 CARDIAC REHABILITATION		114258	1711261				.066768	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		516275	38360180				.013459	61
62 OBSERVATION BEDS (NON-DISTINC		331366	6692486				.049513	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		9409901	529563308					101

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE
 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 14:34

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					29002		3634	25
26 INTENSIVE CARE UNIT					3382		301	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					4810		347	31
31.01 SUB-PROVIDER II PSYCHE								31.01
33 NURSERY					2146		912	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					39340		5194	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 MAMMOGRAPHY							41.02
41.03 MRI							41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC							41.04
41.05 ULTRASOUND							41.05
42 RADIOLOGY-THERAPEUTIC							42
42.01 ONCOLOGY							42.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
48.01 GASTROINTESTINAL SERVICES							48.01
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
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
58.03 WOUND CARE							58.03
59 OTHER CARDIOLOGY							59
59.01 CARDIOPULMONARY							59.01
59.02 CARDIAC CATHETERIZATION LABOR							59.02
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							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		54478446					37
38 RECOVERY ROOM		10249479					38
39 DELIVERY ROOM & LABOR ROOM		5493135					39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		26877350					40
41 RADIOLOGY-DIAGNOSTIC		16184339					41
41.01 CAT SCAN		25617213					41.01
41.02 MAMMOGRAPHY		1009329					41.02
41.03 MRI		9109464					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		3626337					41.04
41.05 ULTRASOUND		5505177					41.05
42 RADIOLOGY-THERAPEUTIC		442850					42
42.01 ONCOLOGY		811131					42.01
44 LABORATORY		63733097					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2730397					47
48 INTRAVENOUS THERAPY		10525230					48
48.01 GASTROINTESTINAL SERVICES		17119553					48.01
49 RESPIRATORY THERAPY		29114312					49
50 PHYSICAL THERAPY		8351915					50
51 OCCUPATIONAL THERAPY		4564427					51
52 SPEECH PATHOLOGY		998381					52
53 ELECTROCARDIOLOGY		1595062					53
54 ELECTROENCEPHALOGRAPHY		644092					54
55 MEDICAL SUPPLIES CHARGED TO P		39574321					55
55.30 IMPL. DEV. CHARGED TO PATIENT		28099557					55.30
56 DRUGS CHARGED TO PATIENTS		81220473					56
57 RENAL DIALYSIS		666987					57
58.03 WOUND CARE		213421					58.03
59 OTHER CARDIOLOGY		6189665					59
59.01 CARDIOPULMONARY							59.01
59.02 CARDIAC CATHETERIZATION LABOR		28054241					59.02
59.97 CARDIAC REHABILITATION		1711261					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		38360180					61
62 OBSERVATION BEDS (NON-DISTINC		6692486					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		529563308					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
39.01 PSYCHIATRIC/PSYCHOLOGIC					39.01
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 MAMMOGRAPHY					41.02
41.03 MRI					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC					41.04
41.05 ULTRASOUND					41.05
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
48.01 GASTROINTESTINAL SERVICES					48.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
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
58.03 WOUND CARE					58.03
59 OTHER CARDIOLOGY					59
59.01 CARDIOPULMONARY					59.01
59.02 CARDIAC CATHETERIZATION LABOR					59.02
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					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T113) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

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		1251821	54478446				.022978	37
38 RECOVERY ROOM		90647	10249479				.008844	38
39 DELIVERY ROOM & LABOR ROOM		425279	5493135				.077420	39
39.01 PSYCHIATRIC/PSYCHOLOGIC								39.01
40 ANESTHESIOLOGY		71779	26877350				.002671	40
41 RADIOLOGY-DIAGNOSTIC		529135	16184339				.032694	41
41.01 CAT SCAN		422716	25617213				.016501	41.01
41.02 MAMMOGRAPHY		99439	1009329				.098520	41.02
41.03 MRI		616782	9109464				.067708	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		73101	3626337				.020158	41.04
41.05 ULTRASOUND		103270	5505177				.018759	41.05
42 RADIOLOGY-THERAPEUTIC		408529	442850				.922500	42
42.01 ONCOLOGY		25526	811131				.031470	42.01
44 LABORATORY		422172	63733097				.006624	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		26725	2730397				.009788	47
48 INTRAVENOUS THERAPY		9835	10525230				.000934	48
48.01 GASTROINTESTINAL SERVICES		602435	17119553				.035190	48.01
49 RESPIRATORY THERAPY		383916	29114312				.013187	49
50 PHYSICAL THERAPY		149774	8351915				.017933	50
51 OCCUPATIONAL THERAPY		63390	4564427				.013888	51
52 SPEECH PATHOLOGY		8094	998381				.008107	52
53 ELECTROCARDIOLOGY		57191	1595062				.035855	53
54 ELECTROENCEPHALOGRAPHY		17239	644092				.026765	54
55 MEDICAL SUPPLIES CHARGED TO P		665946	39574321				.016828	55
55.30 IMPL. DEV. CHARGED TO PATIENT		357685	28099557				.012729	55.30
56 DRUGS CHARGED TO PATIENTS		634152	81220473				.007808	56
57 RENAL DIALYSIS		18544	666987				.027803	57
58.03 WOUND CARE		23543	213421				.110312	58.03
59 OTHER CARDIOLOGY		124053	6189665				.020042	59
59.01 CARDIOPULMONARY								59.01
59.02 CARDIAC CATHETERIZATION LABOR		765284	28054241				.027279	59.02
59.97 CARDIAC REHABILITATION		114258	1711261				.066768	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		516275	38360180				.013459	61
62 OBSERVATION BEDS (NON-DISTINC		331366	6692486				.049513	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		9409901	529563308					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T113) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		54478446					37
38 RECOVERY ROOM		10249479					38
39 DELIVERY ROOM & LABOR ROOM		5493135					39
39.01 PSYCHIATRIC/PSYCHOLOGIC							39.01
40 ANESTHESIOLOGY		26877350					40
41 RADIOLOGY-DIAGNOSTIC		16184339					41
41.01 CAT SCAN		25617213					41.01
41.02 MAMMOGRAPHY		1009329					41.02
41.03 MRI		9109464					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC		3626337					41.04
41.05 ULTRASOUND		5505177					41.05
42 RADIOLOGY-THERAPEUTIC		442850					42
42.01 ONCOLOGY		811131					42.01
44 LABORATORY		63733097					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		2730397					47
48 INTRAVENOUS THERAPY		10525230					48
48.01 GASTROINTESTINAL SERVICES		17119553					48.01
49 RESPIRATORY THERAPY		29114312					49
50 PHYSICAL THERAPY		8351915					50
51 OCCUPATIONAL THERAPY		4564427					51
52 SPEECH PATHOLOGY		998381					52
53 ELECTROCARDIOLOGY		1595062					53
54 ELECTROENCEPHALOGRAPHY		644092					54
55 MEDICAL SUPPLIES CHARGED TO P		39574321					55
55.30 IMPL. DEV. CHARGED TO PATIENT		28099557					55.30
56 DRUGS CHARGED TO PATIENTS		81220473					56
57 RENAL DIALYSIS		666987					57
58.03 WOUND CARE		213421					58.03
59 OTHER CARDIOLOGY		6189665					59
59.01 CARDIOPULMONARY							59.01
59.02 CARDIAC CATHETERIZATION LABOR		28054241					59.02
59.97 CARDIAC REHABILITATION		1711261					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		38360180					61
62 OBSERVATION BEDS (NON-DISTINC		6692486					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		529563308					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T113) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
39.01 PSYCHIATRIC/PSYCHOLOGIC					39.01
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 MAMMOGRAPHY					41.02
41.03 MRI					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC					41.04
41.05 ULTRASOUND					41.05
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
48.01 GASTROINTESTINAL SERVICES					48.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
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
58.03 WOUND CARE					58.03
59 OTHER CARDIOLOGY					59
59.01 CARDIOPULMONARY					59.01
59.02 CARDIAC CATHETERIZATION LABOR					59.02
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					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0113)	SUB I (PPS) (14-T113)	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)	29002	4810					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29002	4810					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29002	4810					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)	11792	3173					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) (14-0113)	SUB I (PPS) (14-T113)	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	25204673	5049783					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	25204673	5049783					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	38770529	7068526					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	38770529	7068526					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.650099	.714404					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1336.82	1469.55					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	25204673	5049783					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) (14-0113)	SUB I (PPS) (14-T113)	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	869.07	1049.85				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10248073	3331174				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10248073	3331174				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	6401835	3382	1892.91	1749	3310700	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) (14-0113)	SUB I (PPS) (14-T113)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	16891212	1414887				48
49 TOTAL PROGRAM INPATIENT COSTS	30449985	4746061				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1298217	341478				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1669085	103064				51
52 TOTAL PROGRAM EXCLUDABLE COST	2967302	444542				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	27482683	4301519				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) (14-0113)	SUB I (PPS) (14-T113)	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 SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0113)(14-T113)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3888	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	869.07	84
85 OBSERVATION BED COST	3378944	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL					
	ROUTINE	COLUMN 1	TOTAL	OBSERVATION	OBSERVATION BED
	COST	DIVIDED BY	OBSERVATION	BED COST	PASS-THROUGH COST
	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4	
	1	2	3	4	5

86 OLD CAPITAL-RELATED COST	25204673		3378944		86
87 NEW CAPITAL-RELATED COST	2471776	25204673	.098068	3378944	331366
88 NON PHYSICIAN ANESTHETIST		25204673		3378944	88
89 MEDICAL EDUCATION		25204673		3378944	89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	29002	4810				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29002	4810				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29002	4810				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)	3634	347				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	2146					15
16 TITLE V OR XIX NURSERY DAYS	912					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	25179689	5049783					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	25179689	5049783					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	38770529	7068526					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	38770529	7068526					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.649454	.714404					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1336.82	1469.55					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	25179689	5049783					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	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	868.21	1049.85					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3155075	364298					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3155075	364298					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)	1566686	2146	730.05	912	665806		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	6401835	3382	1892.91	301	569766		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST			1	1	1		48
49	TOTAL PROGRAM INPATIENT COSTS	4390647	364298					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	431720	37344					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	431720	37344					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		23				55
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE
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 14:34

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE
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 14:34

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0113)	SUB I (OTHER) (14-T113)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3888	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	869.07	84
85 OBSERVATION BED COST	3378944	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0113) [] 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		18561669		25
26 INTENSIVE CARE UNIT		6268671		26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II PSYCHE				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.170967	9045741	1546523	37
38 RECOVERY ROOM	.128522	1871952	240587	38
39 DELIVERY ROOM & LABOR ROOM	.581270	39606	23022	39
39.01 PSYCHIATRIC/PSYCHOLOGIC				39.01
40 ANESTHESIOLOGY	.039922	3746543	149569	40
41 RADIOLOGY-DIAGNOSTIC	.214076	3433823	735099	41
41.01 CAT SCAN	.071648	4558478	326606	41.01
41.02 MAMMOGRAPHY	.358902			41.02
41.03 MRI	.145642	1748621	254673	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.244980	500036	122499	41.04
41.05 ULTRASOUND	.164337	1001291	164549	41.05
42 RADIOLOGY-THERAPEUTIC	2.769543	57740	159913	42
42.01 ONCOLOGY	.289082	4110	1188	42.01
44 LABORATORY	.103118	14914443	1537948	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.441376	1094059	482891	47
48 INTRAVENOUS THERAPY	.042299	1019617	43129	48
48.01 GASTROINTESTINAL SERVICES	.148420	1006400	149370	48.01
49 RESPIRATORY THERAPY	.107976	12000698	1295787	49
50 PHYSICAL THERAPY	.251451	991881	249409	50
51 OCCUPATIONAL THERAPY	.232883	656874	152975	51
52 SPEECH PATHOLOGY	.304738	178986	54544	52
53 ELECTROCARDIOLOGY	.200164	430572	86185	53
54 ELECTROENCEPHALOGRAPHY	.334128	185096	61846	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.246506	9841298	2425939	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.329115	6129446	2017293	55.30
56 DRUGS CHARGED TO PATIENTS	.106038	22163974	2350223	56
57 RENAL DIALYSIS	.475450	435566	207090	57
58.03 WOUND CARE	.882430			58.03
59 OTHER CARDIOLOGY	.147939	1604257	237332	59
59.01 CARDIOPULMONARY				59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.120199	4739327	569662	59.02
59.97 CARDIAC REHABILITATION	.597163	63933	38178	59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.193092	4071059	786089	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.504886	834038	421094	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		108369465	16891212	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		108369465		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (14-T113)	[] 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				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		4659674		31
31.01 SUB-PROVIDER II PSYCHE				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.170967	28404	4856	37
38 RECOVERY ROOM	.128522	13269	1705	38
39 DELIVERY ROOM & LABOR ROOM	.581270			39
39.01 PSYCHIATRIC/PSYCHOLOGIC				39.01
40 ANESTHESIOLOGY	.039922	24358	972	40
41 RADIOLOGY-DIAGNOSTIC	.214076	76962	16476	41
41.01 CAT SCAN	.071648	126956	9096	41.01
41.02 MAMMOGRAPHY	.358902			41.02
41.03 MRI	.145642	103371	15055	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.244980	8539	2092	41.04
41.05 ULTRASOUND	.164337	38856	6385	41.05
42 RADIOLOGY-THERAPEUTIC	2.769543			42
42.01 ONCOLOGY	.289082			42.01
44 LABORATORY	.103118	1177022	121372	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.441376	29774	13142	47
48 INTRAVENOUS THERAPY	.042299	4991	211	48
48.01 GASTROINTESTINAL SERVICES	.148420	34899	5180	48.01
49 RESPIRATORY THERAPY	.107976	482980	52150	49
50 PHYSICAL THERAPY	.251451	1573299	395608	50
51 OCCUPATIONAL THERAPY	.232883	1555237	362188	51
52 SPEECH PATHOLOGY	.304738	390004	118849	52
53 ELECTROCARDIOLOGY	.200164	18553	3714	53
54 ELECTROENCEPHALOGRAPHY	.334128	12123	4051	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.246506	349920	86257	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.329115	19444	6399	55.30
56 DRUGS CHARGED TO PATIENTS	.106038	1553262	164705	56
57 RENAL DIALYSIS	.475450	38367	18242	57
58.03 WOUND CARE	.882430			58.03
59 OTHER CARDIOLOGY	.147939	31012	4588	59
59.01 CARDIOPULMONARY				59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.120199			59.02
59.97 CARDIAC REHABILITATION	.597163			59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.193092	8253	1594	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.504886			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		7699855	1414887	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		7699855		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0113)	[] SNF	[] PPS
[] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
31.01 SUB-PROVIDER II PSYCHE			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.170967		37
38 RECOVERY ROOM	.128522		38
39 DELIVERY ROOM & LABOR ROOM	.581270		39
39.01 PSYCHIATRIC/PSYCHOLOGIC			39.01
40 ANESTHESIOLOGY	.039922		40
41 RADIOLOGY-DIAGNOSTIC	.212891		41
41.01 CAT SCAN	.071648		41.01
41.02 MAMMOGRAPHY	.358902		41.02
41.03 MRI	.145642		41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.244980		41.04
41.05 ULTRASOUND	.164337		41.05
42 RADIOLOGY-THERAPEUTIC	2.769543		42
42.01 ONCOLOGY	.289082		42.01
44 LABORATORY	.102554		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.441376		47
48 INTRAVENOUS THERAPY	.042299		48
48.01 GASTROINTESTINAL SERVICES	.148420		48.01
49 RESPIRATORY THERAPY	.107084		49
50 PHYSICAL THERAPY	.251451		50
51 OCCUPATIONAL THERAPY	.232883		51
52 SPEECH PATHOLOGY	.304738		52
53 ELECTROCARDIOLOGY	.198977		53
54 ELECTROENCEPHALOGRAPHY	.334128		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.246506		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.329115		55.30
56 DRUGS CHARGED TO PATIENTS	.106038		56
57 RENAL DIALYSIS	.475450		57
58.03 WOUND CARE	.882430		58.03
59 OTHER CARDIOLOGY	.147939		59
59.01 CARDIOPULMONARY			59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.120199		59.02
59.97 CARDIAC REHABILITATION	.597163		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.193092		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.504886		62
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES	.653364		65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T113)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
31.01 SUB-PROVIDER II PSYCHE			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.170967		37
38 RECOVERY ROOM	.128522		38
39 DELIVERY ROOM & LABOR ROOM	.581270		39
39.01 PSYCHIATRIC/PSYCHOLOGIC			39.01
40 ANESTHESIOLOGY	.039922		40
41 RADIOLOGY-DIAGNOSTIC	.212891		41
41.01 CAT SCAN	.071648		41.01
41.02 MAMMOGRAPHY	.358902		41.02
41.03 MRI	.145642		41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	.244980		41.04
41.05 ULTRASOUND	.164337		41.05
42 RADIOLOGY-THERAPEUTIC	2.769543		42
42.01 ONCOLOGY	.289082		42.01
44 LABORATORY	.102554		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.441376		47
48 INTRAVENOUS THERAPY	.042299		48
48.01 GASTROINTESTINAL SERVICES	.148420		48.01
49 RESPIRATORY THERAPY	.107084		49
50 PHYSICAL THERAPY	.251451		50
51 OCCUPATIONAL THERAPY	.232883		51
52 SPEECH PATHOLOGY	.304738		52
53 ELECTROCARDIOLOGY	.198977		53
54 ELECTROENCEPHALOGRAPHY	.334128		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.246506		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.329115		55.30
56 DRUGS CHARGED TO PATIENTS	.106038		56
57 RENAL DIALYSIS	.475450		57
58.03 WOUND CARE	.882430		58.03
59 OTHER CARDIOLOGY	.147939		59
59.01 CARDIOPULMONARY			59.01
59.02 CARDIAC CATHETERIZATION LABORAT	.120199		59.02
59.97 CARDIAC REHABILITATION	.597163		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.193092		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.504886		62
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES	.653364		65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0113)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	18733029					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6244343					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	1936869					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	645623					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	452760					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	156.35					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	9.59					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	9.50	0.00	9.50			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	11.78					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	9.50					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	9.50					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..	9.50					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	9.50	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0113)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.060761				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.059899				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.059899				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	665240				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	221747				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]					3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	886987 55947	942934			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0497				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1820				4.01
4.02	SUM OF 4 AND 4.01	0.2317				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0833				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	2080615				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	28453681				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	28453681				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2295052				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	424408				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	31173141				16
17	PRIMARY PAYER PAYMENTS	22365				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	31150776				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2443496				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	70400				20
21	REIMBURSABLE BAD DEBTS	566615				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	396631				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	319481				21.02
22	SUBTOTAL	29033511				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0113)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	29033511					26
27						27
28	28867205					28
28.01						28.01
29	166306					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0113) 1	HOSPITAL (14-0113) 1.01	HOSPITAL (14-0113) 1.02	
1 MEDICAL AND OTHER SERVICES	13772			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	12355712			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11252428			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.836			1.03
1.04 LINE 1.01 TIMES LINE 1.03	10329375			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	13772			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	129876			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	129876			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	129876			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	116104			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	13772			17
17.01 TOTAL PPS PAYMENTS	11252428			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0113) 1	HOSPITAL (14-0113) 1.01	HOSPITAL (14-0113) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2545709		18.01
19 SUBTOTAL	8720491		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	149158		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	8869649		23
24 PRIMARY PAYER PAYMENTS	7781		24
25 SUBTOTAL	8861868		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	558918		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	391243		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	321099		27.02
28 SUBTOTAL	9253111		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	9253111		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9451575		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-198464		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T113)	SUB I (14-T113)	SUB I (14-T113)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T113)	SUB I (14-T113)	SUB I (14-T113)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER 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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T113)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4319303		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	09/03/2010 14139		3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99	14139		3.99
4 TOTAL INTERIM PAYMENTS		4333442		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 NONE 5.02 5.03 5.50 NONE 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		4311863		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T113)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		3918685			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0303			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		191718			1.04
1.05	OUTLIER PAYMENTS		233078			1.05
1.06	TOTAL PPS PAYMENTS		4343481			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		13.178082			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL		4343481			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL		4343481			6
7	DEDUCTIBLES		27500			7
8	SUBTOTAL		4315981			8
9	COINSURANCE		6584			9
10	SUBTOTAL		4309397			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		3523			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		2466			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL		4311863			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T113)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		4311863				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		4333442				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-21579				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0113) (OTHER)	SUB I (14-T113) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	4390647	364298				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	4390647	364298				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	4390647	364298				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	4390647	364298				22
23	COST OF COVERED SERVICES	4390647	364298				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	4390647	364298				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	4390647	364298				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
		HOSPITAL (14-0113) (OTHER)	SUB I (14-T113) (OTHER)	SUB II	SUB III	SUB IV
		1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	4390647	364298			34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	8.70 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	8.70 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	11.78 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	8.70 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	11.78 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	11.78 3.09
3.10	SEE INSTRUCTIONS	8.70 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	85703.27 3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		11.05	3.19
3.20	SEE INSTRUCTIONS		10.04	3.20
3.21	SEE INSTRUCTIONS		9.93	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		9.93	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		90508.18	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		898746	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		898746	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		16714	4
5	TOTAL INPATIENT DAYS		33306	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.501832	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 451020	87467	538487	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1268	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		33306	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		29381	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	5698	5698	6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		666987	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0113 PROVENA COVENANT MEDICAL CENTE
PERIOD FROM 01/01/2010 TO 12/31/2010

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	35196046	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	22365	15
16	TOTAL PART A REASONABLE COST	35173681	16
PART B REASONABLE COST			
17	REASONABLE COST	12369484	17
18	PRIMARY PAYER PAYMENTS	7781	18
19	TOTAL PART B REASONABLE COST	12361703	19
20	TOTAL REASONABLE COST	47535384	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.739947	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.260053	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	573566	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	424408	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	149158	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	4282	4
5	TOTAL INPATIENT DAYS	33306	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.128565	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	33306	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12]	0 0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2
3	UNADJUSTED DIRECT GME FTE CAP	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	1.99 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	3.08 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	1.99 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	87585.50 8
9	LINE 7 TIMES LINE 8	174295 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.501832 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	87467 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	5698 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	9.50 13
14	UNADJUSTED IME FTE CAP	9.59 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	9.50 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	1.19 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	2.28 17
18	SEE INSTRUCTIONS	1.19 18
19	RESIDENT TO BED COUNT	.007611 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.002030 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	24977372 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	2582492 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	55947 23

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2
3	UNADJUSTED DIRECT GME FTE CAP	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8
9	LINE 7 TIMES LINE 8	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	13
14	UNADJUSTED IME FTE CAP	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17
18	SEE INSTRUCTIONS	18
19	RESIDENT TO BED COUNT	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23

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	6491958			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	78818923			4
5	OTHER RECEIVABLES	1014300			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-58637834			6
7	INVENTORY	3874772			7
8	PREPAID EXPENSES	2478373			8
9	OTHER CURRENT ASSETS	535675			9
10	DUE FROM OTHER FUNDS	246382			10
11	TOTAL CURRENT ASSETS	34822549			11
FIXED ASSETS					
12	LAND	6156757			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	4865252			13
13.01	ACCUMULATED DEPRECIATION	-4567533			13.01
14	BUILDINGS	56829047			14
14.01	ACCUMULATED DEPRECIATION	-35851898			14.01
15	LEASEHOLD IMPROVEMENTS	3622481			15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	19383943			16
16.01	ACCUMULATED DEPRECIATION	-20545046			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	69659738			18
18.01	ACCUMULATED DEPRECIATION	-51784132			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	47768609			21
OTHER ASSETS					
22	INVESTMENTS	5246986			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	571148			25
26	TOTAL OTHER ASSETS	5818134			26
27	TOTAL ASSETS	88409292			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	15477694			28
29	SALARIES, WAGES & FEES PAYABLE	3662751			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	365525			31
32	DEFERRED INCOME	11742532			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	2115050			34
35	OTHER CURRENT LIABILITIES	192151			35
36	TOTAL CURRENT LIABILITIES	33555703			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	275940			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	737341			41
42	TOTAL LONG TERM LIABILITIES	1013281			42
43	TOTAL LIABILITIES	34568984			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	53840308			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	53840308			51
52	TOTAL LIABILITIES AND FUND BALANCES	88409292			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	47671840			1
2 NET INCOME (LOSS)	3846514			2
3 TOTAL	51518354			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 EQUITY TRANSFERS	2180059			5
6 CONTRIBUTIONS-RESTRICTED TEMPORARY	516063			6
7 INVESTMENT INCOME-RESTRICTED TEMPOR				7
8 CONTRIBUTIONS-RESTRICTED	1400			8
9 INVESTMENT INCOME-RESTRICTED	9379			9
10 TOTAL ADDITIONS	2706901			10
11 SUBTOTAL	54225255			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED	299342			13
14 OTHER	4000			14
15 TRANSFER TO UNRESTRICTED ASSETS	81605			15
16				16
17				17
18 TOTAL DEDUCTIONS	384947			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	53840308			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	42698279		42698279	2
4 SUBPROVIDER I	7068526		7068526	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	49766805		49766805	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	12490381		12490381	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	12490381		12490381	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	62257186		62257186	18
18.50 ANCILLARY SERVICES	234325100	294603880	528928980	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		8560502	8560502	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
24.02 OUTPATIENT PHARMACY		1238448	1238448	24.02
25 PHYSICIAN FEES	179767	158416	338183	25
TOTAL PATIENT REVENUES	296762053	304561246	601323299	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		154587434	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		154587434	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	601323299	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	444937340	2
3	NET PATIENT REVENUES	156385959	3
4	LESS - TOTAL OPERATING EXPENSES	154587434	4
5	NET INCOME FROM SERVICE TO PATIENTS	1798525	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	299342	6
7	INCOME FROM INVESTMENTS	232934	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	4888	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	3871	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	504778	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	3084	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	194396	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	68284	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING INCOME	178195	24
24.01	OTHER RENTAL INCOME	206337	24.01
24.02	UNREALIZED GAIN ON INVESTMENT	293473	24.02
24.03	PT FINANCE SER INVESTMENT INCOME	195332	24.03
24.04	OTHER NON OPERATING INCOME	60787	24.04
25	TOTAL OTHER INCOME	2245701	25
26	TOTAL	4044226	26
27	DEF COMP EXP	5558	27
27.01	EXTRAORDINARY ITEM	192151	27.01
27.02	ROUNDING	3	27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	197712	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	3846514	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0113)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	2050129				3
3.01					3.01
4	66972				
4	79.31				4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	2295052				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 NON-PATIENT PHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT ACCOUNTING					6.05
6.06 ADMIN & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 BIO, ED					8.01
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
31 SUBPROVIDER I					31
31.01 SUB-PROVIDER II PSYCHE					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
39.01 PSYCHIATRIC/PSYCHOLOGIC					39.01
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 MAMMOGRAPHY					41.02
41.03 MRI					41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC					41.04
41.05 ULTRASOUND					41.05
42 RADIOLOGY-THERAPEUTIC					42
42.01 ONCOLOGY					42.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
48 INTRAVENOUS THERAPY					48
48.01 GASTROINTESTINAL SERVICES					48.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
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
58.03 WOUND CARE					58.03
59 OTHER CARDIOLOGY					59
59.01 CARDIOPULMONARY					59.01
59.02 CARDIAC CATHETERIZATION LABORA					59.02
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

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
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
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
100 OTHER NON-REIMBURSABLE					100
100.01 SHARED SERVICES					100.01
100.02 CASE MANAGEMENT					100.02
100.04 OUTPATIENT PHARMACY					100.04
100.05 PRIMARY CARE PHYSICIAN					100.05
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	40.66		12.53				53.19 25
26 INTENSIVE CARE UNIT	51.71		8.90				60.61 26
33 NURSERY			42.50				42.50 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	16.60	11.01					27.61 37
38 RECOVERY ROOM	18.26	9.73					27.99 38
39 DELIVERY ROOM & LABOR ROOM	0.72	0.02					0.74 39
40 ANESTHESIOLOGY	13.94	12.41					26.35 40
41 RADIOLOGY-DIAGNOSTIC	21.22	17.47					38.69 41
41.01 CAT SCAN	17.79	16.19					33.98 41.01
41.02 MAMMOGRAPHY		10.55					10.55 41.02
41.03 MRI	19.20	14.60					33.80 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	13.79	28.27					42.06 41.04
41.05 ULTRASOUND	18.19	15.51					33.70 41.05
42 RADIOLOGY-THERAPEUTIC	13.04	42.95					55.99 42
42.01 ONCOLOGY	0.51	16.34					16.85 42.01
44 LABORATORY	23.40	3.47					26.87 44
47 BLOOD STORING, PROCESSING & TRA	40.07	11.30					51.37 47
48 INTRAVENOUS THERAPY	9.69	10.68					20.37 48
48.01 GASTROINTESTINAL SERVICES	5.88	27.27					33.15 48.01
49 RESPIRATORY THERAPY	41.22	3.34					44.56 49
50 PHYSICAL THERAPY	11.88						11.88 50
51 OCCUPATIONAL THERAPY	14.39						14.39 51
52 SPEECH PATHOLOGY	17.93						17.93 52
53 ELECTROCARDIOLOGY	26.99	25.82					52.81 53
54 ELECTROENCEPHALOGRAPHY	28.74	12.07					40.81 54
55 MEDICAL SUPPLIES CHARGED TO PAT	24.87	15.40					40.27 55
55.30 IMPL. DEV. CHARGED TO PATIENT	21.81	16.73					38.54 55.30
56 DRUGS CHARGED TO PATIENTS	27.29	7.11					34.40 56
57 RENAL DIALYSIS	65.30	4.15					69.45 57
58.03 WOUND CARE		74.63					74.63 58.03
59 OTHER CARDIOLOGY	25.92	23.92					49.84 59
59.02 CARDIAC CATHETERIZATION LABORAT	16.89	39.27					56.16 59.02
59.97 CARDIAC REHABILITATION	3.74	20.41					24.15 59.97
61 EMERGENCY	10.61	15.01					25.62 61
62 OBSERVATION BEDS (NON-DISTINCT	12.46	29.20					41.66 62
101 TOTAL CHARGES	18.07	11.34					29.41 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	65.97		7.21				73.18 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.05						0.05 37
38 RECOVERY ROOM	0.13						0.13 38
40 ANESTHESIOLOGY	0.09						0.09 40
41 RADIOLOGY-DIAGNOSTIC	0.48						0.48 41
41.01 CAT SCAN	0.50						0.50 41.01
41.03 MRI	1.13						1.13 41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	0.24						0.24 41.04
41.05 ULTRASOUND	0.71						0.71 41.05
44 LABORATORY	1.85						1.85 44
47 BLOOD STORING, PROCESSING & TRA	1.09						1.09 47
48 INTRAVENOUS THERAPY	0.05						0.05 48
48.01 GASTROINTESTINAL SERVICES	0.20						0.20 48.01
49 RESPIRATORY THERAPY	1.66						1.66 49
50 PHYSICAL THERAPY	18.84						18.84 50
51 OCCUPATIONAL THERAPY	34.07						34.07 51
52 SPEECH PATHOLOGY	39.06						39.06 52
53 ELECTROCARDIOLOGY	1.16						1.16 53
54 ELECTROENCEPHALOGRAPHY	1.88						1.88 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.88						0.88 55
55.30 IMPL. DEV. CHARGED TO PATIENT	0.07						0.07 55.30
56 DRUGS CHARGED TO PATIENTS	1.91						1.91 56
57 RENAL DIALYSIS	5.75						5.75 57
59 OTHER CARDIOLOGY	0.50						0.50 59
61 EMERGENCY	0.02						0.02 61
101 TOTAL CHARGES	1.28						1.28 101

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	5590022	4.13	-5590022	-7.91		3
4	NEW CAP REL COSTS-MVBLE EQUIP	3714932	2.74	-3714932	-5.26		4
5	EMPLOYEE BENEFITS	14833854	10.96	-14833854	-20.99		5
6.01	NON-PATIENT PHONES	794883	.59	-794883	-1.12		6.01
6.02	DATA PROCESSING	3894370	2.88	-3894370	-5.51		6.02
6.03	PURCHASING	1137953	.84	-1137953	-1.61		6.03
6.04	ADMITTING	688533	.51	-688533	-.97		6.04
6.05	PATIENT ACCOUNTING	3484152	2.57	-3484152	-4.93		6.05
6.06	ADMIN & GENERAL	20515586	15.15	-20515586	-29.03		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	3784249	2.80	-3784249	-5.35		8
8.01	BIO, ED	1858150	1.37	-1858150	-2.63		8.01
9	LAUNDRY & LINEN SERVICE	519270	.38	-519270	-.73		9
10	HOUSEKEEPING	1216362	.90	-1216362	-1.72		10
11	DIETARY	623592	.46	-623592	-.88		11
12	CAFETERIA	845309	.62	-845309	-1.20		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	887998	.66	-887998	-1.26		14
15	CENTRAL SERVICES & SUPPLY	542578	.40	-542578	-.77		15
16	PHARMACY	1764461	1.30	-1764461	-2.50		16
17	MEDICAL RECORDS & LIBRARY	1757996	1.30	-1757996	-2.49		17
18	SOCIAL SERVICE	687448	.51	-687448	-.97		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	893652	.66	-893652	-1.26		22
23	I&R SERVICES-OTHER PRGM COSTS A	646511	.48	-646511	-.91		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	9063529	6.70	17622599	24.93	26686128	19.71
26	INTENSIVE CARE UNIT	2876550	2.12	3648011	5.16	6524561	4.82
31	SUBPROVIDER I	1979975	1.46	3069808	4.34	5049783	3.73
31.01	SUB-PROVIDER II PSYCHE						31.01
33	NURSEY	502753	.37	1063933	1.51	1566686	1.16
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	3836442	2.83	5477573	7.75	9314015	6.88
38	RECOVERY ROOM	592867	.44	724412	1.02	1317279	.97
39	DELIVERY ROOM & LABOR ROOM	1241872	.92	1951122	2.76	3192994	2.36
39.01	PSYCHIATRIC/PSYCHOLOGIC						39.01
40	ANESTHESIOLOGY	471448	.35	601553	.85	1073001	.79
41	RADIOLOGY-DIAGNOSTIC	1283643	.95	2161861	3.06	3445504	2.55
41.01	CAT SCAN	727087	.54	1108340	1.57	1835427	1.36
41.02	MAMMOGRAPHY	202322	.15	159928	.23	362250	.27
41.03	MRI	672999	.50	653718	.92	1326717	.98
41.04	NUCLEAR MEDICINE-DIAGNOSTIC	482549	.36	405831	.57	888380	.66

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
41.05 ULTRASOUND	415131	.31	489574	.69	904705	.67	41.05
42 RADIOLOGY-THERAPEUTIC	230010	.17	996482	1.41	1226492	.91	42
42.01 ONCOLOGY	85247	.06	149236	.21	234483	.17	42.01
44 LABORATORY	4167572	3.08	2368537	3.35	6536109	4.83	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	896951	.66	308181	.44	1205132	.89	47
48 INTRAVENOUS THERAPY	217853	.16	227353	.32	445206	.33	48
48.01 GASTROINTESTINAL SERVICES	1296908	.96	1381149	1.95	2678057	1.98	48.01
49 RESPIRATORY THERAPY	1237108	.91	1880581	2.66	3117689	2.30	49
50 PHYSICAL THERAPY	1464028	1.08	636068	.90	2100096	1.55	50
51 OCCUPATIONAL THERAPY	743186	.55	319792	.45	1062978	.79	51
52 SPEECH PATHOLOGY	235323	.17	68922	.10	304245	.22	52
53 ELECTROCARDIOLOGY	81730	.06	235651	.33	317381	.23	53
54 ELECTROENCEPHALOGRAPHY	96097	.07	119112	.17	215209	.16	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6567048	4.85	3188274	4.51	9755322	7.21	55
55.30 IMPL. DEV. CHARGED TO PATIENT	6257692	4.62	2990297	4.23	9247989	6.83	55.30
56 DRUGS CHARGED TO PATIENTS	4039894	2.98	4572526	6.47	8612420	6.36	56
57 RENAL DIALYSIS	218667	.16	98452	.14	317119	.23	57
58.03 WOUND CARE	105814	.08	82515	.12	188329	.14	58.03
59 OTHER CARDIOLOGY	362550	.27	674523	.95	1037073	.77	59
59.01 CARDIOPULMONARY							59.01
59.02 CARDIAC CATHETERIZATION LABORAT	1137600	.84	2234495	3.16	3372095	2.49	59.02
59.97 CARDIAC REHABILITATION	428237	.32	593665	.84	1021902	.75	59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
61 EMERGENCY	3309311	2.44	4136635	5.85	7445946	5.50	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	3371518	2.49	2221610	3.14	5593128	4.13	65
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	260349	.19	185220	.26	445569	.33	96
100 OTHER NON-REIMBURSABLE	892229	.66	698082	.99	1590311	1.17	100
100.01 SHARED SERVICES	871292	.64	201067	.28	1072359	.79	100.01
100.02 CASE MANAGEMENT							100.02
100.04 OUTPATIENT PHARMACY	1045346	.77	331996	.47	1377342	1.02	100.04

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
100.05	PRIMARY CARE PHYSICIAN	726846	.54	643177	.91	1370023	1.01	100.05
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	135377434	100.00	0	.00	135377434	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	1251821	54478446	.022978	9045741	207853	37
38 RECOVERY ROOM	90647	10249479	.008844	1871952	16556	38
39 DELIVERY ROOM & LABOR ROOM	425279	5493135	.077420	39606	3066	39
39.01 PSYCHIATRIC/PSYCHOLOGIC						39.01
40 ANESTHESIOLOGY	71779	26877350	.002671	3746543	10007	40
41 RADIOLOGY-DIAGNOSTIC	529135	16184339	.032694	3433823	112265	41
41.01 CAT SCAN	422716	25617213	.016501	4558478	75219	41.01
41.02 MAMMOGRAPHY	99439	1009329	.098520			41.02
41.03 MRI	616782	9109464	.067708	1748621	118396	41.03
41.04 NUCLEAR MEDICINE-DIAGNOSTIC	73101	3626337	.020158	500036	10080	41.04
41.05 ULTRASOUND	103270	5505177	.018759	1001291	18783	41.05
42 RADIOLOGY-THERAPEUTIC	408529	442850	.922500	57740	53265	42
42.01 ONCOLOGY	25526	811131	.031470	4110	129	42.01
44 LABORATORY	422172	63733097	.006624	14914443	98793	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	26725	2730397	.009788	1094059	10709	47
48 INTRAVENOUS THERAPY	9835	10525230	.000934	1019617	952	48
48.01 GASTROINTESTINAL SERVICES	602435	17119553	.035190	1006400	35415	48.01
49 RESPIRATORY THERAPY	383916	29114312	.013187	12000698	158253	49
50 PHYSICAL THERAPY	149774	8351915	.017933	991881	17787	50
51 OCCUPATIONAL THERAPY	63390	4564427	.013888	656874	9123	51
52 SPEECH PATHOLOGY	8094	998381	.008107	178986	1451	52
53 ELECTROCARDIOLOGY	57191	1595062	.035855	430572	15438	53
54 ELECTROENCEPHALOGRAPHY	17239	644092	.026765	185096	4954	54
55 MEDICAL SUPPLIES CHARGED TO PAT	665946	39574321	.016828	9841298	165609	55
55.30 IMPL. DEV. CHARGED TO PATIENT	357685	28099557	.012729	6129446	78022	55.30
56 DRUGS CHARGED TO PATIENTS	634152	81220473	.007808	22163974	173056	56
57 RENAL DIALYSIS	18544	666987	.027803	435566	12110	57
58.03 WOUND CARE	23543	213421	.110312			58.03
59 OTHER CARDIOLOGY	124053	6189665	.020042	1604257	32153	59
59.01 CARDIOPULMONARY						59.01
59.02 CARDIAC CATHETERIZATION LABORAT	765284	28054241	.027279	4739327	129284	59.02
59.97 CARDIAC REHABILITATION	114258	1711261	.066768	63933	4269	59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	516275	38360180	.013459	4071059	54792	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	331366	6692486	.049513	834038	41296	62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	9409901	529563308		108369465	1669085	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	2471776		2471776	29002	85.23	11792	1005032 25
26	INTENSIVE CARE UNIT	566927		566927	3382	167.63	1749	293185 26
101	TOTAL	3038703		3038703			13541	1298217 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1298217	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1669085	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2967302	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							3305	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							13541	
PER DISCHARGE CAPITAL COSTS							897.82	
PER DIEM CAPITAL COSTS							219.13	

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)	27482683
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	133199805
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.206

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	4746061
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	12362726
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.384

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)	2967302
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.022

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)	12342556
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)	68003089
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.181